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ABSTRACT

These hearings of the Senate Select Committee on Nutrition and Human Needs had the purpose of looking into the effectiveness of the various food distribution systems on the reservation. Testimony was heard from the following witnesses: Mr. Richard Wilson, chairman; and Mr. Pat Lee, legal counsel Oglala Sioux Tribe; accompanied by Mr. Gene Merdanian, director, Commodity Food Program, Pine Ridge, S. Dak.; Mr. Clarence Skye, executive director; and Chief Dallas Eagle, tours and project director, United Sioux Tribes of South Dakota Development Corp.; Mrs. Moses Gill, Sisseton-Wahpeton Sioux Tribe of Sisseton, S. Dak.; Mr. Melvin Garreau, member, tribal council, Eagle Butte, S. Dak.; Mr. Orville Langdeau, chairman, Lower Brule Sioux Tribe; Mrs. Elnita Rank, chairwoman, Crow Creek Sioux Tribe; Mrs. Bessie Cornelius, home economics educator, Pine Ridge, S. Dak.; Mr. Stevel Pevar, Legal Services, OEO, Rosebud, S. Dak.; Dr. Henry H. Kaldenbaugh, USPHS, IHS, Rosebud, S. Dak.; Dr. Donald Barnhart, superintendent of public instruction, State of South Dakota; Mr. Jess Town, director of community services, Aberdeen area; accompanied by Miss Mary Taylor, Department of Social Services, Bureau of Indian Affairs; Mr. Donald E Loudner, coordinator, Indian Affairs, South Dakota Department of Indian Affairs, Pierre, S. Dak.; Mr. Edward J. Colleran, director, Social Services Administration, Payment Administration, State of South Dakota; and others. (JM)

FEDERAL FOOD PROGRAMS—1973

HEARINGS

BEFORE THE

SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS

OF THE

UNITED STATES SENATE

NINETY-THIRD CONGRESS

FIRST SESSION

PART 3—SUPPLEMENTARY FOOD PROGRAMS

PINE RIDGE, S. DAK., AUGUST 28, 1973

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FEDERAL FOOD PROGRAMS

Supplementary Food Programs

TUESDAY, AUGUST 28, 1973

U.S. SENATE
SELECT COMMITTEE ON
NUTRITION AND HUMAN NEEDS
Washington, D.C.

The select committee met at 1 p.m. in Billy Mills Hall, Pine Ridge, S. Dak., Hon. George McGovern (chairman of the committee) presiding.

Present: Senator McGovern.

Staff members: Marshall L. Matz, assistant counsel.

Senator McGOVERN. The hearing will come to order.

OPENING STATEMENT BY SENATOR McGOVERN, CHAIRMAN

Senator McGOVERN. Ladies and gentlemen, we have convened this particular session of the Senate Select Committee on Nutrition and Human Needs primarily for the purpose of looking into the effectiveness of the various food distribution systems on the reservation. If there are other related subjects that the witnesses wish to discuss, of course it's fine to testify on those matters, too, but the basic purpose of this hearing today is to ask the question about how effectively our various food programs are working, to take any suggestions that might be made as to how those programs can be improved, either in their funding or their administration. Since this committee was formed approximately 3½ years ago, we have established beyond question the close relationship between a good diet and good health. We have learned, for example, that students don't function very well in a learning situation when they don't have a good diet. If a youngster goes off to school in the morning without breakfast and he misses a decent lunch at noontime, it doesn't make any difference who he is, he is not going to function very well in a learning capacity. Not only is his physical strength diminished and therefore his efficiency, but his mental and emotional development are directly affected by the quality of the diet he has. I was glad to see the school service administrator here at the Pine Ridge School where we just had lunch a few minutes ago express so clearly his own understanding of that very elementary fact.

Now, it's mainly because of the understanding of the relationship between good diets and good health that so much progress has been made with these various food programs in the last few years, the food stamp program, the school lunch program, the commodity and family

food program, the breakfast program that is operating in some schools, and now the supplemental infant feeding program. It's the effectiveness of those and other possible food assistance programs that we want to talk primarily about today.

This particular hearing is also timely with reference to another development. Congress has just passed a new farm bill, and the President has signed it into law. That bill will be the basic agricultural law through 1977. One provision in the new bill for which I'm pleased to claim the basic credit will supplement the commodity program with those foods which have been unavailable in recent months, such as canned meat, cheese, and other high protein foods. Last week I wrote to the Secretary of Agriculture, Mr. Butz, and urged him to implement this provision in the bill immediately. A second provision in the new farm bill requires the various States, South Dakota included, to file a plan with the Federal Government showing how they intend to carry out the food stamp program in each State, and that has to be done by next July 1, thereby phasing out the commodity distribution program. And that, of course, as matters now stand, would include Indian reservations unless an exception is made.

We will be pleased to receive any testimony on that question today, too, from any of the witnesses who wish to address themselves to this question about the phaseout of the commodity program and the implementing of the food stamp program. I think it's clear that there are arguments on both sides of the question: Which is better, the food stamp program or the commodity distribution program? I personally believe that the food stamp program gives us a better instrument by which to provide a nutritionally balanced diet, especially when we don't have much in the way of surplus commodities to distribute. I do recognize, however, that there are arguments on the other side of that and particularly as they relate to reservations, including the lack of outlets and the fact that it is the State, as matters now stand, not the tribe that would handle the administration of the food stamp program. Now, here again his afternoon we might ask the witnesses to be thinking about that question, as to whether or not we should try for an exception in the administration of the food stamp program under which the tribe would administer that program rather than the State. I don't want to hold out any promise here today whether that change can be made because as the regulations now stand, the food stamp program would be administered by the State rather than by the tribe, but I'd be perfectly willing to listen to arguments on the other side of that issue. So I hope everyone will feel free to express their opinions here this afternoon. Every word will be taken down by the stenographer and will be made available as a part of the hearing records for the other members of the committee to read. We're going to hold some of these hearings in other parts of the Nation over the next few months, and all of that will go into the printed record. That will be the basis for any recommendations we make for modifying the existing program. Those witnesses who have prepared statements might leave a copy with the stenographer after you have completed your testimony.

Now, our first witnesses today are a panel of three. We're privileged to have with us today the chairman of the Oglala Sioux Tribe, Mr. Richard Wilson, who is accompanied by Mr. Pat Lee, the legal coun-

sel of the Oglala Sioux Tribe, and by Mr. Gene Merdanian who is the director of the commodity food program for Pine Ridge. Mr. Wilson, we're honored to have you here this afternoon, and you and your colleagues can proceed in any way you see fit.

STATEMENT BY RICHARD WILSON, CHAIRMAN, AND PAT LEE, LEGAL COUNSEL, OGLALA SIOUX TRIBE, ACCOMPANIED BY GENE MERDANIAN, DIRECTOR, COMMODITY FOOD PROGRAM, PINE RIDGE, S. DAK.

Mr. WILSON. Thank you, Senator McGovern. It is indeed a pleasure and a privilege to welcome you to our reservation. It is most gratifying to know that you are concerned about the needs of our people, that you take this opportunity to listen to our evaluations of food programs on the reservation. I appreciate the fact that you are willing to lend us your ears before launching a program that affects our people. It is indeed a gesture of respect and courtesy, and we appreciate it. With that, I'd like to give the floor to our first witness, Mr. Pat Lee.

Mr. LEE. Thank you, Mr. Wilson. Senator McGovern, let me paraphrase Mr. Wilson's remarks. I think it is a very fine gesture on your part to come to listen to our side before starting the program that affects the Indian people. This inquiry into the food program and how they're meeting the needs of the people on the reservation will bear out the facts, I'm sure, that nutritional problems of our people cannot be underestimated, and your concern for these problems is greatly appreciated. When I was informed that I would be testifying for this committee, the very first thing I did was—the very first thing I did was check to see if people who had most close contacts with people in our districts, people in the reservations. A mere check of the Public Health Service revealed that during the fiscal year ended June 1973, there were 1,079 cases of endocrine nutritional and metabolic disorders. These kinds of disorders, in addition to others, have a direct correlation between the incidence of these diseases and the nutritional inadequacies in the diet.

Mr. MCGOVERN. Mr. Lee, what—those figures that you cite, were those for the Oglala Sioux Reservation?

Mr. LEE. Yes, these are figures that were compiled by our local Public Health Hospital right here, and the interesting thing about these figures is that these figures, 1,079 cases, represent only those reported cases, those people who have either reported to the hospital or to the clinic, people who have responded to symptoms of inadequate diet.

Mr. MCGOVERN. Those are really acute cases. They're not just instances where people might be temporarily hungry, but where you actually have a serious and chronic nutritional deficiency on the part of the individual?

Mr. LEE. Exactly. Undoubtedly there is an untold number of people who are just living with the symptoms who have not yet taken the time to go out to the hospital or to go report, and another very interesting thing about these figures is the age group of these patients. Two hundred and twenty-five patients were in the 25- to 44-year age group.

Five hundred eighty-one cases were in the 45- to 64-year age group and 236 of the total report cases involved people over the age of 64. This undoubtedly shows at least bearing out the fact that these diseases can be belated, can stem from an inadequate diet from the early years. As you've probably been informed through other reports, the commodity program on this reservation which was intended to supplement the diet of Indian people, has emerged as the main food source of the majority of Indian people on the reservation. Many people rely only on commodity for the nutritional needs and the commodity program was not designed for that purpose which will be testified to shortly. I personally feel that a food stamp-type program would be more responsive to the dietary needs of our people because this type of program is designed to provide for a more selective food acquisition.

Mr. WILSON. If you'll excuse me, Senator, the Post Office wagon has now arrived and there are two vehicles sitting in the entrance and they cannot unload their mail. Would you please move those two vehicles. This is right out there on the east side of the building.

Mr. LEE. As I stated before I was so rudely interrupted—I personally prefer a food stamp-type program because of the selectivity that is involved and I'm aware of some of the arguments that go against this idea. Critics of the food stamp program have indicated that people do not know how to utilize the food program in that they buy more of the same food items and they do not provide for a variety. At least I read somewhere that studies in the South have shown that in the black ghetto areas where food stamp programs have been initiated, the problem was that although people were getting more they were not getting any different kinds of food so there's an educational element that is also required. However, I do not feel that this should defeat a proposal of this type because any new program has built-in probelms, problems that are incidental, and training is one of these that would need to be considered in connection with the whole program. Another shortcoming of the food stamp program, as you have mentioned, is the distribution points. You either provide transportation to the people in the districts so they can have a chance to redeem their food stamps or bring these food items to them but regardless of which you do, this is another area that needs to be worked on and it should not serve to defeat the main objective of providing a more balanced and adequate diet to the people on the reservation. Another very important consideration is the psychological benefits that inure to people who can exercise some choice in the selection of the kinds of food that they will be using. It stands to reason that people would be more confident and would be more responsible if they were given the chance to exercise some responsibility to take some training. If more confidence was placed in them, then the psychological benefits would also accompany the physical benefits in the more adequate diet and if people would learn how to select the food they eat with the assistance of nutritional aides, these kinds of people, they would reach a better level of not only physical health but mental health as well. And now I'll turn it back over to Mr. Wilson.

Mr. MCGOVERN. Mr. Lee, in connection with your argument in favor of the food stamps in preference to the commodity program, I'm inclined to agree with you. Do you think that it would be better to have that program administered by the State or by the tribe?

Mr. LEE. Yes, that thought occurred to me as you were discussing it earlier and I'm definitely in favor of the tribal administrative agency to administer this type of program. More and more in this day and age we're placing more importance and emphasis on the concept of tribal sovereignty, the concept of tribal self-government, and I think that the same idea of giving more responsibility to the people. I think the same idea applies to a tribal government. I believe that a tribal government is sophisticated enough to establish an administrative agency which can handle these kinds of programs. And there are problems but like I said any important project has incidental problems that, I'm sure, if we were patient we—it will be something to work on.

Mr. MCGOVERN. How do you feel about that, Mr. Wilson?

Mr. WILSON. Well, I hope first of all, Senator, that you'll forgive me for not presenting the written testimony to you in that I weigh 250 pounds. I wanted to try to get some of our most thinnest up here. I feel that the tribal governments, not only on Pine Ridge, but everywhere in the State of South Dakota, are quite capable of administering such a program and I feel that any time the State of South Dakota infringes on that ability, then they're taking away our sovereignty.

Mr. MCGOVERN. I might just ask Mr. Merdanian a few questions about the commodity program. What commodities are now available for distribution in the existing programs?

Mr. MERDANIAN. I don't have a list with me here—anyway, we have butter, cheese, flour, rice, dry beans, macaroni, pears, split peas, and this next month we'll have chicken——

Mr. MCGOVERN. It varies from month to month?

Mr. MERDANIAN. It depends on the availability and we usually run around 18 or 19 items per month, depending upon the availablity and the amount they have on hand.

Mr. MCGOVERN. You've heard Mr. Lee's preference for the food stamp program as over against the commodity program. How do you feel about that as one who has administered the commodity program?

Mr. MERDANIAN. I'm sitting in a bad place, they've got me outnumbered here. Oh, it's my opinion that nutrition, I'm not a nutritionist so I can't go into that, but moneywise commodity program is much more favorable, regardless of who administers it. That's a minor detail. The basic requirements for a balanced diet are this: He's mentioned about education, how to acquire this and to prepare it. I believe he's got a good point there. But it's my opinion the basic requirements are there.

Mr. MCGOVERN. Your point is that on the commodity program the recipient gets these commodities free whereas they have to pay a certain bonus to the food stamps?

Mr. MERDANIAN. Yes. That's one thing—where's that money going to come from to pay that bonus? I'm not only talking for my own job there, but anyway this stuff that they get, that the people get, I don't have the figures for fiscal 1973 but in fiscal 1972 it figured out to about $15 per person per year. Between the combined efforts of the State and the tribe it cost about a dollar per person to administer the program, get it delivered to them. So on the eccnomic side—money I know, nutrition I don't.

Mr. MCGOVERN. Well, I think it is a fact that the advantage of commodity programs is that it's free. I think Mr. Lee has put his finger on

the weakness in that program in that the range of choice is quite limited. Whereas with food stamps you can walk into the grocery store and get anything that's available.

Mr. WILSON. Senator, I'm going to have to disagree with you when you say that it's free. Now this particular program that we operate here on Pine Ridge costs the tribe $67,000 per annum.

Mr. MCGOVERN. The commodity program?

Mr. WILSON. Yes.

Mr. MCGOVERN. But to the recipient——

Mr. WILSON. The recipient, yes, but ultimately that recipient is giving up something else when the tribe has to spend *x* number of dollars to administer this program for them.

Mr. MCGOVERN. Well, I think that point's well taken.

