ACTIVITY/MECHANISM BUDGET SUMMARY
Department of Health and Human Services
Indian Health Service
Indian Health Facilities - 75-0391-0-1-551
Sanitation Facilities

Program Authorization: Program authorized by U.S.C. 13 Snyder Act, PL 83-568, Transfer Act, 42 U.S.C. 2001, PL 86-121, Indian Sanitation Facilities Act; and Title III of PL 94-437, Indian Health Care Improvement Act, as amended.

	2000 Actual	2001 Appropriation	2002 Estimate	2002 Est. +/- 2000 Actual	2002 Est. +/- 2001 Approp.
Budget Authority...	$92,117,000	$93,617,000	$93,827,000	+$1,710,000	+$210,000
FTE.....	197	197	197	0	0

Number of Homes Benefited

	Fiscal Year Program		
	2000 Actual	2001 Appropriation	FY 2002 Estimate
A. New/Like-New			
HUD.....	205 1/	450 1/	450 1/
BIA/HIP.....	314	290	290
Tribal/Other.....	3,367	3,015	3,015
Subtotal.....	3,886	3,755	3,755
B. Existing Indian Homes			
First Service.....	1,444	1,750	1,750
Upgraded/Emergency.....	13,046	9,390	9,390
Subtotal.....	14,490	11,140	11,140
TOTAL.....	18,376 2/	14,895 2/	14,895 2/

1/ Sanitation Facilities to be funded with HUD grants contributed by tribes to IHS projects.
2/ Construction projects are funded with IHS appropriated funds and contributions to serve these homes.

PURPOSE AND METHOD OF OPERATION

FY 2001 Base

The Indian Sanitation Facilities Act, P.L. 86-121, authorizes IHS to provide essential sanitation facilities to Indian homes and communities.

The IHS Sanitation Facilities Construction Program, an integral component of the IHS disease prevention activity, has carried out those authorities since 1960 using funds appropriated for Sanitation Facilities Construction to provide potable water and waste disposal facilities for AI/AN people. As a result, the rates for infant mortality, the mortality rate for

gastroenteritis and other environmentally related diseases have been dramatically reduced, by about 80 percent since 1973. The IHS physicians and health professionals credit many of these health status improvements to IHS' provision of water supplies, sewage disposal facilities, development of solid waste sites, and provision of technical assistance to Indian water and sewer utility organizations.

A Report to Congress by the Comptroller General (dated March 11, 1974) noted that AI/AN families living in homes with satisfactory environmental conditions placed fewer demands on IHS' primary health care delivery system than families living in homes with unsatisfactory conditions; i.e., those with satisfactory environmental conditions in their homes (e.g., safe piped water and adequate sewage disposal) required approximately 25 percent of the health care services required by those with unsatisfactory environmental conditions.

The provision of Indian sanitation facilities is a very important component of the overall effort required to achieve a reduction in infant mortality, a goal highlighted in Healthy People 2010 "The Year 2010 Objectives for the Nation." Safe drinking water supplies and adequate waste disposal facilities are essential preconditions for most health promotion and disease prevention efforts, as well as being a major factor in the quality of life of Indian people.

Currently, about 1 percent of all U.S. homes lack safe water in the home while about 7.5 percent (approximately 20,000) of all AI/AN homes lack safe water in the home.

Support for the IHS' justification of Sanitation Facilities Construction Program funding can be found in a PHS study entitled Relationship of Environmental Factors to the Occurrence of Enteric Disease in Areas of Eastern Kentucky. The data support the premise that the incidence of acute infections and diarrhea disease could be reduced significantly by selectively modifying environmental factors. The IHS physicians have stated that the Indian Sanitation Facilities Act has had a greater positive effect upon the health of AI/ANs than any other single piece of legislation.

As with other IHS activities, sanitation facilities projects are carried out cooperatively with the Indian people who are to be served by the completed facilities. Tribal involvement has been the keystone of the Sanitation Facilities Program since its inception in FY 1960. Projects are initiated only following receipt of a tribal request expressing willingness on their part to participate in carrying out the project and willingness to execute an agreement to assume ownership responsibilities, including operation and maintenance, for completed facilities.

With completion of all projects approved through FY 2000, approximately 243,000 AI/AN homes will have been provided sanitation facilities since 1960. Experience shows that 60 to 70 percent of the actual construction is performed by Indian tribes/firms.

Sanitation Facilities Needs

The Indian Health Care Improvement Act (Title III, Section 302(g) 1 and 2 of P.L. 94-437) directed the IHS to identify the universe of Indian sanitation facilities needs for existing Indian homes. As of the end of FY 2000, list of all documented projects totaled $1.781 billion. In FY 2000, of the $92,117,000 appropriated for sanitation facilities, $44,885,500 was used to address the backlog of existing homes (of this amount $2,563,000 was used to serve solid waste needs). The remainder of the FY 2000 appropriation was used to provide $178,000 for special projects, $975,500 for emergency projects, and $46,078,000 was used for sanitation facilities for new/like-new Indian homes.

