

Trachoma Program .

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mic plight of American Indians and Alaska Natives.

In urging the \$250,000 request for the trachoma program, Dr. Muschenheim stated that this disease, while extremely rare in the general population, is on the rise on reservations.

The 7,043 cases reported in 1964 (last available figures) represented a 124% increase over 1963, or 15,000 per 100,000 American Indian population.

Trachoma, Dr. Muschenheim said, is an entirely preventable disease; infection is due in large part to the scarcity of water on many reservations and to the lack of health education concerning proper hygienic practices in the home.

"The Association on American Indian Affairs believes that the present growing crisis justifies the need for a five-year Comprehensive Trachoma Control Program calling for 1) the treatment of all known cases with antimicrobial drugs and 2) a sound health education program.

To be effective this program must be accompanied by the provision of an adequate supply of readily accessible water.

"Over a five-year period this control program would cost an estimated \$1.25 million, an amount roughly equivalent to the five-year cost of blind-aid victims of trachoma," said Dr. Muschenheim.

In recommending an Alaska preventive mental health project with an accompanying appropriation of \$100,000, Dr. Muschenheim pointed out that the problems of poor mental health are vitally related to the poor health and low socioeconomic status of American Indians and of Alaska's 43,000 Indian, Eskimo and Aleut citizens.

Stating that nowhere is the lack of mental health services more acute than in Alaska, Dr. Muschenheim said that this development of mental illness among American Indians and Alaska Natives was caused by "... the disintegration of their culture, the generally poor level of education, poverty, disturbing early experiences in school, and the ambivalent position of the federal government in relation to the Indian."

To correct this Dr. Muschenheim proposed that a mental health team be created in Anchorage, to travel from there to outlying hospitals to teach Native patients how to manage periods of crisis in their lives so as to avoid mental breakdowns. Dr. Muschenheim said that to support such a team, which would consist of a community psychiatrist, a clinical psychologist, one mental health social worker and two clerks, \$100,000 would be required in 1967.

Dr. Muschenheim's 3rd recommendation was for an appropriation of \$16 million* a year, instead of the President's proposed \$16,200,000* for construction of sanitation facilities, to correct existing gross sanitation deficiencies in American Indian communities in seven years.

He pointed out that the total backlog need for sanitation construction is currently estimated at \$116 million.

"At the present rate of expenditure," he said, "it will take approximately 20 years to catch up with this backlog."

Citing the "harsh profile of poverty" for half a million American Indians and Alaska Natives, Dr. Muschenheim gave these statistics: "average unemployment, 45%; median family income, \$1500; average education, 5 years; housing, unfit for habitation, 90%; average age at death, 43 years."

Dr. Muschenheim struck an optimistic note in pointing out that a number of tribes have "responded to the Economic Opportunity Act of 1964 by sponsoring Community Health Aide programs."

"We believe that now, as never before, there is a great opportunity for a breakthrough in Indian health and the problems of poverty through a coordinated attack utilizing all available federal, state and local resources," Dr. Muschenheim said.

The Association on American Indian Affairs is a national voluntary organization founded in 1922 to assist American Indian and Alaska Native communities in their efforts to achieve economic and social equality with other American Communities.

Its offices are at 432 Park Avenue South, New York City. The President is Alden Stevens. The Executive Director is William Byler.

Its National Committee on Indian Health is composed of doctors, anthropologists and tribal and public health workers who are experienced in the conduct of health programs on the reservations.

*(Editor's Note: These figures are in relation to the President's Health Construction Facilities Budget of \$14,422,000 for fiscal 1967, which does not appear in Dr. Muschenheim's statement. This is separate from the President's Health Program Activity budget of \$73,448,999, referred to by Dr. Muschenheim on Page 8, Par. 3 of attached statement.