Mr. MERDANIAN. Well, if I could just say one more word here. Anyway, this $67,000—I think the State put in $23,000—come under $88,000 or something like that, but we serve approximately 7,200 people a month on the average. Multiply that by 12 and you come out to $88,000 or something like that. So that's $1 per person per year. That comes down to what—three-tenths a day or something—so that cost is very small.

Mr. MCGOVERN. Are there any particular commodities that you have regarded as essential to the program that you are now out of that you've been told are off the list and if so——

Mr. MERDANIAN. Meat.

Mr. MCGOVERN. Meat is the main one?

Mr. MERDANIAN. Meat and cheese and—I feel they're essential.

Mr. MCGOVERN. I regret to say that meat's been going out of the diet of a good many people the last few months. Any of you gentlemen have anything else you want to add to your previous statements?

Mr. LEE. Yes, Senator, I'll say one more thing in response to the last statement. I think once you start talking about dollars and cents with regard to what—whether a person should get commodities or food stamps, then we're talking about something else. It was my understanding that we're to talk about nutritional needs of people and this is where I feel that even if it is a little bit more expensive I don't think we should just throw our hands up and say, "Well, it's no good, we've got to stick with commodities because it's more convenient." The basic problem as was pointed up—as I pointed up in the figures—the purpose of the whole thing is to provide people with a better diet so they won't end up in the hospital when they're 40 years old with diabetes or something. And this should be the concern, not whether it costs you a few cents a day, $30 a day, or whatever.

Mr. MCGOVERN. Well, thank you very much, gentlemen. We've appreciated——

Mr. WILSON. I have one other thing, Senator McGovern, before you cut me off here.

Mr. MCGOVERN. I don't want to cut anybody off.

Mr. WILSON. Fine. In relation to the dollars and cents that we spoke of a moment ago and I raised the fact that the tribe puts in *x* number of dollars in this particular program, it has to do with—here's another area in which I, right at this moment, am having a whole lot of trouble and it does have to do with human needs and this is the fact that at this

point I cannot get into college between 56 and 100 students because of a lack of funds. Now, had the tribe been able to not have to subsidize the food program, which I know is essential, we would have had something like $60,000 to possibly give to the young students whereby at this point they are going to be sent home and will not have the opportunity to even attend college this fall. Thank you.

Mr. McGovern. Can you just elaborate on that a little bit more, Mr. Wilson, as to what the problem is there.

As I understand it, you had the same problem last year that there were considerable number of college students, including some who were actually on campus who were called back because the funds weren't available?

Mr. Wilson. Yes. This happened last fall and it happened to 139 students and approximately 80 percent of them were on campus when they were called home. Now, we've tried to avoid the fact that they may be on campus this fall by notifying them that they're not going to be funded and this is rather hard to do when you tell a young student that he can't go. The area allocation for the Pine Ridge Reservation was in the amount of $288,000. We had 330 students apply for college grants. At a per student cost of $1,524 per student we were only able to accommodate 254 of these students. We have a desperate need for some $120,000 right at this moment to take care of the 76-plus and I think it's just a complete inadequacy of funding from the Aberdeen level.

Mr. McGovern. All right. Well, I was aware of that problem and I'm glad you brought it up. It doesn't bear directly on the—on nutritional problems but any problem of this kind, we're more than happy to take the testimony now that we're here and it is one that I'm personally going to investigate. I talked to one of the young men just before the hearing who was caught in this shortage and who was unable to go away to school this fall——

Mr. Wilson. It's very difficult for a chairman to tell a student we don't have the money, we can't send you.

Mr. McGovern. I appreciate your making the point at this public hearing and we will see what we can do to improve that situation.

Mr. Wilson. We were promised some action a few weeks ago by Rogers Morton that hasn't come yet, too. We hope that something can be done.

Mr. McGovern. Well, we will do our best.

Mr. Wilson. Thank you, Senator.

Mr. McGovern. Thank you, Mr. Wilson.

Mr. Merdanian. Can I say one more thing?

Mr. McGovern. Yes.

Mr. Merdanian. I hate to argue with my boss here, but anyway, there is a need for education here. But as he said, this $129.000 will benefit 76 people. That will go into the future. But right now there's, oh, about—last month we had 7,860 people that were fed off this program. So there's $68,000 that would only feed maybe—would take care to educate 40 of those 73. Whereas this $68,000 will take care of 8,000 of them for a whole year. And I don't know—maybe I'm wrong here. This is on a nutrition hearing there. There's another department for the public health, education, and welfare. Their money should come from another fund, not from our nutrition money.

Mr. McGOVERN. Well, I think that it's not a question of food or education. We've got to have both. What distresses me about some of the priorities of our country is that we're now getting ready to authorize another round of construction of new submarines, for example, that are going to cost about $1 billion each. If we just defer construction on one of those for a period of time, we'd have enough money to take care of this education and nutrition problem with no difficulty at all; not only here but nationwide. So I think we're going to have to do some serious soul searching as a country as to where we're putting our Federal budget if we're going to resolve the kind of problems that are revealed in this testimony and which we see with reference to housing and job training, so many other things. But I don't want this hearing to develop into an argument of whether we need food or whether we need education. You've got to have both. But I think it's good that that point is made. Thank you very much, gentlemen. The next witness I have on my list is Mr. Clarence Skye who is the executive director of the United Sioux Tribe of South Dakota. Mr. Skye, we'll be glad to have you testify and bring anyone with you that you wish.

STATEMENT OF CLARENCE SKYE, EXECUTIVE DIRECTOR; AND DALLAS CHIEF EAGLE, TOURS AND PROJECT DIRECTOR, UNITED SIOUX TRIBES OF SOUTH DAKOTA DEVELOPMENT CORP.

Mr. SKYE. Mr. Senator, with me I have Dallas Chief Eagle who is tours and project director for the United Sioux Tribe. I want to welcome you, Senator, to the great State of South Dakota and also the Indian country.

I, Mr. Clarence Skye, am the executive director of the United Sioux Tribes of South Dakota Development Corp. and am very delighted that I was asked to testify before your Senate Subcommittee on Human Needs and Nutrition; Senator McGovern, chairman; other members of the committee, and individuals present in the room.

Senator, if I may, I would like to take the committee into two subject areas—first, on nutrition; and second, on human needs—because I feel they must have separate consideration.

In the beginning, the reservation Indian people lived under tormented situations with severe nutritional problems that existed for many years. Due to the lack of income of most Indian people, their families and little children have suffered under conditions so desperate that their individual development was not as progressive or comparable to non-Indian families. It is important and significant that each child in this great country of ours receive equal or satisfactory amounts of food that will give them equal opportunity in progressing mentally and physically in this life. It is known throughout the country that our Indian children and elderly people continue to receive an insufficient amount of food, which does not provide them with the nourishment they need. These people, young and old alike, need fewer carbohydrate foods which are fattening and contain very little protein, and they need a comparable amount of high protein foods in their everyday diets.

At this time, I think it is necessary for Congress and the Federal Government to provide two of the now existing programs they are

providing to Indian people. It should be understood that this committee give great emphasis to the food stamp program and the surplus commodity program provided directly and funded directly to each of the reservations that they have at the present time provided by the State. The food stamp program is where the Indian person, or whoever, goes into a store and buys food with food stamps, and somehow loses a little pride in the process. The elderly Indian people find it most difficult to utilize many times food stamps, after for years receiving commodities from the distribution center. This program does not increase an Indian person's proudness to be an individual human being, although under the food stamp program, individual families receive a better diet. In the commodities program, the individual obtains food items from the community distribution center, but it is commonly controlled by State government. The Indian people have no intention of becoming wards of the State government.

Now, if we are each to continue to upgrade and aid the American Indian people and give them the freedom of choice and the decision to carry on their own destiny, this committee must consider two recommendations: No. 1, that the food stamp and commodities programs be provided to the tribes directly from the Federal Government to enhance the capabilities and administrative powers of tribal government. No. 2, the surplus commodity program and food stamp program should not be provided on a geographical basis, in that the tribe should have the choice, through their own decision, on how much allotment they can adequately supply according to a minimum standard diet to their people.

Many problems arise out of State-administered programs to Indian people because of the lack of knowledge, information, and understanding State officials have about Indian people because of oversights in communications.

In conclusion, the food stamp program should have direct process on each of the reservations so that the Indian people receive an adequate diet compared to the commodity program, which should also be available to those who prefer it or who do not have an adequate income with which to purchase food stamps.

Under the heading of human needs, I hope the Senate subcommittee will give great consideration to the subject. Historically, the American Indian, across the Nation and locally, has had to carry the burden of total neglect. The American Indian continues to speak and to make requests to the Federal Government, States, and other agencies of what his human needs are and why they exist. Everyone in this country continues to make mountain-sized promises, but they are lost in the water that pours down the drain. In the area of human needs, medical services, health services, nutritional balances, mental health services, and adequate income are needed to give life to the failing structure that has ultimately been faced with the Indian problem, the Bureau of Indian Affairs. To really assess human needs, as far as American Indians are concerned, we must concentrate on a total arrangement of insuring that money or funds are received by the Indian himself, and to give him the freedom of choice to decide what he wants. Most of all, Federal agencies continue to have administrative animals to handle Indian affairs. We do not need surveys and feasibility studies to decide how American Indians will be provided for

or what will be provided to them. The American Indian people need economic incentive programs that will stimulate a type of pride, understanding, and education to bring forth their talents that will make them contributors to the Indian society.

In this day and age, it seems that the American Indian is not the problem, but the non-Indian continues to create the problem. It is important today to realize in each structure of society, that it be humanly possible that this great United States of America let American Indian people walk their own lives and continue to administer, develop, and expand their own human processes with funding assistance so that the American Indian is not at the bottom of the barrel in the economic strata of society.

Continue to let leaders and Indian individuals work at their own pace to learn and be knowledgeable about themselves in handling their own human needs processes.

Senator McGovern, distinguished members of the subcommittee, and interested persons in the room, thank you very much for listening to me.

Mr. McGovern. Thank you very much, Mr. Skye, for your testimony. Did I understand you to argue the point that we ought, if we go over to the food stamp program, to retain the commodity program and give the tribe the option of both of those programs, if they wish to go under both, so that an individual would have the choice of either going for the commodity program or taking the food stamp as an option.

Mr. Skye. The tribal governments should have both programs and be able to administer them both and also have the funding obtained directly from the Federal Government so that the tribal budgets are not purged with these programs and then take money out. I think it's imperative that the Federal Government provide the tribal governments with the necessary administrative tools to handle these programs and also any other programs that are in existence. The—it goes back to the basic process on the local level that the Indian people themselves or any local person, local communities, anywhere in the United States, they find self-development, they discover themselves in the process and they become better persons, better individuals and more capable of contributing to the society that we have.

Mr. McGovern. I take it from the thrust of your testimony that on any program in which the Federal Government is involved, that insofar as it's feasible you'd like to see those programs administered by the tribe?

Mr. Skye. Yes, I do, Senator.

Mr. McGovern. And you would not phase out the commodity program. You would keep it operating side by side with the food stamp program and let the individual recipient make the choice as to which program he's going to come under or perhaps give him the option of going under both.

Mr. Skye. I think it's only a freedom of choice and decision.

Mr. McGovern. Does your associate have anything he wishes to add?

Mr. Chief Eagle. Well, Senator, committee, friends, and relations, I was glad to come on down here on this hearing because you have to, in examining the lifespan calculations of the American people, the

American Indian sacrifices one-third of his life to be an American Indian. Right now that figure is escalating slightly upward. Not anywhere equitable to the American people, though. But this escalation is caused by many people who are becoming urbanized. It's a very, very slow process, and I certainly go along with the statement made here by Mr. Skye that it should be made optional and in the event these people are going to go to the food stamps, than an x amount that he would otherwise be getting under commodities be given to him in the food stamp area. Then I think your percentage of purchasing power of the way they do the welfare recipients in the State should apply. But I do feel that a flooring should be established. We would like to meet personally. I would like to have the American Indians on the food stamp program, but first there is a due obligation and that obligation is that we have to have some nutritional experts that will teach mama and daddy and grandma and grandpa how to buy a balanced meal. And I'd like to further state that compounded with this we don't want to be welfare recipients in America, certainly not an American Indian, but along with this we should have a strong commitment that there should be a need assessment and a market assessment for the American Indian on the reservation so that that dollar bill would be changing hands more often among Indians and their enterprises and this is economic stability and I think this will lend equity to the American Indians. Thank you, Senator.

Mr. McGovern. Thank you very much for your statement. We appreciate it.

Mr. Skye. Senator, I have one letter that I would like to offer you as—to go with the testimony. I wouldn't like to read it. It's from State Farm and Public Welfare.

Mr. McGovern All right. We'll make that a part of the hearing record. And thank you, Mr. Skye. Your testimony was appreciated.

Mr. Skye. Thank you very much.

Mr. McGovern. Now the next witness is Mrs. Moses Gill, whose husband is chairman of the Sisseton-Wahpeton Sioux Tribe of Sisseton, S. Dak. Mrs. Gill will be testifying on behalf of her husband and the tribe.

STATEMENT BY MRS. MOSES GILL, SISSETON-WAHPETON SIOUX TRIBE OF SISSETON, S. DAK.

Mrs. Gill. I would like to briefly state that it is indeed an honor to be here in front of the committee as a mother and a member of our tribal health council which is an active committee of the tribal council. We have been for the past 19 years involved in the areas of health and we find that in working with our people that nutrition plays a major part in the welfare of our people and as you have stated that many of our children who go hungry to school do not function very well in classwork. We have gone further in working with our people that the nutritional prenatal care is very, very important among our Indian people. We have implemented a Similac program which has been in progress now for the last 2 years working with newborn infants up to 9 months old by working with the mothers and referring them to other agencies if need be, such as extension for better nutritional—the purchasing of food and so forth.

We have, by putting our committees together, discussed what needed to be presented. One of the things that we came up with is the commodity program if eligibility changes are to be made, if our people are to continue with the supplementary food program. One of the things that we have encountered on our reservation that we do have the food stamp program and the commodity program. People that are living on trust land are not eligible for food stamps. Those living in town are eligible if they so desire, but we have found that financially living on fixed income many of our people are unable to participate in the food stamp program because after paying rent and other living expenses food is an item that you can always cut. You must pay the rent, you have to pay your light bill, you have to pay for the fuel and what always is cut is the food. One of the things our well-child program has submitted is a proposal to the women, infants, and children's supplementary food program and this has been submitted to the USDA regional office in Dallas, Tex., to the health department and this is a pilot program. And one of the areas we also discussed was the social security changes in 1974 in which the blind and disabled would be ineligible for commodities because of the food stamps and/or food stamps because of the increase in income. Also, our extension programs will be sponsored by the tribes and we are emphasizing the nutritional area by hopefully working with extension aid and implementing better nutritional needs among our Indian people. Our aim will be toward more gardening and canning among our people. We do feel we have to go back to Mother Earth. Another letter that we had written to you, Senator McGovern, was concerning buffalo meat for a hospital as we realize that the increase of cost is going to tremendously be affected in our budget. We work very closely with our hospital administration and food is going to be an area where we certainly are going to need increase in budget.