As proposed, the current backlog of projects would provide sanitation facilities to between 95 and 98 percent of all existing Indian homes. Also included in the backlog are projects intended to upgrade existing water supply and waste disposal facilities and projects to improve sanitation facilities operation and maintenance capabilities in Indian country. Maximum health benefits will be realized by addressing existing sanitation needs identified in the backlog and also by providing sanitation facilities for new homes when they are constructed.

Funding levels for the last 5 fiscal years follows:

Year	Funding	FTE	
1997	$88,963,000	244	
1998	$89,082,000	244	
1999	$89,328,000	244	
2000	$92,117,000	197	
2001	$93,617,000	197	Enacted

DISTRIBUTION OF SANITATION FACILITIES CONSTRUCTION FUNDS

The FY 2002 Sanitation Facilities Construction portion of the appropriation will be allocated as follows:

1) $500,000 will be reserved at IHS Headquarters for distribution to the Areas as needed to address water supply and waste disposal emergencies caused by natural disasters or other unanticipated situations that require immediate attention to minimize potential threats to public health. Emergency funds remaining at the end of the fiscal year will be distributed to the Areas to address the Sanitation Deficiency System (SDS) priority list of needs.

2) Up to $57,000,000 of the total FY 2002 sanitation facilities construction appropriation will be reserved to serve new and like-new homes. Some of these funds may also be used for sanitation facilities for the individual homes of the disabled or sick that have physician referrals indicating an immediate medical need for adequate sanitation facilities in their home. Amounts as needed to serve new and like-new homes will be established by Headquarters after reviewing Area requests. Priority will be given to projects intended to provide sanitation facilities for the first time to homes in categories B, C, and D (new homes and homes receiving major renovation bringing the homes up to like new condition) under the BIA Housing Improvement Program (HIP). (NOTE: Homes in BIA/HIP Category A are considered

existing homes. Category A, homes needing service will be included in the SDS.)

The amount allocated to each Area for projects to serve other new/like-new homes will be the Area's pro-rata share of remaining funds for serving such housing.

3) Up to $5,000,000 will be used for projects to clean up and replace open dumps on Indian lands pursuant to the Indian Lands Open Dump Cleanup Act of 1994.

4) The balance of the amount appropriated in FY 2002 will be distributed to the Areas for prioritized projects to serve existing homes, based on a formula that considers, among other factors, the cost of facilities to serve existing homes that: a) have not received sanitation facilities for the first time; or b) are served by substandard sanitation facilities (water and/or sewer). Another distribution formula element is a weight factor that favors Areas with larger numbers of AI/AN homes without water supply or sewer facilities, or without both.

The IHS appropriated funds will not be used to provide sanitation facilities for new homes funded with grants by the housing programs of the Department of Housing and Urban Development (DHUD). These DHUD housing grant programs for new homes are able to fund the sanitation facilities necessary for the homes.

Accomplishments

In FY 2000: (1) Received approximately $33.0 million in SFC contributions from other Federal agencies, States, and Tribes. Combined with SFC appropriation, the total SFC program has funded approximately 399 projects in FY 2000; (2) The staff also assisted Tribes by providing engineering services to many other Tribes that independently funded their own projects; and, (3) Provided essential sanitation facilities to 3,681 new/like-new Indian homes and to 1,444 first service existing homes. With additional funds from Housing and Urban Development (HUD), IHS also provided sanitation facilities to 205 new HUD-sponsored housing units.

Performance Measures

The following performance indicator is included in the IHS FY 2002 Annual Performance Plan. These indicators are sentinel indicators representative of some of the more significant health problems affecting AI/AN. At the FY 2002 funding level, IHS could accomplish the following:

Indicator 35: During FY 2002, provide sanitation facilities projects to 14,895 Indian homes (estimated 3,755 new or like-new homes and 11,140 existing homes) with water, sewage disposal, and/or solid waste facilities.

RATIONALE FOR BUDGET REQUEST

TOTAL REQUEST - The request of $93,827,000 and 197 FTE is an increase of $210,000 over the FY 2001 Enacted level of $93,617,000 and 197 FTE. The increase includes the following:

Built-in Increases - +$210,000

The request of $210,000 for Federal personnel related costs would fund the built-in increases associated with on-going operations. Included is the FY 2002 pay raise and within grade increases. These funds will be shared with Title I and Title III tribes, as well as Federal programs.

IHS continues to strive to increase access for the IHS patient population. Maintaining the current I/T/U health system is necessary in eliminating disparities in health status between AI/ANs and the rest of the U.S. population.

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