

Congress of the United States
House of Representatives
Washington, D. C.

April 1, 1963

Honorable Mike Monroney
U.S. Senate
Washington 25, D.C.

Int. Indians

Dear Senator Monroney:

Enclosed is a statement by Robert Burnette, Executive Director of the National Congress of American Indians.

This is to inform you that I wholeheartedly endorse this statement and send it to you for your review. I am presently here in Washington on business and am writing this from the office of Congressman Wickersham.

Sincerely,

Woodrow Wilson
Woodrow Wilson

Thomas O'Leary
Area Vice Pres. N.C.A.I.

STATEMENT
of
MR. ROBERT BURNETTE, EXECUTIVE DIRECTOR
NATIONAL CONGRESS OF AMERICAN INDIANS
Before the
SENATE SUB COMMITTEE ON APPROPRIATIONS FOR INTERIOR AND RELATED AGENCIES
MARCH 20, 1963

(In support of increased Indian Health Appropriations)

Mr. Chairman, my name is Robert Burnette, Executive Director of the National Congress of American Indians, Dupont Circle Building, Washington, D. C. Our organization is the only all Indian membership group concerned with the welfare of American Indians. Our constituency is represented by 76 different tribes from 18 states. My testimony today is in support of the Division of Indian Health's 1964 fiscal year appropriations request. It is the desire of our organization that increased funds be made available for this important Indian program.

Your committee is aware from previous testimony by Division of Indian Health officials that approximately 380,000 American Indians and Alaska Natives rely on the Indian Health Program for the majority of their curative and preventive services. The health status of our American Indians and Alaska Natives stands in sharp contrast when compared to that of the general population of the United States. This can be illustrated by a few basic facts:

1. Despite the fact that the Indian birth rate is almost twice as high as the all races birth rate (42.2 per 1,000 compared to 23.7 for all races of the U. S.), the Indian average age at death is 42 compared to 62.3 for all U. S. races.
2. The Indian infant death rate per 1,000 live births is 47 compared to 25.7 of all U. S. races and is a contributing factor to the low average age at death of Indians.
3. The postneonatal death rate among Indian infants 28 days to 11 months of age is about four times higher than the rate among all races. Contributing heavily to this situation are respiratory infections, gastroenteric, and other infectious parasitic conditions. Very few deaths occur from these causes in the general population.

4. Other major causes of death among Indians and Alaska Natives are accidents, heart disease, influenza, pneumonia, gastroenteritis, enteritis, and tuberculosis.
5. Nearly one-sixth of all Indian deaths in a year are attributed to infectious disease.
6. The primitive sanitary conditions under which Indians and Alaska Natives live are largely responsible for the high disease rate and short life span.

Despite the adverse health status of American Indians and Alaska Natives, encouraging progress has been demonstrated by the Division of Indian Health since it assumed responsibility for the program on July 1, 1955. For example, tuberculosis, which was formerly the number one cause of death among the Indian people, now ranks ninth as a cause of death. This clearly demonstrates that when adequate resources are applied to a communicable disease, the health status of Indian people and Alaska Natives can be improved through known curative and preventive measures.

I am certain that Division of Indian Health officials have reported to you the high rate of utilization by Indians in the Indian hospitals, clinics, school health centers, and other facilities operated in the program. The Indian people are becoming increasingly aware of the importance of both preventive and curative services. We in the National Congress of American Indians believe that greater resources should be made available, particularly in the preventive health activities of the Division so that a greater impact might be made in reducing illness and death among our Indian people.

You and members of this committee may be encouraged to know that the tribal leaders and rank and file members of tribes have reacted very favorably to the services available under P. L. 86-121, the Sanitation Facilities Act. We were impressed with the fact that the total Indian contributions toward completed projects to date is approximately one-third of the cost. These contributions have been in the form of labor, materials, and supplies. We also believe that more adequate funds should be made available for this important program because it will have such a beneficial effect upon the improvement of the health of Indians and Alaska Natives.

The Surgeon General's Advisory Committee on Indian Health for a number of years has recommended annual increments of \$5 million for the Division of Indian Health's program activities which would provide for

a more orderly growth of the curative and preventive activities of the program, yet our review of the Division of Indian Health's 1964 fiscal year budget request reveals a budget of \$58,985,000, representing a gross increase of \$2,402,000 over fiscal year 1963 for the same activities. However, over one-half of the increase must be utilized for mandatory pay increases and other costs. This, of course, falls far short of the \$5 million recommended by this expert committee on Indian health. We in the National Congress of American Indians respectfully request that your committee give consideration to the \$5 million recommendation of the Surgeon General's Advisory Committee on Indian Health.

In addition, we further recommend that the Sanitation Facilities Construction program be increased to a maximum of \$6 million for the 1964 fiscal year. We further request that your Committee inquire of Division of Indian Health officials to determine what additional technical staff will be needed to implement projects authorized under an increase of funds in this program. We know that the tribal leaders and members of the Tribe stand ready to participate in this activity, however, greater resources will be required to improve the adverse sanitation conditions of American Indians and Alaska Natives.

The National Congress of American Indians is appreciative of the support this committee has given to the Indian health program during the past several years. We recognize that the progress attained in the program to date would not have been possible without the resources that have been made available by the committee. We know that you are well aware of the health problems of American Indians and respectfully request that every consideration be given to adequate resources for the Division of Indian Health's 1964 fiscal year appropriations.