Mr. McGovern. Mrs. Gill, you have the commodity distribution program in Sisseton, don't you?

Mrs. Gill. Yes; we do.

Mr. McGovern. Do you know how long a month's supply of commodities lasts for the average family?

Mrs. Gill. Senator McGovern, I have talked to many people, many mothers, many families, and it is called a supplementary food program but I find that a lot of them use the commodity program as the main diet during the month and they stretch it as far as they possibly can. But when you get 1 pound of butter, 1 pound of lard per person in a family, you cannot hardly stretch that very far.

Mr. McGovern. I've heard and I was wondering if you could either verify this or repute it: That many families use those commodities within a week or 10 days after they're received.

Mrs. Gill. Depending on the size of the family.

Mr. McGovern. Have you noticed a lessening of the types of food, the variety of foods that are available?

Mrs. Gill. Yes. There definitely has been a lessening.

Mr. McGovern. What has been the impact of the increased cost of living on families in your areas. I presume that that's made the commodity program that much less adequate in terms of the total needs of the families.

Mrs. GILL. Yes; as we are all aware, when prices increase in the way they have been, there has been—it has been a very—a hardship on the mothers or the person who buys the groceries because meat is practically nonexistent in the diets. If you do get meat you have to stretch that so most families are lucky if they get meat once a day.

Mr. MCGOVERN. I noticed in your prepared statement you make reference to the fact that the tribe applied for the new supplemental food program for infants and nursing mothers. Do you know what the status of that is at the present time?

Mrs. GILL. We had not received any notification or we have not received any response to our application so at this date we do not—we are not aware as to what——

Mr. MCGOVERN. I think it's a very important program. We'd be very glad to do what we can to see that that application is moved as rapidly as possib' We do appreciate your testimony, Mrs. Gill. I know you drove a long ways to get here, clear from Sisseton, so we thank you and your associates who came with you for being here.

Mrs. GILL. Thank you very much.

Mr. MCGOVERN. Is Mr. Traversie here?

Mr. GARREAU. Senator, I'm representing him.

Mr. MCGOVERN. You are representing him?

Mr. GARREAU. Yes.

Mr. MCGOVERN. Well, we will be glad to hear your testimony then. If you would give us your full name so we could——

STATEMENT OF MELVIN GARREAU, MEMBER, TRIBAL COUNCIL, EAGLE BUTTE, S. DAK.

Mr. GARREAU. Senator McGovern, members of the staff, ladies and gentlemen, distinguished members, and other representatives from other tribes. I have here a prepared nutritional status of our reservation on Cheyenne River. The nutritional needs of our Indian people are basically the same as all peoples. The ability of a family to meet those requirements, however, is dependent on money. Most of our people do not have enough money to provide their families with adequate diets.

The impact of this condition is pointed out in our health problems.

Before the invasion of the white man, our Indian people were healthy. They had their own nutritional knowledge of what foods—of what other foods gave them in energy and strength. Back in 1877 when our people were forced to move onto the reservation, they were told by the Government that they would take care of them. They would give us food. They gave flour, beans, rice, coffee, sugar, fatback, and occasionally beef. Excuse me, Senator, I skipped that over. My name is Melvin Garreau, member of the tribal council at Eagle Butte. In my haste to get started on the report, I neglected to give my name. Excuse me. The Indian people's early nutritional knowledge knew the importance of food and when a cow was slaughtered, they gave each child a piece of liver, which they 'new was strength giving. The surplus commodities we receive today are the same types of food. So two generations of our people have grown up eating these foods rich in carbohydrates.

It is felt that as a result of this diet that diabetes is so prevalent among our people. Diabetes Mellitus is reported to be as much as five times as prevalent among Indians as among the general population. The frequency of gall bladder disease is also high. Both may be influenced by the diet.

For many years poor nutritional status has been identified as a major health problem among Indians. Malnutrition occurs and the lack of an adequate diet is a contributing or complicating factor in many other health problems and illnesses, such as infectious disease, retarded physical growth, high infant morbidity and mortality, maternal morbidity, nutritional anemia, obesity, and chronic diseases.

We have never had a complete nutritional status study done on our reservation. A possible way of resolving some of our existing problems would be to do a well-planned nutrition study to document the needs and to find possible answers to what can be done.

Mr. McGovern. Now in that connection the witness made a very interesting point. There's never been a nutritional study on their reservation. I think the audience may be interested to know that when this committee started its work in 1969, we discovered that under the American foreign aid program that our Government financed nutritional surveys to determine the nutritional situation on every person in some 30 different foreign countries around the world. But at no time in the history of the United States had there ever been a nutritional survey in the United States. We had no idea how many hungry people there were, we had no idea how many people were suffering from various nutritional deficiencies. One of the things that came out of this committee, therefore, was to persuade the Public Health Service that they ought to undertake a nutritional survey and that's gone forward in about a dozen of our States. But we still have no nationwide nutritional survey in the United States. So I think the witness' point is well-taken, Mr. Garreau. We appreciate your making that point. You're absolutely on sound medical grounds when you talk about this high carbohydrate diet contributing to the incidence of diabetes and other problems of that kind. We've had competent medical testimony reporting the very point you're making.

Mr. Garreau. Thank you, Senator. All people need the same nutrients for good nutrition, but the amounts are different. An expectant mother needs more of certain nutrients than a woman who is not pregnant. A boy 15 to 18 years of age needs more calories than his father. As both men and women become older, the number of calories they need goes down.

Our Indian people have certain disease and health problems which are different in magnitude from those of the average American. Life expectancy is shorter, the infant and child morbidity and mortality rates are higher.

Nutritional anemia is widespread among Indians with particularly high incidence among infants and women of child bearing age. There is significant underweight on one hand and significant obesity is common. Retarded physical growth is a frequent occurrence in the preschool child. They have recently identified in the preschool screening of children 3 to 5 years of age, 72 children with some type of handicap. Many of these relate back to poor diets. Studies have proven that poor

nutrition has an effect not only on physical growth but on the mental functioning of the child.

In addition to the above important infectious diseases and other nutrition related conditions a wide variety of other health problems are of concern either because they affect nutritional status or impair the diet of the individual or family. Such conditions which are widespread among the Indians include poor oral hygiene and dental diseases, eye and visual problems, alcoholism, and mental and emotional and behavioral diseases. Senility is now recognized as a medical abnormality which complicates the normal process of aging.

Studies have been made that dealt with the nutritional status of the elderly and they indicate that there is a serious nutritional problem among this age group. Both the health and nutritional status of the aging must be viewed as the sum total of long years of living on the marginal limits of nutritional adequacy.

The elderly are victims of a cycle. Poor nutrition leads to low energy levels, which in turn leads to less moving and traveling around. Also the lack of availability of transportation to the store and lack of money presents nutritional problems for them.

We do receive surplus commodity foods on our reservation. Without these, even though they are not sufficient to meet the nutritional needs of the people, we would be in an even worse state of health.

The food stamp program was tried on our reservation. It was discontinued because only 20 percent of our people were taking part in the program. This was due to the fact that the people just did not have the cash to buy them on the days they were sold and even if they had the money most of them did not have the transportation in to purchase the stamps and the food. Now they do have free stamps for the very low income people, but even those who would not work on our reservation—those would not work on our reservation due to our transportation problem and unaccessibility of stores in the communities.

We presently have the commodity foods program. Approximately 600 households out of 882 Indian households received these foods. There are 24 items available through this program, but sometimes only half of these are available to issue to the people. The orders submitted to the State office are never completely filled for one reason or another. Thus the foods received are not adequate for a balanced diet. This has been the problem through the years. The items that are most often left out are the vegetables, the fruits, and the juices.

Especially now at this time of high prices it is most important that we not only continue the commodity food program, but that we improve on it. We must see that these 24 items are gotten to our people every month, for up until the time that we can provide steady employment to our people, we must see to their nutritional needs.

As our people enjoy sharing their foods with other people, many times the custom of "feast and famine" is practiced, that is, eating well for the first couple of weeks of the month and then having little to eat the rest of the month. Each person needs strength values from food every day rather than in spurts. If foods could be given out twice a month this condition would improve.

More nutritional study should be given in the schools to the youth. It is difficult to instruct the adults on consumer buying when they do not have adequate income to budget properly, but more of an effort

must be taken to make the people understand the relationship of food to health and to provide them with the knowledge concerning the proper intake of foods to assure adequate diet.

Senator, this is your text of some of the excerpts on the prepared statement that I brought with me to submit to your committee.

Mr. McGovern. Well, thank you very much, Mr. Garreau. We appreciate your testimony. I was interested in what you said about the experience you had with the food stamp program. Did I understand you to make the point that only 20 percent of the people who were eligible for that program actually found it possible to participate?

Mr. Garreau. Yes.

Mr. McGovern. And that was because of lack of cash to buy the stamps or the lack of transportation to pick them up.

Mr. Garreau. They both work together this way.

Mr. McGovern. Wouldn't you have the same transportation problem with the commodity program?

Mr. Garreau. Senator, the commodities are hauled on those given days on schedules to the district communities.

Mr. McGovern. I see. They're taken out there so that the people have easy access to them. I think you did recognize that there had been some change in the food stamp program since you experimented with it. When was the program tried at——

Mr. Garreau. I believe the program was tried here a number of years ago. I don't know exactly——

Mr. McGovern. Right at 1969 or somewhere——

Mr. Garreau. I believe it was, yes. Yes.

Mr. McGovern. At that time we had no free food stamps at all.

Mr. Garreau. No, we did not.

Mr. McGovern. So that you'd probably have a little better experience with it now where you could offer free food stamps to very low incomes.

Mr. Garreau. I think you're right on that, Senator.

Mr. McGovern. We've also—I want to point out to you that through the efforts of this committee, we have greatly reduced the cost of the program even to those people who have to pay for the food stamps. We've reduced the percentage rather sharply so that the bonus part of it is much more desirable than it was under the old program.

Mr. Garreau. I think, Senator, here at this point on my reservation I believe I've taken my cue from the statement that is prepared that we would like to have the dual system initiated on that reservation because of the diversity up there.

Mr. McGovern. Yes.

Mr. Garreau. On that reservation—as it exists on other reservations also. Some people are more than able to go pick up their commodities——

Mr. McGovern. You'd recommend that, as Mr. Skye did, that the tribe operate both programs and give the individual a choice as to which one he wants to function under.

Mr. Garreau. Exactly, and I think that this would work more in line with the policy of self-determination by giving them a choice.

Mr. McGovern. Well, I think you're right. I think that makes sense. Well, we appreciate your testimony. We understand that you're testifying here on behalf of Mr. Traversie.

Mr. GARREAU. Yes.

Mr. MCGOVERN. Thank you very much.

Mr. GARREAU. Senator, may I have one more word?

Mr. MCGOVERN. Yes.

Mr. GARREAU. Eagle Butte, as you know, is good Democratic country and I'm surprised that you haven't come up there yet.

Mr. MCGOVERN. Well, we'll repair that oversight sortly.

Mr. GARREAU. OK. Thank you a lot, sir.

Mr. MCGOVERN. Our next witness is Mr. Langdeau, the chairman of the Lower Brule tribe. Is Mr. Langdeau here? All right, Mr. Langdeau, you can proceed.

STATEMENT OF ORVILLE LANGDEAU, CHAIRMAN, LOWER BRULE SIOUX TRIBE

Mr. LANGDEAU. Senator, friends. My name is Orville Langdeau, chairman of the Lower Brule Sioux Tribe. I do not have written testimony here today. I feel that I'm not equipped to know too much about the nutritional needs at this time. I do share with some of the other witnesses the feelings of the tribes operating both commodity program and the food stamp program. We all realize that this costs money from the tribe so I would like to say at this time to go a step further as far as the Senator's committee on nutrition is concerned of discussing the option of the tribe handling both programs. I would also hope that they would come up with some means of providing funds for distribution and administration of these programs. The tribes are very poor and are unable to put out this added expense. I would like to mention another nutritional factor as far as our school children are concerned. The tribes all over the country are faced with this problem. The Indian schools on the reservations with the higher cost of living we are at this time able to open our schools but have no way of knowing whether we'll be able to continue throughout the school year because of the cost of food. Right now, at the beginning of our school term, with the high prices and the unavailability of meat, we are unable to find suppliers for our schools. I would hope that the Senator's committee would take this into consideration. That's about all I have to say.

Mr. MCGOVERN. We appreciate your statement, Mr. Langdeau. I do want to say that last summer, when the food assistance programs were up for debate on the Senate floor, that Senator Kennedy and I joined in offering an amendment that would have covered much of the administrative cost that you're talking about, and that went through the Senate but we couldn't get the House of Representatives to accept it in conference. They thought the cost of the program was getting too high and that basic administrative costs should be borne at the local level. I personally think in situations like this where we do have hardship situations, those administrative costs ought to be borne by the Federal Government. We will do what we can to take into consideration the points that you made here, but it's one that does have strong support, at least in the Senate, and I think by a good number of those in the House of Representatives. We appreciate your being here today, and I want to thank you for your testimony.

Mr. LANGDEAU. Thank you, Senator.

Mr. McGovern. I think Mrs. Elnita Rank is here, the new chairman of the Crow Creek Tribe, am I right about that? Is Mrs. Rank here?

Mrs. Rank, you've just recently been named as chairwoman of the tribe, is that correct?

Mrs. Rank. Senator, I was just going to tell you I'm sorry I did not prepare a statement. Had I known I was going to be representing Mr. Philbrick, I would have prepared a statement. It's good to see you again, Senator.

Mr. McGovern. It's good to have you here.

STATEMENT OF ELNITA RANK, CHAIRWOMAN, CROW CREEK SIOUX TRIBE

Mrs. Rank. Like I said, I have not prepared a speech, but we're talking in reference to the commodity program and the food program. I'm going to speak in behalf of the Crow Creek Sioux Tribe, Senator McGovern. The commodity program in the Crow Creek Sioux Tribe is costing that tribe a great deal of money. In taking over this position, I find that the Crow Creek Sioux Tribe's budget for commodity program was $12,000, and there was $18,000 expended for this program. This year, due to the financial difficulties of our tribe, I could not foot the budget for the commodity program in effect. So I therefore wrote a letter to Mr. Earl Bostick with the State Department asking him for assistance for our tribe, as we do need this commodity program for our people. I also wanted to check into the food stamp program. I was advised by some members of our tribe that this would not work on our reservation because a lot of our people have the misunderstanding that the tribe would purchase the food stamps and distribute them free of charge to our people. However, I understand this does not work that way. And that's about all I have to testify to, Senator.

Mr. McGovern. Do you think, Mrs. Rank, that if food stamps were made free to those very low income groups on the reservation, that that would work in Crow Creek?

