

# Congress Urged to Spend \$18 Million For Gross Health Sanitation Deficiencies

Congress was urged last Monday to appropriate \$18 million in fiscal 1968 for construction of water and sanitation facilities in American Indian and Alaskan Native communities so as to correct gross sanitation deficiencies in five to six years.

Dr. Carl Muschenheim, Chairman of the National Committee on Indian Health of the Association on American Indian Affairs, testified before a Senate Subcommittee that the provision of a safe water supply, and facilities for the sanitary disposal of human waste "is the most crucial and far-reaching step which can be taken to eliminate a large residue of illness which continues to plague the Indian and Alaskan Native population but which has long-since been reduced to manageable proportions among the great majority of the United States."

Dr. Muschenheim pointed out that the total backlog need for sanitary facilities on Indian reservations and in Alaskan Native villages is estimated to be at least \$100 million, and said that, "at the present rate of expendi-

ture it will take approximately 10 years to catch up to this backlog."

President Johnson's Indian sanitation construction budget request for fiscal 1968 to correct existing gross deficiencies is \$10,464,000.

Dr. Muschenheim testified before the Senate Subcommittee on Appropriations for Interior and Related Agencies (chairman, Senator Carl Hayden, D., Ariz.) during hearings on President Johnson's budget for fiscal 1968 for the Division of Indian Health.

The President's program activity budget for the Division for fiscal 1968 requests \$82,133,000.

In support of a sanitation construction program of the magnitude recommended by the National Committee on Indian Health, Dr. Muschenheim urged an appropriation for fiscal 1968 of \$5,925,000 for field health services.

He also recommended that

the Subcommittee and the Division of Indian Health explore the current status of D.I.H. nurses' salaries to determine whether they are on a competitive level with those of nurses in non-federal institutions.

A fourth recommendation asked the Subcommittee to explore the feasibility of establishing a community transportation system on Indian reservations in support of medical, educational and other community needs.

In pointing out that the lack of a proper water supply

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and adequate sanitary facilities are at the base of most diseases among American Indians, Eskimos and Aleuts, Dr. Muschenheim emphasized that until these conditions are corrected the American Indian and Alaskan Natives would be unable to achieve economic stability.

"It is only by an effective attack on the medically dangerous physical conditions in which so many Indian and Alaskan Native families are virtually trapped," said Dr. Muschenheim, "that we can effectively reduce the attack rates of these illnesses, diminish the baleful toll of infant mortality and eliminate the frightful waste of human and economic resources taken by the disabilities they produce."

Dr. Muschenheim cited a number of diseases in which a positive statistical correlation has been established between those illnesses and poor environmental factors.

"For example," he said, "the dysentery attack rate is 413 cases annually per 1000 population in Indian communities where there is no on-premises water supply. With an inside water supply, the rate falls to 139 cases per 1000 population.

A further example is trachoma, which is virtually nonexistent in areas where there is an indoor water supply." Today, approximately two-thirds of American Indians and Alaska Natives haul their drinking water, in some instances, a mile or more, from potentially contaminated sources, in unsanitized containers, and have grossly inadequate waste disposal facilities or no facilities at all.

Infantile dysentery, Dr. Muschenheim said, "occurs thirty-five times more frequently among the native populations than among the population in general.

The mortality due to infantile dysentery among the Indians and Alaskan Natives is 17 times that of the United

States population as a whole."

Even when not fatal, he added, dysentery, infectious meningitis and encephalitis may be the cause of permanent brain damage.

"It is estimated that 50% of the mental retardation of Alaska Natives is due to residual brain damage from acute infectious disease suffered in infancy," he stated.

Upper respiratory infections and their dangerous sequel, otitis media (inflammation of the middle ear), an important cause of hearing loss and consequent learning impairment among Indian children; lower respiratory infections (influenza and pneumonia deaths in 1964 among the Indians occurred twice as frequently, and among Alaskan Natives three times as frequently, as among the general population); bronchitis; and tuberculosis were also cited by Dr. Muschenheim as environmentally related diseases widespread among Indians, Eskimos, and Aleuts.

In fact, Dr. Muschenheim stated, "the incidence of infectious respiratory disease among the American Indians, as reflected in hospital discharge rates, is five times that of the rest of the population of the United States. Among Alaskan Natives the incidence is seven times as great."

The Association on American Indian Affairs is a national voluntary organization founded in 1922 to assist American Indians, Eskimos and Aleuts in their efforts to achieve economic and social equality with other Americans.

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.