Mrs. Rank. Yes, definitely. This would——

Mr. McGovern. The new program does authorize that in the case of very low income families, they can qualify for free food stamps. Those that are slightly higher on the income scale would have to pay some for the food stamps but it would be only a nominal amount, and it's not until you get into a more moderate income range that the cost of the food stamps becomes a substantial item, but even then, as you know, they're worth a considerable bonus to the person who receives them.

Mrs. Rank. Senator, if this happens, then I am assuming that the Federal Government will come out with guidelines in reference to the income?

Mr. McGovern. That is correct. There are guidelines that would be set determining who would be eligible for free stamps and what the other categories of cost would be depending on the income of the individuals.

Mrs. Rank. I'd like to ask you another question, too, Senator. In reference to direct funding for our commodities or our food stamp program, we have real poor working relationship with our State Department in reference to the distribution of the commodities.

Mr. McGOVERN. On the commodity program.

Mrs RANK. And I'd rather see as far as my tribe is concerned that we do handle the funds at our level.

Mr. McGOVERN. Are there retail stores in the outlying areas of Crow Creek to get up in that Big Bend area, do people have to go considerable distance to get groceries?

Mrs. RANK. No, sir, we have one, two, three grocery stores in the Crow Creek Indian Reservation, and we have one grocery store that participates in the food stamp program.

Mr. McGOVERN. Thank you very much for your testimony, Mrs. Rank. We appreciate your being here.

Is Mr. Archambeau here from the Yankton Tribe or anyone representing him? [No response.]

Well, if not, that completes the list of tribal chairmen that we have scheduled to testify, and I think at this time I'm going to ask Mrs. Cornelius if she would testify. She's a home economics educator here at Pine Ridge and has a prepared statement. So Mrs. Cornelius, I think we'll put you on right now, if that's agreeable.

Mrs. CORNELIUS. Thank you, Senator McGovern and staff.

Mr. McGOVERN. We appreciate your being here.

STATEMENT OF BESSIE CORNELIUS, HOME ECONOMICS EDUCATOR, PINE RIDGE, S. DAK.

Mrs. CORNELIUS. The previous testimony has borne out some of the ills on the reservation that can be attributed to poor diet and testimony of poor diet available to the Oglala Sioux people. I shall call attention to some of the reasons for the poor dietary habits of the Oglala Sioux people as I have noted over a period of years.

Families who qualify for welfare payments receive a grant for the purchase of foods to supplement the commodity foods which are distributed by the Department of Agriculture. And I have a list here of the foods which have been already cited to the audience. And we notice that there has been an increase in the past 5 years in the number of electric or gas cooking ranges and an increase in the number of refrigerators on the reservation. And we feel that these should greatly enhance the preparation of meals for the homemaker. The units are being made available to reservation families through participation in various housing programs. When complete, approximately 1,000 families will have access to better food preparation facilities. They will have the capability for storage and preparation of commodity and supplemental foods. Additional units will be needed to meet the demands of all of the reservation families.

Many of the dietary deficiencies of the Oglala Sioux can be attributed to a certain degree of apathy on the part of the homemaker. And I might add that this apathy is actually on the part of every one of us. It's on the part of our tribal leaders and all of the employees and everybody. I don't think we've put enough emphasis on it. I just added this myself. Over a period of years, the Indian people have been conditioned to the consumption of large quantities of carbohydrates or starchy foods. To satisfy hunger, they often rely on these foods because of their relatively low cost and the bulk they provide.

The surplus foods distributed by USDA are foods which are of the cereal grain family and are supplied to families in disportionate amounts. Meats, vegetables, and fruits are given in smaller amounts. The result is that many families have a diet consisting of mostly grain foods. The amount of protein foods issued are certainly not sufficient to meet minimum requirements recommended by nutritionists for daily consumption. Canned meats, peanut butter, dried peas and beans can still leave an unsatisfied hunger and account for the boredom with meal planning. And we just read in the paper about a week ago that due to the meat cutback or meat shortage or high prices, that the Indians on the Rosebud Reservation and Pine Ridge Reservation would receive considerably less. Why did that affect us so suddenly? We would like to have an answer to that maybe. Why did it affect only these two reservations as we heard it on the news from Rapid City?

Families do receive a cash allowance in their welfare checks, but the local markets have high food prices and the spiraling food costs will cause the problem to become more acute in the next weeks and months. Fresh meats and produce, which can be purchased to supplement the commodity foods are high priced and a scanty choice of fresh foods does little to add to the variety in the local markets; well-stocked markets are too far from the average family for them to avail themselves of a constant supply of fresh foods that are needed.

There is a need for a broad educational program in nutrition as it relates to the well being of the Indian people. Poor nutrition and its accompanying problems must be understood by all, as many of the results of poor dietary habits are not manifest until later years. We Indian people tend to use food as a reward or to show love and affection for a child. The foods used for this purpose are usually those that require no preparation and do them little or no good, things such as potato chips, soda pop, some sweet bakery products, candy, and such. Ironically, these goods take a large portion of our small cash fund, thus robbing our children of the beneficial foods.

Education will mean that we will understand what good food does to and for us as individuals.

The attitudes of many homemakers toward food preparation is, as stated before, apathetic. A program using trained nutritionists could do much to bring importance to this area of homemaking. These could be local aides who would be trained in basic nutrition. They would assist and encourage homemakers to give more emphasis to the family food program.

Aides should be trained to assist the homemakers in developing the skills to use all of their resources, such as time, money, energy and materials. Educational workshops could be held in designated centers and in the homes.

Trained aides should be equipped with a knowledge of the area, the people, a means of acquiring necessary skills to teach classes in food preparation and basic nutrition and to help homemakers become aware of the importance of management of resources.

Putting more money into food programs—putting into programs to provide more foods without dealing with the problem of nutritional needs and planning know-how will do little or nothing to allay the problems of a poor diet.

In summary, I again will repeat in brief the problems on the Pine Ridge Reservation regarding nutrition and related needs. As I said, conditioning over the years of Indian people to a large consumption of carbohydrate foods and second, the poor use of commodity foods because an oversupply of some and probably a too small supply of others. Third is the poor use of money or poor management of money to supplement the commodity foods or the available foods. Fourth, the high food prices which are threatening to go higher all the time. Fifth is the poor quality of available foods in local markets or the scanty or sparse choice of foods. Sixth, the inaccessibility of well-stocked markets.

I would like to thank the committee for the opportunity to present testimony on the Pine Ridge Reservation.

Mr. McGovern. Thank you very much, Mrs. Cornelius. With regard to the first point that you make in your summary about the conditioning to high carbohydrate intake, one of the things this committee has frequently run into as we've gone around the country, is people chiding us on the fact that occasionally witnesses will testify to their bad diet and poor nutrition, and they'll be people who are very much overweight. But is it not a fact that a person can be way overweight and still be badly nourished?

Mrs. Cornelius. Yes; that's true, I'm sure.

Mr. McGovern. He could be suffering from poor nutrition and bad diets and yet have excessive weight. I think that's been one of the problems we've had with the general public in many cases. They don't understand the difference between weight and a good diet.

Mrs. Cornelius. Yes; I'm sure that's true.

Mr. McGovern. What kind of home economics programs and services are now operating here on the reservation?

Mrs. Cornelius. I don't believe we have a dietitian or nutritionist at the hospital as we had before and I am—I think I am the only one—home economics person on the reservation and I have the whole entire home economics program not only the foods programs so it leaves me, you know, having to spread myself very thinly over the reservation and at the present time I'm only able to work with organized groups such as Head Start personnel and the parent-child center, their cooks and staff to see if we can't involve parents in a program of education about dietary needs of young children.

Mr. McGovern. Do you have any funding available for nutrition education as such?

Mrs. Cornelius. No; I don't think we have. We had a whole management program here about 5 years ago but it didn't last long because I told you about this apathy on the part of the previous administration. They were not interested in it. They did nothing to bring the training to the people that we had designated as trained aides on the reservation. We were expected to perform services in the homes such as going in and cleaning up homes. We were left very little time to try to teach and the demands made on us were not the kind of things that we wanted to bring to people so the program just died.

Mr. McGovern. I think it's important that you stressed in your summary here what high food prices do to the diet of low-income families. I suspect that the country is going to pay a heavier price than we

now realize in the form of deteriorating diets as a consequence to these high prices that have hit many, many essential foods.

Mrs. CORNELIUS. This is true in the stores—this store here on Pine Ridge, I don't know, they probably have their real good reasons for their prices being so high, but I would say that in some items their food is 10 percent higher than in the neighboring towns even down to White Plain, Nebr. If somebody is left out on the reservation on a day like we have today where we're all hot and if we're overheated we don't have the facilities, we don't have the refrigeration to even save the foods that we buy. You can understand why the diet is like it is. So there are many factors other than pouring more food and dollars into getting more food to the people. There is the problem of storage. There is the problem of the people getting out to buy it.

Mr. MCGOVERN. I think most of the members of this committee, if they were pressed on it, would tell you they've come to the conclusion that next to the lack of income the most serious cause of bad diets is the lack of nutrition education. Even some families that are in a position to afford reasonably good diets in many cases just don't avail themselves of it.

Mrs. CORNELIUS. Yes; I guess this isn't just among us but I feel that the tribe and probably all Indian people should assign this a very high priority and not look at it as just something that the homemaker herself has to take care of. Too much responsibility is taken away from the homemaker, I feel, that if we feel we can send our child to school and they get the proper diet in school then we are taking this responsibility away from the parents and actually some of the training should go to the parents and they should be allowed more participation in a nutrition program.

Mr. MCGOVERN. Well, thank you very much, Mrs. Cornelius. We appreciate your testimony. I understand we have coffee available here. I think maybe what we'll do is to take about an 8 or 10 minute break and let everybody stretch and if you want a cup of coffee we'll take time for that and we'll come back just a few minutes after 3 o'clock.

[At which time a recess was taken.]

Mr. MCGOVERN. Mr. Jose Garcia, is he here?

VOICE. He's not present today.

Mr. MCGOVERN. How about Mr. Thurman?

[No response.]

Mr. MCGOVERN. Well, what we will do in the case of these people who are not here, Mr Longbrake for one has told me that he wants to file a statement, we'll hold the hearing record open for another 10 days or so for additional statements. So if the other members of that panel are not here today, we'll move on to the next panel. I have a list of four persons on that panel: Mrs. Werfel, Dr. Kaldenbaugh, Steve Pevar, and Dorothy Gill. Are those people here?

VOICE. Dorothy left.

Mr. MCGOVERN. She has left?

VOICE. She has left.

Mr. MCGOVERN. All right, if the others would come forward, we will be glad to hear your testimony. Mr. Pevar, you want to begin? You can proceed in any way you wish.

STATEMENT OF STEVE PEVAR, LEGAL SERVICES, OEO, ROSEBUD, S. DAK.

Mr. PEVAR. Senator, my name is Steve Pevar and I'm with the Legal Services, which is an OEO office in Rosebud, S. Dak. and I've been there for more than 2 years. I was asked by a member of your legislative staff to participate in this because I have some expertise in one particular area of the nutrition problem. And that concerns food stamps on reservations. I think it may surprise you to know that the majority of Indians in South Dakota cannot participate in food stamps. I know that other speakers have come up here and have discussed the problem of whether or not Indians should have commodities or food stamps. The fact of the matter is under present USDA regulations the majority of Indians in this State are exempt from food stamps and I'd like to get some background into that.

For many decades all tribes have had commodity programs and that has been both beneficial, and in one way harmful in that the commodity programs have deteriorated over time and other speakers have demonstrated that more effectively than I can. When the Food Stamp Act was enacted in 1954—in 1964—one of the provisions said that the Secretary of USDA could not allow both commodities and food stamps in one geographical area. Now tribes had existing commodity programs. The State of South Dakota at the present time has 67 counties. Sixty-three of those counties distribute food stamps such as Shannon County here, Todd County, which is the home of the Rosebud Sioux and most of the other counties where Indian tribes are situated. This means that potentially a member of a tribe living on the reservation is eligible for two food programs, the tribe's commodity program and their county's food stamp program. Now I presume to be consistent with the act—the Food Stamp Act which does not allow concurrent eligibility. A legal administrator of USDA last year promulgated a regulation which states that all Indians who live on trust land cannot participate in food stamps and all persons who live on nontrust land must participate in food stamps. In other words, they eliminated the choice. In my opinion that regulation is racist. It precludes a vast majority of Indians in the State from receiving food stamp benefits. To give you an example of what effect that has, Todd County, S. Dak. as I mentioned is the home of the Rosebud Sioux. There is about 6,600 people living in Todd County. Forty-six hundred are Indian. Almost 90 percent of that 4,600 people live on trust land and by definition now they cannot apply for food stamps.

Mr. MCGOVERN. Now is that under the USDA regulations or is that a South Dakota regulation?

Mr. PEVAR. That is a regional regulation. It's promulgated, I have it attached to my statement, it is promulgated by the regional office in Chicago which has the regulatory premise over the vast number of Western States. As a matter of fact, just recently that office was switched to Dallas. Someone mentioned Dallas, Tex. That is now the office which has regulatory power over South Dakota as well as most of the Central States. So this regulation does not affect just South Dakota Indians, but in one fell swoop the regulation declared ineli-

gible over 4,000 Indians on the Rosebud Reservation living in Todd County alone.

Mr. McGOVERN. Is that the office that administers the food stamp program?

Mr. PEVAR. Yes; it is.

Mr. McGOVERN. It has nothing to do with the BIA?

Mr. PEVAR. No.

Mr. McGOVERN. This has to do with the USDA administration of the program and you said the regional office is where that judgment——

Mr. PEVAR. That's right. And under the Food Stamp Act of 1964 the Food and Nutrition Service of the USDA is given regulatory power and it was the regional administrator of the Food and Nutrition Service. Now, that is half of the reason that I wanted to be here, to present to this committee this horrendous fact that while we sit here and discuss whether or not food stamps are better than commodities, it is a matter of fact that Indians cannot participate in the food stamp program. The second half of why I wanted to be here is to tell you that the feelings that I got from my clients, who are predominantly Indian, seemed to—or indicate to me that they prefer commodities and I'm not sure why and only Indians can offer that testimony. I'm not competent to do that. But I am competent to indicate some reasons why it appears that commodities are more favorable. Now I will give you some statistical background to this. I mentioned that it was in July 1972 that this regulation went into effect that Indians living on trust land, and most Indians do, cannot qualify for food stamps. Well, prior to 1972——

Mr. McGOVERN. That certainly is not the intent of the Congress. I think your testimony is very important in pointing that out. That is an arbitrary regulation that has nothing to do with the law itself and I think that we can move to put some pressure on USDA to change that regulation.

Mr. PEVAR. Well, one cautionary note. First of all, I'm in the process of filing a suit against USDA on this very point and it will probably be filed next week. But the problem that we face, it's almost a dilemma. The act states that there cannot be concurrent programs in any one geographical area. What I am afraid of is USDA saying well, OK, we will either keep all Indians off of commodity foods or all Indians off of food stamps. In other words, Shannon County where we are now, the tribe has a food stamp program. Shannon County—I'm sorry—the tribe has a commodity program. Shannon County has a food stamp program. The act does not allow what is actually taking place, two programs in one geographical area. What I ask on behalf of myself and I know Mr. Skye was the first to say this, is that I believe there should be a choice, but I'm afraid that the act does not allow for that except in three very restricted exceptions. One is temporary emergency and I would submit that this is an emergency situation where you have a high concentration of individuals who do need supplementary food.

Mr. McGOVERN. Like the situation we had in Seattle last year.

Mr. PEVAR. Yes; that's right.

Mr. McGOVERN. Had both programs operating simultaneously.

Mr. PEVAR. Precisely. So then the two points that I would like to make then is that the majority of Indians cannot participate in food stamps and I would like to ask you to do whatever you can to rectify that.

Mr. MCGOVERN. Yes; I appreciate that and I certainly will do what I can to rectify it. I do think it is a discriminatory rule.

Mr. PEVAR. The second thing is that—a point that I was going to make before that the USDA regulation went into effect July 1972. It was effectuated in South Dakota May 1, 1973. And on May 1, 1973, counties throughout the State sent out notices to Indians who were already receiving food stamps and who happened to live on trust land, that they were on that date terminated. Now in Todd County there are, as I mentioned, 4,600 Indians. Only 32 families, however, were receiving food stamps on May 1 and only 32 families were therefore terminated from the food stamp program. They lived on trust land. So I think that statistic, keeping in mind the fact that there are 2,500 Indians who participate in the tribal commodity program who live in Todd County, indicates that at least that the Rosebud Sioux prefer commodity foods to food stamps, for whatever reasons they may have and again I don't pretend to know why.

Mr. MCGOVERN. Well, do you think one of the factors is that commodities are free and the food stamps are not?

Mr. PEVAR. Well, I think so except you pointed out that to low income families food stamps are free.

Mr. MCGOVERN. Correct. But it's the lowest income.

Mr. PEVAR. Yes. Yes.

Mr. MCGOVERN. I would guess that a sizable number of those 4,600 people would have to pay something——

Mr. PEVAR. Right.

Mr. MCGOVERN [continuing]. For their food stamps whereas the commodities are without charge.

Mr. PEVAR. Since May 1 when South Dakota terminated those Indian families who were getting food stamps, I have had numerous people come into my office as clients to complain about that. I asked them why they wanted food stamps or why others want commodities and there are—people mentioned different things. For one, if a family's income is at a certain level they will get the same amount of commodity foods but they will only get a certain portion of food stamps. So to a family that has for instance a welfare income, they may prefer commodity foods because they will get a large bunch of commodity foods whereas they will only get a small portion of bonus from the food stamp program. But the second factor I believe is just the fact that commodity foods have been distributed on Rosebud for decades and most of the people have been born and raised on commodity foods and there's a high degree of acceptance of commodity foods. And I would like to caution the committee to look into the fact that individuals, for whatever preferences they have, incline toward commodity foods, at least in areas which have been served by commodity foods for a long period of time and to also realize that if the law goes into effect July 1, 1974, terminating the commodity food program, that could have devastating effects on reservations. And in summary I would like to urge the committee to allow reservations for

that reason to have the old programs at least for a certain period of time to somehow, although I can't picture it right now, gradually phase out the commodity program if that's what must be done.

Mr. McGovern. Well, Mr. Pevar, if I read the law correctly, and I want to check this out, I think the requirement that the food stamp program be implemented by July 1 of 1974 does not necessarily require that the commodity program be immediately terminated everywhere at that time. My own impression is that you could still, particularly in acute cases where the need was obvious, operate both programs.

Mr. Pevar. If the law allows that, on behalf of the clients who have come to me, I would like to urge that some attempt be made to allow commodity foods to be distributed on the Rosebud Reservation and from the testimony I appeal on other reservations also.

Mr. McGovern. Well, we appreciate your testimony. I think it gets right to the point and it will be very helpful to the committee.

Dr. Kaldenbaugh, did you have another statement?

STATEMENT OF DR. HENRY H. KALDENBAUGH, USPHS, IHS, ROSEBUD, S. DAK.

Dr. Kaldenbaugh. Senator McGovern, I would like to present written testimony in triplicate to you concerning what I will speak about this afternoon. It consists of my own testimony [1] plus three appendices,[2] the first of which is a list of the foods that are distributed under the present commodity supplementary program. The second of which consists of the U.S. Public Health Service statistics for the Rosebud Reservation and the Rosebud service unit which is our hospital, concerning specific problems of malnutrition on our reservation. I would like to give a little bit of background about the programs that exist presently.

Our tribe has been the recipient of various food distribution programs since the reservation was first founded since the tribe was first relocated to the west bank of the Missouri River in 1868. I think this might offer a bit of an explanation as to why some people are still vehemently in favor of commodity foods. It's not that these foods are free to the people. In their own minds and in the minds of the patients who have come to me, they feel this is a right that was granted to them many years ago in treaties in return for the land that they ceded to the United States of America. Presently on our reservation there are two food commodity programs. There is the commodity distribution program to eligible low income families and this consists of certain basic foodstuffs and these foodstuffs are mentioned in some written testimony by Ms. Minna Gutsch who is the dietitian in the Aberdeen area. I have a copy of her testimony but another copy has been submitted to you. There is also another program which is a supplementary commodity program for pregnant females and children up to school age. This program provides some supplements that do have a modicum of protein and vitamins necessary for the increased needs of these individuals. Unfortunately, these are not designed to be the sole dietary

[1] See prepared statement, p. 320.
[2] See Appendix, pp. 353–371.

source of either calories, vitamins, or proteins. And I think this is a roughage that people in low income areas, especially on our reservation, utilize the commodities as either the sole or the main source of their diet and through misinformation or lack of education this is considered by them to be adequate.

When the people utilize this dietary source, certain problems are created and the problems created consist of how people budget their finances for they be available to you. Major impediments that are present on our reservation consist of, one, the inability of people to pick up the commodities themselves and this problem is compounded by the fact that many people live in isolated villages that are far from paved roads and they do not have adequate transportation. They also have inadequate cooking facilities and we've already had adequate testimony as to the dietary preferences. The preferences being toward high carbohydrate, high fat diets, which are due to the availability of foods and due to longstanding social preferences which they have grown up with. These conditions really don't facilitate a wholesome diet and I would say that the social mores themselves do not facilitate a wholesome diet and this is reflected in the medical problems. Some testimony was given already this afternoon but I would like to reiterate. The incidences of gall bladder disease, obesity, diabetes mellitus that occur in the adults is of a rank that is much higher than anywhere else in the United States. This is partially due to certain genetic factors of an ingrown—inbred, culturally isolated group of people, but it's also due to dietary deficiency.

People that are living off the reservations and eating the diet that is considered nutritious do not have the incidencies of these problems. In fact, one of the major treatments of diabetes mellitus is by the institution of an adequate diet and this sort of diet quite frankly is impossible to institute considering the present conditions on our reservation. In July of this year I was asked by our tribe to collaborate on the preparation of an application for the WIC program, which I'm sure you're familiar. This program is a new U.S. Department of Agriculture supplementary food program. The actual method of distribution of the foods of this program is up in the air and it's discretionary to the State and local agencies. But there are some special reasons why our tribe decided to apply to this proposal. One, they felt that since the foods were limited to protein and vitamin rich foods that perhaps we would change this long-term commodity supplementation away from carbohydrate-rich foods and toward foods which would help enrich the diet of the people. And this particular program limits the foods to milk, cheese, meat, the kinds of foods that are rich in vitamins and protein. There's also an element of choice here, especially in the method of distribution by the tribe.

Now, discounting the problems of setting up the distribution form, the tribe feels in opposition to the opinions of my friend, Mr. Pevar, that some sort of food voucher program would be better. They felt that the people would No. 1, be able to get to retail grocery outlets more easily than they could to the tribal warehouse. I have tried to substantiate this by asking some of my patients and I can say that by and large at least 20 or 30 of them agree with this without exception.

PREPARED STATEMENT OF DR. HENRY H. KALDENBAUGH

Background

The Rosebud Sioux Tribe has been the recipient of various food distribution programs since the reservation was founded as a result of the treaty of 1868. None of the various distribution programs were intended to provide an adequate diet, however, most of the participants utilized the distributed food as the mainstay if not the sole caloric source of their diet.

The present functional distribution programs for the Rosebud Sioux Indians living on trust land are two.

1. The commodity distribution program which provides some basic foodstuffs but which is not intended to be a sole dietary source. (See testimony of Ms. Minna Gutsch, R. D. Chief, Nutrition and Dietetics Branch, Aberdeen area, IHS.)

2. The supplementary commodity food program for pregnant women, infants, and children below school age. This program provides supplements with a modicum of protein and vitamins necessary for the increased needs of these individuals. (See App. A.) These commodities are not designed to meet the minimum dietary requirements but are intended to supplement other sources.

The actual situation is not as it was planned by the USDA. The majority of the 5,395 Indian people on the Rosebud Reservation that receive commodities utilize these as their sole dietary source of calories. When groceries are purchased at markets thought is not given to nutritional balance. As a result available money is spent on convenience foods and snack foods.

Three major impediments compound this situation.

1. Most of the commodity recipients are unable to secure transportation to pick up commodity distributions from the tribal warehouse located in Rosebud, S. Dak.

2. Adequate cooking facilities are not available to prepare raw foodstuffs into a palatable diet.

3. The dietary preferences tend toward fatty foods, that is, fried bread, beef soup, and convenience foods. This may be partially due to the fact that the commodity distributions have always been starchy fatty foods. Presently the distributions lean heavily toward flour, macaroni, butter, and vegetable shortening.

Obviously these conditions do not facilitate a nutritious wholesome diet and are reflected in the medical problems of the Rosebud Sioux people.

The incidences of gall bladder disease, obesity, and diabetes mellitus in the adults are alarming. Many children suffer from iron deficiency, anemia, and carious teeth are the exception rather than the rule. Appendix B is the statistical print out of the Aberdeen area, IHS, for the Rosebud USPHS Hospital for fiscal year 1972–73. The total hospital visits and data concerning illnesses directly related to malnutrition are presented.

The WIC Program

In July 1973 the Rosebud Sioux Tribe was notified by the State Health Department of South Dakota that they could tender an application for the USDA special supplementary food program for women, infants, and children (WIC). This pilot program would provide iron and protein rich foods for pregnant and lactating females, infants, and children up to the age of 4 years. This would be tied to an outpatient followup program in order to assess the growth benefits of these foods if any.

The method of distribution has not been determined and presumably would be a food voucher method using retail grocery outlets. (See app. C, WIC application.)

The tribal council felt this program would be of value for the following reasons:

1. The proposed foods were limited to protein and iron rich varieties sorely lacking in present diets.

2. There would be an element of choice as the foods would be available through retail grocers.

3. The program would relieve the Rosebud Sioux Tribe community health representatives (CHR's) of distribution of supplementary commodities. The

CHR's have no resources, i.e., gas and trucks, to deliver the supplementary commodities as of July 1973 and have discontinued the distribution. Consequently many women, infants, and children are receiving no supplements.

A major problem in preparing the application for this program was a lack of nutritional data from the USPHS statistics. (See appendix B.) Although there are only three outpatient visits for vitamin deficiency (084) listed many more cases of vitamin deficiency were seen and treated not to mention subclinical cases that went undiagnosed. The data shows 20 cases of iron deficiency anemia but the medical staff estimates that more than one half of the first prenatal visit and a significant number of the children seen are iron deficient.

This discrepancy between official statistics and the experience of the medical staff dictated the interest of the Rosebud USPHS Hospital and the medical staff in the (WIC) program and these hearings.

PROPOSAL

The facilities are available for adequate assessment of the nutritional deficiencies of the Rosebud Sioux people. This assessment is in error presently for two reasons.

1. The data collection method of the USPHS is in error in that many cases are seen which are not recorded.
2. The hospital is dangerously understaffed, 5 physicians and 20 nurses care for 2,500 inpatients and 35,500 outpatients per year. Consequently many serious and potentially serious dietary deficiencies are overlooked due to more pressing problems.

With a more responsive data collection system and adequate personnel the present facility should be instrumental in assessing and improving the nutritional state of the Rosebud Sioux people.

Mr. McGOVERN. In that connection, Dr. Kaldenbaugh, do you think that the average person would end up with a better diet if they were given comparable assistance through food stamps and access to grocery stores as opposed to relying so heavily on commodity programs? I'm taking into consideration that that commodity list has been deteriorating in recent months because of certain shortages.

Dr. KALDENBAUGH. That's a difficult question. This one particular program limits itself to certain foods which are rich in protein. Obviously the other food stamp programs don't limit themselves at all. In fact, a person could theoretically spend all of their food stamps on nothing but potato chips and Coke. I would say that a nonrestrictive food stamp program would do nothing to improve the dietary habits of people without some sort of special restrictions upon it or some sort of very elaborate educational system. And this is going to be a problem that is not going to be ironed out easily.

Mr. McGOVERN. Do you think it's fair to say that the commodity program has in effect had a negative impact as far as good dietary habits are concerned?

Dr. KALDENBAUGH. I don't think there's any question about this. One of the favorite foods of the Sioux Indian people who live on my reservation and of people who have lived on other reservations has been fried bread. In fact, this is one of the mainstays carbohydratewise of the diet and the recipes for making up this particular type of food insures that the food consists of nothing but fat and carbohydrate and I think that the overabundant availability of flours and of grain products and the lack of foods that are rich in protein, especially meat, cheese, and certain dairy products, virtually insure that over a period of time, people's dietary preferences will tend toward that which is available to them.

Mr. McGOVERN. Do you have any other——

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Dr. KALDENBAUGH. I think that covers my testimony.

Mr. MCGOVERN. Well, I think these have been two extremely valuable statements to us and the committee greatly appreciates the fact that you gentlemen took time to be with us today. Thank you for your testimony.

I think now we'll take Dr. Donald Barnhart who is the superintendent of public instruction in South Dakota. Dr. Barnhart, we would be happy to have your statement.

STATEMENT OF DR. DONALD BARNHART, SUPERINTENDENT OF PUBLIC INSTRUCTION, STATE OF SOUTH DAKOTA

Dr. BARNHART. Mr. Chairman, members of the committee, ladies and gentlemen. Needless to say, I'm tickled to be here. Tickled because today I can be with my friends, the Indian people. Tickled because I believe that the school lunch program of the Division of Elementary and Secondary Education (under the very able leadership of Mr. Martin Sorensen and his staff), is making a significant contribution to the nutritional needs of Indian people. Of course, with your help, we believe we will do better. Tickled also that your chairman would remember a fellow Mitchellite (from Mitchell, S. Dak.). Your chairman and I graduated from the same high school in Mitchell—the only public high school. We also graduated from the same university in Mitchell—Dakota Wesleyan University, which is also the only university in Mitchell, S. Dak. With your indulgence, I would also add that your chairman and I have another thing in common. We both faced an election in 1972. I won by 61 percent and your chairman should have won by at least 67 percent. Everyone here knows why.

The why of it is represented by your presence here today. Your presence and concern for the nutritional and human needs of the Indian people represent the goodness that is America. America is great and loving because in almost 200 years as a Nation, she is beginning to realize the paradox of freedom and responsibility. In the quest for individual freedom, she has begun to realize that the expansion of human potential can only be achieved through the exercise of humans responding—or by responding ably to each other. This committee's presence here today represents fully America's response to the paradox of freedom and responsibility. You care—you're responding. I'm sure it would have been more comfortable in the exercise of individual senatorial freedom to be meeting at the Embassy Row in the District of Columbia or at the Executive Inn in Louisville, Ky., or at one of the many Hiltons found anywhere. Your presence here today once again proves the best advocates for Indian people have been the Federal Government and the missionaries. I'm confident that the Oglala Sioux and the Indian people will survive in spite of any inaction that may be taken to appease those who would delay or respond ably with the freedom they have been given by their Creator.

My testimony will be divided into two parts: Mine and Mr. Sorensen's of the division of elementary and secondary education. In the first part, I shall present personal testimony gained from experiences I had as a public school administrator working and living with Indian people on the Rosebud and Pine Ridge Indian Reservations in South

Dakota from 1960–70. Since 1971, and up to the present, I have served as State superintendent of public instruction in South Dakota.

The second part of my testimony will deal with the commodity distribution program administered by the division of elementary and secondary education.

From 1960–63, I served as the principal of the He Dog Grade School (K–8) located near Parmelee, S. Dak., in Todd County. It was there that I was able to see first-hand how the school lunch program helped children. Many of our Indian children would come into school with a lack of luster and shine in their eyes. Within 2 weeks after participating in the school lunch program, the children took on what I call a "nutritional glow." That is, the luster came back to their eyes and the skin glow was better. I was also shocked to learn that as many as 153 out of 170 (90 percent) children attending He Dog had infection running through their system at all times. This was the result of poor diets and other factors which continue to afflict Indian people and their children. A public health service response to dental problems was to have mobile dental units to the school and to other remote areas. There should be an expansion of the delivery system to Indian people. With the ending of the draft, it will be more and more difficult to deliver health services of all kinds to Indian people. Formerly, many young doctors came and served out their military obligation in PHS hospitals. This is a serious threat to Indian people because in spite of present public health service, the rate of Indian people with health problems is still high and twice as high as among non-Indians living in the same geographical area. In 1970, the public health service wrote in a publication entitled, "That These People May Live":

> We believe this is related to the total socioeconomic situation which results in psychological problems; poor nutrition, housing and sanitation; and a lack of knowledge of good health practices or a lack of means to improve them.

I would like to expand on the point of "total socioeconomic situation" and the Indian people. When I came to serve as the director of the dropout prevention program here at Pine Ridge in 1969, I discovered that there were about 60 studies taking place simultaneously. These studies were being conducted by anthropologists, foundations, colleges and universities, and candidates for graduate degrees.

Genelemen, the Indian people need more cash and less research. I believe that steady jobs and personal development programs to assist Indian people in holding onto these jobs would do more to improve the quality of life of Indian people on reservations than any other single program. I do not want to discount the importance of health and nutrition, housing, sanitation, education, roads, or other programs. A general development program headed by the opportunity to work—hold jobs and have steady incomes is needed to prevent disintegration of family life and improve the quality of life for Indian people.

The psychiatrist and poet, Laing, speaks to the value of a single man in our society. Laing reminds us that as a country we were willing to spend billions for man's "outer journey" into space. We spent these billions on the unknown and delivered men safely back to earth. Laing suggests that man's "inner journeys" are important space explorations, too. In my judgment, Laing wasn't just speaking of "mental illness" as the inner journey we must be willing to pay the price for.

I believe Laing speaks to the full blossoming and care of human potential when he speaks of mankind's inner journeys. The nurture and care of human potential on the Indian reservations of South Dakota is as important as the nurture and care of man as he explores outer space.

For many years there has been a food distribution program for families on Indian reservations. Amounts distributed have varied from year to year as well as the varieties of foods offered. The efficiency of distribution has also gone through many stages. With the advent of food stamps a few years ago there was an increasing agitation for the use of these on some reservations. The Cheyenne-Eagle Butte Tribal Council adopted the program experimentally but soon returned to the food distribution program. The Yankton Tribe went on food stamps 3 years ago and continue to do so. This tribe is located in the southeastern part of the State and most members have ready access to neighborhood stores.

In the West River Tribes, many members live in remote areas and have difficulty getting to trading posts or stores. These people seem to have welcomed the distribution system which has been established for USDA foods. Their sentiments have apparently been expressed to tribal councils because in the past 3 years there have been marked improvements in warehousing and distribution at Pine Ridge, Rosebud, and Cheyenne-Eagle Butte. Pine Ridge moved from a 100-year-old wooden, rodent-infested warehouse 3 years ago to a modern, steel warehouse with concrete floors. In 1969–70 food losses from rodents, heat, and refrigeration breakdowns exceeded $40,000. Since that time losses have been minimal. Rosebud moved from an abandoned schoolhouse to a new warehouse a year ago, and Cheyenne-Eagle Butte from first an abandoned coal bin, then into an abandoned chicken coop and into a new warehouse 2 years ago. Warehouse facilities on the other reservations are very adequate. On the larger reservations, tribal councils have constantly been making improvements on the new warehouses.

With the advent of the operating expense funds 3 years ago employees of the Division of Elementary and Secondary Education have worked very closely with the supervisors of the warehouses and their help. They have in fact acted as agents of the Federal Government in this respect. There has been an harmonious relationship. The commodity field supervisor has spent many weeks on the larger reservations during the past 3 years and there is at least weekly and often daily communication between the larger tribes and the State office. As a consequence there has been better telephone correlation in the shipment and distribution of commodities to the tribes.

One major goal of the warehouse supervisor has been an effort to reach all eligible people with commodities regardless of how remote they may be and also to establish self-service types of programs for those who can come directly to the warehouses. It is felt that most people are being reached at least on a monthly basis. Equipment to upgrade programing has been purchased utilizing funds in the operating expense funds. As a consequence the trucks, vans, and remodeled buses make their stops utilizing a timetable so people will know when they arrive. This is especially so at Pine Ridge, Rosebud, and at Cheyenne.

Mr. Chairman, I have other portions of this that desscribe that commodity distribution program and I would like to end by saying we feel it is the right of the Indians on each individual reservation to determine whether or not to continue a program which they have established as their own and which is operating satisfactorily. It is true they do not have as much choice as if they were going into a supermarket with stamps but many do not have supermarkets available and many would be cut back if they went to the stamp program. Rather than cutting back on a basic food program in times of dire food shortages we think these should be continued. Is there any reason why stamps could not supplement the basic foods program so the families with the most dire needs could also purchase fresh fruits and vegetables? We can feed men in space up to 60 days at a time. Why can't we find a way to offer proper solutions to the nutritional needs of Indian people? Why can't Indian people be given the opportunity to participate in both the commodity program and the food stamp program? I believe Indian leadership should administer these programs for their people and that the people should be given both options.

I'd like to say, Mr. Chairman, that when I assumed office in 1971, within 6 months after I took office the Johnson-O'Malley program which had formerly been administered by the Department of Public Instruction beginning in 1952 and up to July of 1971, we succeeded in turning that over to the able leadership of Mr. Clarence Skye and his crew, specifically Frank Lawrence, and they have since operated the Johnson-O'Malley program of the United Sioux Tribes and have done a great job doing that.

Mr. McGovern. Well, thank you very much, Dr. Barnhart. I appreciate your kind personal statements in the opening part of your testimony and also your statement about these food programs. You've offered the first testimony we've had today on the school lunch program as well as the other two food assistance efforts. I think it's very important for us not to overlook that tremendously vital part of our nutrition program. I had the privilege today with other members of the committee and my staff to participate in the school lunch here at the Pine Ridge school. Everyplace I've gone across the country I've been impressed with the importance of that school program. Not only as a nutritional operation but also in laying the bases for a better learning process. I was impressed, too, with what you said about the importance of more job opportunities and economic development base. You may be aware of the fact that this summer I've sponsored legislation that's now cosponsored by some 16 additional senators which provides for the creation of some 20,000 job opportunities for Indians. Approximately 2,500 of those would be available in South Dakota. Not in make-work-type operations, but in legitimate needed services where additional employment could be usefully offered. Where we have community development operations of various kinds, it would provide steady employment for at least a third of those people who are unemployed in Indian communities. So I think your support of that concept can help build strength and build support for this legislation. I do appreciate your testimony. I would just like to ask you one question. Do we have school lunch programs operating in virtually all of the schools in South Dakota now or do you know what the percentage is?

Dr. BARNHART. We have in all except a couple of school districts and it's mostly school board preference not to participate and in those cases the geographic factor of getting youngsters home at noon doesn't seem to be as great.

Mr. MCGOVERN. I see. How about the school breakfast program? Is that happening in South Dakota on any substantial scale?

Dr. BARNHART. It's grown up very well through the years and more and more schools are coming aboard. I might say that as the superintendent of schools of White River in Mellette County, we assigned first—first school breakfast agrement with the State of South Dakota. If I can throw that in. But it's really taken hold. We can submit our data on that, Senator.

Mr. MCGOVERN. Just in the last few days since I've been moving around the State, there are a number of school superintendents who have expressed dismay to me that the special milk program has been cut back. Have you been getting a lot of complaints on that?

Dr. BARNHART. Yes, the funding has been cut down federally. The milk, of course, will be a part of the type of meal served at noon but those school districts have the kids in the morning and in the afternoon. They will not be reimbursed where they stand. Now, for those programs so many school districts are dropping those.

Mr. MCGOVERN. We had a special milk situation program as I recall that was funded at $97 million in Federal funds this year. The administration asked us to cut that down to $25 million. Now, the House did that, they appropriated only $25 million. The Senate refused to go along with the cut and we appropriated some $95 million. But the conference has not been held between the House and the Senate to work out the difference and until that conference is held the administration is operating at the lower figure, which is the one authorized by the House.

Dr. BARNHART. This creates problems for schools because like a lot of things today school districts' budgets are designed around State funds and Federal funds and as the Federal Government plays its games or it holds up to get the money, school districts have to wait on them and we would like to see these fiscal time-cycle things ironed out so human needs and needs of children are better taken care of.

Mr. MCGOVERN. Well, I agree with you, Dr. Barnhart. We are going back into session on September 5 which will be a week from tomorrow. I am going to do everything I can, to see to it that the House and Senate get together immediately and I hope we can persuade the House to accept the Senate figure. If we can do that, we will be back on a special milk program probably by next September or the end of September at the latest, funded at approximately the same level it was last year. I realize that does cause planning difficulties to the school districts about when the money is coming through but I think there is a fairly good chance we can break those funds loose by some time before the end of this coming month.

Dr. BARNHART. I think, Senator, I think you would be interested in knowing that while the State of South Dakota has not really responded in any great extent to the needs of Indian people and that the lead advocates of the Indian people have been missionaries in the Federal Government. For the first time this year we did get a re-

sponse from the State government, two responses that I think are healthy and I'm sure you would want to know about them. One was the fact that the State scholarship money. I heard that mentioned earlier, for Indian students was up from $21,000 to $50,000. That's not very much money and it doesn't go very far, but it is a significant jump in light of what the State has been doing in the past. Another appropriation came through this year from the State level under the leadership of Harold Scheyer and Don Bierle, that called for $1,000 to form a State Indian, Indian State task force to study the relationships between the sovereignty of the various Indian tribes and the State and I might say this to you, I think that group along with the tribal chairman, the respective leadership of the reservations are proceeding along the right line as a first step to get the State of South Dakota responding to the needs of her citizens.

Mr. McGovern. Thank you very much, we do want to thank you again for your testimony. The next witnesses are from the Bureau of Indian Affairs, Mr. Jess Town and Mary Taylor from the Department of Social Services, are they available?

STATEMENT OF JESS TOWN, DIRECTOR OF COMMUNITY SERVICES, ABERDEEN AREA, ACCOMPANIED BY MARY TAYLOR, DEPARTMENT OF SOCIAL SERVICES, BUREAU OF INDIAN AFFAIRS

Mr. Town. Senator McGovern, members of the committee, ladies and gentlemen. My name is Jess Town. I'm the director of community services at the Aberdeen area. The Bureau of Indian Affairs looks pretty much to the other health service for expertise and guidance in nutrition and diet matters. However, we are concerned and we appreciate your great concern being here. I have a prepared statement which I will leave with you. Our concern is, I think for the record we would like to get some statistics in on the various reservations and some of our views in the record.

United States Department of the Interior
BUREAU OF INDIAN AFFAIRS
ABERDEEN AREA OFFICE
820 SOUTH MAIN
ABERDEEN, SOUTH DAKOTA 57401

IN REPLY REFER TO
Social Services

AUG 24 1973

Honorable George McGovern
United States Senator
611 Mt. Rushmore Road
Rapid City, South Dakota 57701

Dear Senator McGovern:

I appreciate the opportunity given in your teletype message of August 9, 1973, to present testimony before your Senate Select Committee on Nutrition and Human Needs on August 28, 1973, at Pine Ridge, South Dakota. I have asked Mr. Jess Town, Director, Community Services, Aberdeen Area, to represent this office in presenting our statement on this important subject.

Although we look to the Indian Health Service for expert guidance in the matter of nutrition and diet, we share your great concern for the problems associated with adequate diets for Indian people living on South Dakota reservations.

The statement which follows expresses our views on points which we feel must be called to the attention of your committee.

Sincerely,

Area Director

STATEMENT
BUREAU OF INDIAN AFFAIRS
Senate Select Committee on Nutrition and Human Needs
Pine Ridge, South Dakota
August 28, 1973

There are nine Indian reservations in South Dakota which are in the Aberdeen Area Office jurisdiction.

The resident Indian population of the reservations in October 1972 is as follows:

Cheyenne River	4,206	Crow Creek	1,200
Flandreau	81	Lower Brule	674
Pine Ridge	8,734	Rosebud	7,385
Sisseton	2,204	Yankton	1,140
Standing Rock (South Dakota area only)			1,967
		Total	27,591

(Based on Bureau of Indian Affairs Labor Force Report of March 1972)

According to the 1970 Census there were 32,402 Indians living in South Dakota which represented 4.9% of the State's population. The reservation Indian population of 27,591 represents 85.1% of the Indians living in South Dakota.

In October 1972 Indians of the reservations according to data available from the South Dakota Department of Public Welfare were receiving public assistance as follows:

	Persons	Total Grants
Old Age Assistance	446	$31,331
Aid to the Blind	28	2,108
Aid to the Disabled	240	15,897
Aid to Dependent Children	7,287	325,178
Total	8,001	$374,514

General assistance from the Bureau of Indian Affairs for October 1972 was provided to 5,178 persons at a total cost of $255,965. The total number receiving public welfare and general assistance was 13,179 at a total cost of $630,479 for an average grant of $47.83 per month per person assisted.

The above establishes the fact that approximately fifty percent of the Indians residing on reservations in South Dakota were dependent upon welfare in October 1972. This does not mean that the remaining fifty percent live in affluence. We believe that the majority of those who

do not depend upon welfare do in fact live in poverty. Noted, for example, was the fact that in October 1972, 7,628 Indians of the Pine Ridge Reservation were eligible to receive donated commodities. This represents 87% of the 8,734 believed to be residing there at that time. This would indicate that from 30 to 40 percent of the resident population who are not dependent upon welfare depend upon resources meager enough to qualify for commodity eligibility. This, for a family of four in South Dakota, is $300 or less per month at this time.

The data listed above speaks for itself in this day of escalating prices and cost of living.

One significant development which we believe will have a profound negative effect upon the Indians of the South Dakota reservations is the enactment of the Agriculture and Consumer Protection Act of 1973 which will eliminate the Food Distribution Program (commodities) effective June 1974. This program is currently available to all South Dakota reservations except Yankton and Flandreau. Traditionally, food distribution programs have been available to South Dakota tribes. The 1973 Act, however, forces the tribes to accept food stamps. We wish to note that the Cheyenne River Sioux Tribe chose the Food Stamp Program in August 1968, but reverted to the Commodity Food Distribution Program after eight months. Reports indicated that only 20% of those eligible for the food stamps purchased them since they did not have any cash when the stamps were on sale. The Food Stamp Program, although it has undergone some improvement since that time, will not make cash available to eligible participants for the purchase of stamps.

Since this law is already a reality, the Bureau of Indian Affairs stands ready to assist in making the transition from the Food Distribution Program to the Food Stamp Program as easy as possible for the Indian people. To accomplish this we support an immediate change in the regulations of the Department of Agriculture which would allow those Indians residing on South Dakota reservations who choose to purchase stamps at this time to do so. This would acquaint some of the Indian people with the Food Stamp Program immediately. The regulation of the U. S. Department of Agriculture currently precludes Indians residing on a reservation from participating in the Food Stamp Program if the tribe administers a Food Distribution (commodity) Program.

Another significant change in the regulations which will have a profound effect upon Indian people is the stipulation in Public Law 92-603 enacted on October 30, 1972, that any person who is eligible to participate in the new supplemental security income program may not participate in the food stamp program. This will deny some Indians, currently receiving welfare payments and commodities, eligibility for food stamps or commodities even though their total cash income will be less under the new program.

These comments reflect important concerns which the Bureau of Indian Affairs wishes to bring to the attention of your committee on behalf of the Indian people of South Dakota. The lack of, or excessive cost of, transportation, utilities, and other public services on the reservation has a dramatic effect upon the amount of money left for the purchase of foods needed to sustain life in the reservation community. We appreciate the concern which your committee has for the Indian people of South Dakota and believe that their testimony will be most meaningful for your committee at this time.

Area Director

Mr. McGovern. Well, thank you very much, Mr. Town, we appreciate your testimony. I wanted to make one observation on this Supplemental Income Act that you just referred to. There is a provision, as I understand it, in that act that will allow SSI recipients to continue getting food stamps if a State does not cash out the bonus value.

Mr. Town. Well, in my conversation earlier today with Mr. Matz he mentioned this; however, I do not believe that we have any other information available to us that there has been a change on this.

Mr. McGovern. It was done as an amendment to the farm bill which has just recently been signed into law. I happen to know because it was my amendment.

Mr. Town. We're glad to hear that because we were quite concerned about this act.

Mr. McGovern. It was a weakness in the original amendment. Miss Taylor, do you have a statement?

Miss Taylor. Senator, I'm pleased to be here this afternoon. I meet you and your aides. I have no prepared statement but I am prepared to answer any questions you may have concerning Pine Ridge.

Mr. McGovern. I'd like to ask you whether you share the view that's been expressed by several witnesses here that we need to keep both programs in operation if we move under the new law to food stamps? Should a serious effort be made to continue the commodity program at least on the Indian reservations?

Miss Taylor. I've listened to some highly intelligent, capable, and concerned people this afternoon concerning the various aspects of food stamps, commodities, nutrition on reservation situations. I would say this, that as far as I am concerned I think that the person should have an option and I think the dual option in fact that if we go to a food stamp program we should have the right to participate fully in that program, but at the same time if he chooses to take some of those stamps which are worth dollars to him and use them at the store which could mean a warehouse-type store and still use them for commodities, he should have that right. He might then be able to get more of the things he wants and needs. I don't know if the dual system would work, but I don't know why not because we can only try. The other thing is some of these programs, including welfare programs in the State of South Dakota, are general assistance programs with the Bureau, and I'm speaking now from my point of view——

Mr. McGovern. Yes.

Miss TAYLOR [continuing]. Are coming in with the cost of living that I don't see that the older person is receiving much benefit from present programs or—unless a new change comes along that's going to be better for him. You're referring now, and there was some discussion about the changeover old age, aid to disabled and the aid to the blind going to social security Federal programs in 1974. Unless this again is tied in with a better cost of living, the older person is not going to benefit and $3 change increase or whatever it is not going to do it. I think we need to really look at what we're trying to do in this country for older people. They need more than we're giving them and they need more than they're getting.

Mr. MCGOVERN. I think that point is well taken. We did in the new food stamp legislation build in a cost of living escalator so that as the cost of living goes up, the bonus value of the food stamps is also increased and that's computed every 6 months on the basis of the cost of living. That's one modest step in the direction of meeting this fast rising cost of living that strikes older people, plagues us all, but especially older people living on fixed incomes.

Miss TAYLOR. The other thing is that I think great nutritional—nutritional strides have been made on a reservation if we could stand on a hill somewhere and look at the reservation and see the many changes which have occurred in say the last 20 or 30 years, we would be amazed at the progress of this tribe and the people have made in many areas. Their children settle themselves as administrators, the children themselves are with ability to fit into new situations, new programs and to operate them. We do have a nutritional program for children which is going very well through the commodity program. We have had the child now with packed children centers and with the programs that school is receiving much more nutritional benefits than perhaps we really recognize. But we do have instances where people are not getting enough and this can be tied into our social economic situation.

Mr. MCGOVERN. Well, many thanks, Miss Taylor and Mr. Town. We appreciate your testimony. I wish we had more time.

Mr. TOWN. Thank you, Senator.

Mr. MCGOVERN. Thank you.

Mr. Loudner is here, the coordinator of the South Dakota Department of Indian Affairs at Pierre. We will be pleased to hear from you now, Mr. Loudner.

Are Mr. Colleran and Mr. Wilkerson here? Well, we'll get to you next.

STATEMENT OF DONALD E. LOUDNER, COORDINATOR, INDIAN AFFAIRS, SOUTH DAKOTA DEPARTMENT OF INDIAN AFFAIRS, PIERRE, S. DAK.

Mr. LOUDNER. Senator McGovern and members of the Senate Select Committee on Nutrition and Human Needs, as coordinator of Indian affairs for the State of South Dakota, I would first like to welcome you to the great State of South Dakota and secondly thank you for the opportunity to appear before you at this hearing. Rather than go into a lengthy statement, we all seem to be on the same level and on

the same road and are repeating ourselves over and over, so I will just get my testimony as I have it cut down here shortly.

I am glad to see that you all share our great concern over our Indian problems to be discussed and specific suggestions about needed changes in national policy.

Present Federal food programs are not designed to meet the nutritional needs of our elderly Indians. Most of our elderly Indians are malnourished, this I believe is caused by inadequate nutritional educational programs and lack of familiar and nutritional foods.

In my visits to our nine Indian reservations here in South Dakota and talking directly to our elderly Indians, their wishes are being passed on to you today as a needed change in our national policy.

One of their wishes is that they be allowed to participate in both the commodity and food stamp programs. If they cannot participate in both programs, they be afforded the opportunity to select by themselves which program would be most beneficial to their individual financial needs.

That all Federal funds presently being allocated to existing nutrition programs be funded directly to our Indian tribes so that they may carry out the function of nutritional education to our elderly Indians.

The tribes should have the opportunity to administer these programs from their level.

This is necessary because of the lack of sympathy by most State programs for their Indian population.

Mr. McGovern. Well, many thanks, Mr. Loudner, and you've underscored as you said some of the points that have been made here by other witnesses. What seems to be coming across here among other points very clearly today is the strong recommendation on the part of yourself and other witnesses that we try to maintain a dual program with both commodity distribution and food stamps and I can assure you that that recommendation is going to be given very serious consideration.

Mr. Loudner. Yes, I think one of the primary wishes was that there was some type of educational program set up where they would be familiar with the foods that they are getting and that they could prepare a more adequate meal than what they are right now because they're unfamiliar with the types of meals that can be prepared out of this commodity program.

Mr. McGovern. Well, I think that point is well taken. Mrs. Cornelius testified here earlier to the urgent need for better nutrition education and we do appreciate your testimony.

Mr. Loudner. Thank you.

Mr. McGovern. Mr. Colleran and Mr. Wilkerson, we appreciate your patience. You have been waiting here all afternoon but we're glad to hear your testimony.

STATEMENT OF EDWARD J. COLLERAN, DIRECTOR, SOCIAL SERVICES ADMINISTRATION, PAYMENT ADMINISTRATION, STATE OF SOUTH DAKOTA, ACCOMPANIED BY FLOYD WILKERSON

Mr. Colleran. Senator McGovern, on behalf of Dr. Orville Westby, the secretary of the social services department, I wish to thank you for this opportunity to be at this committee hearing and to participate

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in it. I'm Mr. Ed Colleran, the director of the social services administration, payments administration. We have a prepared statement which we'll read:

We, of the division of social welfare in the State department of social services wish to thank you for the opportunity to appear at this hearing. Since we are the State agency for the administration of the food stamp program we are tremendously interested in a better solution to the nutritional problems on the reservations in the State.

The food stamp program began in South Dakota with enabling legislation passed by the 1967 State legislature, authorizing the, then, State department of public welfare to enter into agreements and contracts with the Federal Government for the purpose of participating in the food stamp program. A State plan was submitted and approved, and the program was made available to all counties on a voluntary basis. Several counties including some reservation counties requested the program and were approved as project areas early in 1968. In order for a county to be approved as a project area it was necessary that they phase out the direct food distribution program commonly referred to as the "commodity program."

Some of the counties approved as project areas contained parts of reservations. These were Jackson-Washabaugh, Bennett, Todd, Tripp, Buffalo, Lyman, Hughes, Stanley, Roberts, Marshall, Grant. Dewey, Ziebach, and Corson Counties. In these counties there were two food distribution programs in operation, one by county and one by the tribe. The county programs were phased out as the food stamp program began operating. In each of these counties we met with the tribal council and explained the food stamp program including the provision that the law required that the direct food distribution be phased out if the tribal governments wanted to make use of the food stamp program. Tribes were asked to request the program if they wanted it. In all cases, except on the Yankton and Cheyenne River Reservations, they chose to remain on the direct distribution program. The Cheyenne River Reservation tried the food stamp program for about a year, then requested that the food distribution program be reinstated. This request was granted and the food stamp program discontinued. The food stamp program was subsequently explained several times on all reservations, however, we had no further requests from tribal governments for the program.

Individual requests for the food stamp program in the abovementioned counties and our attempt to serve some of the Indian families in these counties forced the Food and Nutrition Service into a decision as to which families in these counties should receive food stamps, and which would receive donated foods. A decision was made by the Food and Nutrition Service that in these counties those families who lived on deeded land and met the eligibility requirements would be eligible for the food stamp program, and those on trust or tribal-controlled land would be eligible for the donated foods program and be ineligible for the food stamp program. As of this date this is still the procedure. This procedure is disturbing to some Indian families living on trust land who would prefer to be on the food stamp program.

We understand that the food distribution program will soon be short certain items, such as meat. Not having both programs will put the reservation Indian family, living on trust land, at a disadvantage in that they cannot compete with the neighboring family living on deeded land for that commodity in the supermarket.

We have recommended to Food and Nutrition Service on several occasions that they open both food assistance programs up to the reservations due to the severity of the nutritional problems which do exist. Our suggestion has been for the continued operation of the commodity program by the tribe, Bureau of Indian Affairs and Department of Public Instruction just as it has been operating in the past, and open up the food stamp program to any family who felt that this would best serve their needs. Duplication of the programs to any one household could easily be avoided by close cooperation between Bureau of Indian Affairs and Division of Social Welfare eligibility workers. We have given this assurance to the Food and Nutrition Service.

In order for the Division of Social Welfare to operate the food stamp program on the reservations, we would need to hire additional staff for eligibility workers. To do this we would need sufficient lead time to reflect these needs in an annual budget. Also, contact would need to be made with the Legislature either

while in session, or with the Interim Committees for Appropriations and Health, Education, and Welfare.

If the needed staff can be obtained, the Division of Social Welfare stands ready to expand the food stamp program to all reservations in the State, if needed, and requested by tribal governments.

More Federal financing of the food stamp program on the reservations would greatly aid in this expansion.

That's the end of the statement, Senator.

Mr. McGovern. Mr. Colleran, in that connection, when you mention the necessity of putting on additional staff to administer the food stamp program on the reservation, what about the suggestion that's been made here by Chairman Wilson and others that that program be administered by the tribe?

Mr. Colleran. I think this would be fine, Senator, if the—if the tribe can negotiate directly with the Food and Nutrition Service of the Department of Agriculture so that they then work directly with them, not have we, the State, in the middle. I think that if we are—at the State agency so many times have to be the receiving agency for the moneys coming in and for—be responsible for the coupons and so on, all the rules and regulations. If they can negotiate directly with the tribe, I think this would be fine.

Mr. McGovern. As the principal State officer in this field, do you feel the same way as Mr. Wilkerson? You'd have no objection to the tribe administering their own program, you're just suggesting that that be worked out in direct dealing with the Department of Agriculture?

Mr. Colleran. Yes, sir.

Mr. McGovern. Do you feel the same way, Mr. Wilkerson?

Mr. Wilkerson. Yes, Senator, I feel very much the same way. The law of the 1964 food stamp act designated the State Department of Public Welfare as the State agency for the program and if this is going to be changed, I think the law would probably have to be changed someplace in there to permit the Department of Agriculture to deal directly with the tribe. In the administration program I haven't felt that we have any leeway at all to deal as a State to deal directly with the tribes but the Federal Government could certainly do that.

Mr. McGovern. I think it would require some change in the regulations but I'm impressed with the fact we have two State officials here who are raising no objection to that kind of change in the law.

Mr. Colleran. I feel—I have no reason why we should object. If we could—if the Indian people can administer the program directly by contract with the Food and Nutrition Service, this is fine, so that we would not be trying to help them administer it. If they can administer it, they should do it themselves. Then there would have to be some arrangement so that the State then could relate to the other parts of the State, the nonreservation areas in the State for the rest of the program.

Mr. McGovern. Did I understand you to say, Mr. Colleran, that you personally would like to see a dual operation in South Dakota, you'd like to see both the food stamp program and also a continuance of the commodity program?

Mr. Colleran. Yes; I—I think this is good. The food stamp program really has its advantages because of the wider variety of foods that would be available to these people. On the other hand, it does take

a cash outlay. The people—I'm speaking only of those persons on welfare, they are living on a very, very limited income. They have other needs for their moneys. For example, a mother makes the decision that this month, going back to school, I must spend a considerable amount of my money for food—or for clothing for the children. She may not have the money in that kind of a month to participate in the stamp program. If she then had this backup program that she could make this decision knowing that she could still put bread on the table by going and using the commodity program for a month or any time subsequent in the year that she found that she needed to do certain things with her money she would have this backup program.

Mr. McGovern. Well, thank you very much, Mr. Colleran and Mr. Wilkerson. We appreciate your testimony.

Mr. Wilkerson. Could I just add a little bit here.

Mr. McGovern. Surely.

Mr. Wilkerson. In connection with the dual operation, we certainly have—I think everybody in the room is convinced that the two food programs is not meeting the nutritional requirements of the Indians on the reservation. Now, perhaps the programs could be worked over in Washington and the purpose changed just a little bit. It's nice to help agriculture and I'm sure agriculture appreciates the help from these food programs but there could be a little bit more leaning toward the purpose of helping the nutritional aides of the people throughout the whole country. Now, it would be disasterous to say that on July 1, 1974, we remove the commodity programs from all the reservations and put in food stamps. This would be a serious injustice to the Indian families. So there must be a way figured out to leave some sort of food assistance in there to go ahead and put the food stamp program in there for those families who need it and to leave some sort of a leeway to take care of emergency situations for families who can't buy food stamps and families who can't get to a store and families that have no means of transportation. There still must be some food assistance for those people.

Now everybody is recommending dual programs. I go along with that, too, but you might look at some possible ways to change the program. For instance, in the food stamp program, make it flexible enough so that the tribe can sit here with food stamps and help everybody have food outlets where they can use the food stamps. If that can't be done, then there must be some sort of a food bank to help these people who are out of money, the food stamp program requires that they put up the money but they don't have it today but they're hungry and there must be a way to help them. So some sort of a commodity program, maybe you shouldn't call it that, maybe you should call it a food bank or something like that, where they already have the warehousing, the refrigeration and everything for such a food bank and the Department of Agriculture certainly has access to the food and could stock these food banks and make direct food available and at the same time give everybody an opportunity to use food stamps who could and want to use them.

Mr. McGovern. I think that's a good point. Incidentally, Mr. Wilkerson, are you aware that they do call it the food bank in Seattle?

Mr. Wilkerson. No, I was not aware of that.

Mr. McGovern. I see. That's the name, it's not referred to as the commodity program, it's the food bank. And you can get—you have the option in that city of either going for food stamps or the commodities.

Mr. Wilkerson. That's the way it should be here. In closing, Senator McGovern, I want to take the opportunity to thank you and your committee for what you have done in the area of food nutrition and human needs. I have been working with this program now for 5 years and I have seen a lot of results of your committee and I wish a continued success.

Mr. McGovern. Well, thank you very much. I appreciate that.

Father Steinmetz, are you ready to testify?

STATEMENT OF FATHER PAUL STEINMETZ, HOLY ROSARY MISSION, PINE RIDGE, S. DAK.

Father Steinmetz. I'm Father Paul Steinmetz of Holy Rosary Mission at Pine Ridge here and I'd like to first say that the Christian churches have always been very concerned with the nutritional and human needs of the Indian people because we're well aware there will be no spiritual development unless these needs are first fulfilled, at least to some degree. Now, I think the first thought I'd like to leave is that time is running out as far as I see it when we talk about nutrition and human needs, Senator. The frustrations of the people I think are reaching a psychological breaking point. I've counseled enough individual people to have some first hand experience with this. The suicide rate is supposed to be twice that of Los Angeles percentagewise. Alcoholism is a problem now which is widespread and which is even frightening.

Now these are signs and they're symptoms that these needs must be fulfilled and our time is running out and recent events have brought these frustrations to the verge of violence and so now is the time that something has to be done. Now, the remark was made that the various food programs were supplemental programs, they're not supposed to be the total and primary source of food and I think this highlights the fact that employment is absolutely essential. So if these programs are to become secondary, that is the food programs, then the people here must have employment. And I'm very happy to hear, Senator, of your bill for the 20,000 jobs throughout the country and I might just ask the question whether there is a need for additional jobs to be put into the bill as a supplement for Indian reservations. Whether the reservations really need more jobs than this bill would allow these various areas to get. I think along with that there's going to have to be some sort of a program for hardcore unemployables, people who don't show up for work. I think we have to have some sort of counselors who go out after these people and try to ask them why they aren't. Sometimes it might be a simple thing just like buying an alarm clock for somebody or teaching someone how to use it. So I think there's going to have to be some specialized concentration on training people in such a work project. I think employment in all other areas has to be pursued.

I would like to see, for example, the Federal Government giving the 10-percent guarantee needed for small businesses loans to Indian people who want to start their own businesses. I would like to

see subsidies in some form whether it's a tax writeup or other forms being given to small businesses on the reservation. I would like to see, of course, concern for the land base. This is the ultimate economic base on the reservation and without land there could be no reservation. Let some concern be given to the preservation of land base which would possibly include additional funds for the tribal government to buy land from people wanting to sell it. So I would strongly feel that employment and adequate employment for the people on the reservation is really the most fundamental need and very much tied to the nutritional need. I think there has to be a great deal in another area now, a great deal of rehabilitation work. I think we have to face the expensiveness of the alcoholic problem on the reservation and this is simply a sign of the frustration which people have gone through, the hopelessness they have gone through, and I think unless you do this the nutritional and the human programs will not work. If one or two parents are alcoholics you're not going to get any sort of nutritional program to work. Commodities will be sold for drinks and you're not going to get people to work steady if they have an excessive drinking problem. I think along with all this there has to be alcoholic rehabilitation centers throughout the reservation. There has to be halfway houses.

I think really I would like to see mental health clinics, small mental health clinics in which at least the social workers would have some psychiatric backgrounds throughout the reservations so the people who are depressed have some place closer to go than all the way into Pine Ridge. So I kind of see the thing as a wastage of human life and a need to overcome the despair and the hopelessness that has settled in the great part of the reservation and I feel, too, through proper employment programs, especially working with the hard-core unemployable and through rehabilitation programs for the people who need them will be the only approach that I feel will work.

Mr. McGovern. Well, thank you, Father Steinmetz. I think these are all helpful suggestions. With regard to your query about whether my job bill is large enough: The answer is "No." It's really a beginning step. It provides some 20,000 work opportunities but it was my feeling that if we could get that program approved by the Congress and adequately funded and could demonstrate that it would work, which I'm convinced it will, we can then go back for additional funding to expand it. I don't think as a practical matter it would be possible to get legislation through the Congress in one fell swoop that would take care of the entire unemployment problem. But this would meet approximately a third of the most urgent needs for additional employment opportunities and as I said here earlier, I think we've built up enough support for it now that we've got a good chance of passing that into law and then on the basis of that experience maybe we can go on to get a full employment program that will really do the job.

Father Steinmetz. But to what extent will this present bill really affect the reservation?

Mr. McGovern. Well, it'll affect—our estimate is that it will take care of as much as a third of the people who are not able to find jobs.

Father Steinmetz. Thank you very much.

Mr. McGovern. We think that out of the total program that it would create on reservations in South Dakota approximately 2,500

jobs that are not there now. And, of course, that means additional purchasing power. It means the stores are going to do better and to the professionals and everybody else it means more money in circulation so that it's more than just a matter of creating 2,500 new jobs and 2,500 new purchasers who are going to be stimulating the entire economy. I feel quite optimistic that we have a pretty good chance of passing that bill into law in the coming year.

Father STEINMETZ. Very good, very good.

Mr. MCGOVERN. Thank you very much for your testimony.

Now, is there anyone else here who would like to be heard today? I said I'd get you out of here by 5 o'clock but we're not at 5 o'clock yet. I think Mr. Keith wants to be heard and this gentleman would like to be heard and you'd like to be heard, right? Anyone else?

[No response.]

Mr. MCGOVERN. OK; well, we can give everybody about 5 minutes apiece. Let's take—Mr. Keith, you asked to be recognized?

Mr. KEITH. I didn't intend to, Senator, but I will now.

Mr. MCGOVERN. We'll give you about 5 minutes.

Mr. KEITH. All right.

Mr. MCGOVERN. I wish we could do better, but——

STATEMENT OF HOBART KEITH, MEMBER, OGLALA SIOUX TRIBE

Mr. KEITH. I'm glad you're going to record these sage words for posterity there. As I told you before, my name is Hobart Keith, a member of the tribe here, Oglala Sioux. I informed Mr. McGovern, or Senator McGovern, that this being the low economic base, I think one of the prime concerns could be the natural gas which is piped into Rushville, Nebr., should be brought on down here. I understand that there is a—there has already been a $125,000 survey made. In my opinion, that'd give people a little extra cash by buying cheaper heat and fuel with which to cook, to buy other groceries, which is greatly needed right now. I have nothing really prepared here. However, I'll just go through here briefly. I think enforce the current laws to protect the Indian people would greatly help to slow economic pace, especially along the lines of illegal State sales tax. Now, the State this year had a $20 million surplus. This tribe should not want for money at all. They pay an illegal tax. It's a right that we own, but we're not able to exercise that right. There are several other rights which we're never able to exercise. Now, at a time when I wanted my big mouth to really function it seems I've about lost my voice here, and my diction and so forth. Now, people get up here and tell about income and all that jazz. The chairman's sitting right there, and I don't mean to chastise the sheriff's office here but this is the truth. Get this, my friend. This missioner of the Red Cloud Indian School has a big, large income. Not all of it stays here on these dirty, little skinny backs of these Indian boys, a plight of the Indian. I'm not going to chastise him and I want that chairman to verify that it's pretty big, isn't it—that income—or—just bob your head yes, Dick. Is that right?

VOICE. I understand it is, yes.

Mr. KEITH. All right. This commodity program, back in the time when Moses Too Bold was chairman it was a State program and he got it back into the tribal program which it should be. We have two

welfare factions here, there should be just one in accordance with the treaty. Our rights—our property rights and so forth should be protected. It's something that comes out of the 1868 treaty rights into which it's held by the 1877 act, of course, the congressional act where they got the Black Hills. The next thing here is cluster housing. I just wrote down. In my opinion we have got cluster housing, get the Indian off of his land, get him in one cluster and as I said before, some years ago Mr. McGovern—or Senator McGovern had this put into Congressional Record, our own tribal attorneys, in my opinion, is a Rasputin to tribal government, as are other people around who greatly are an undue influence, hold the Indians dependent in these cluster houses. Now you know what happened in Porcupine; they rejected the cluster houses there. And there was some violence out there which I don't approve of, of course, and neither does anyone else. Now, looking over the whole thing as I see it, I don't know enough about it to really explain it, but it looks to me like there's three big factions in the world manipulating the destiny of all of mankind. The Federal Reserve System. I understand is not Federal.

I've been reading some John Birch literature. Council of Foreign Relations, International Bank, all of that jazz, manipulating the lives of everyone here. I can't go into detail because I'm not too well versed on it, but it seems strange to me $138 million, I think it's around $200 million now, has been given away to different foreign powers and we cannot have our more poor people, not just the Indian people but all of the poor people, helped more and better. As I see it, the laws were enforced on this Indian reservation the people would prosper a hell of a lot better than they are doing now. Thank you very much, Senator.

Senator McGovern. Thank you, Mr. Keith. We appreciate your testimony.

All right, then, we'll finish then with Mr. Ryan of the State economic opportunity office and Mrs. Vada Thomas.

Mr. Ryan. I'd like to pay my respect and thank this committee for granting me the time and the opportunity for me to present the following testimony regarding poverty, hunger, and malnutrition. I'll skip over my introductory remarks and get into the text of what I have to say.

Senator McGovern. We will see to it that the full text is printed in any event, Mr. Ryan, so if you will just hit the highlights I would appreciate it.

STATEMENT OF WILLIAM E. RYAN, COMMUNICATIONS OFFICER, STATE ECONOMIC OPPORTUNITY OFFICE

Mr. Ryan. I am William E. Ryan, communications officer of State economic opportunity office. I have Mrs. Vada Thomas, legislative representative of the State low-income council and advocate of the poor for Catholic social services, with me today to offer joint testimony to this distinguished committee.

I would like to pay my respect and thanks to this committee for granting me the time and opportunity to present the following testimony regarding poverty, hunger and malnutrition.

At this time, I would like to preface my remarks by stating that people are poor not because they are lazy or incompetent, but because they made the mistake of being born to the wrong parents in the wrong

section of the country, in the wrong industry or in the wrong racial or ethnic group.

Essentially, the thrust of this argument is that poverty self-perpetuating: an impoverished childhood too often means the lack of background, education and experience that equip a human being to break the poverty barrier.

Nationally, the concern for deprived citizens did not reach an arena of attention until the early 1960's when, to the astonishment of many embarrassed officials, hundreds upon thousands of Americans were found to be suffering from hunger and malnutrition. From there investigations turned up millions of other persons who lived in varying degrees of poverty, and a whole new problem was discovered which has since baffled the problem solvers and placed a new weight on determining national priorities. The history of that weight and the future of the entire poverty problem is reaching a critical stage where government is faced with deciding upon a course of action, or nonaction, to pursue. Initial efforts under the Economic Opportunity Act of 1964 have often been criticized for not being productive or effective and therefore a question has been raised as to how the whole problem should be dealt with, if it can be at all. Such skepticism and reluctance to continue similar programs hardly seems to be a just attempt to solve a problem which has been present for so long and will continue to exist until such time that adequate attention is directed to resolving it. The concern, or lack of it, to solve the paradox of poverty reflects a true misunderstanding of the problem and what amount of impact it has on our society, be it South Dakota or the entire country.

Poverty—Its Relationship to Hunger and Malnutrition

Adequacy of nutrition is difficult to assess for many reasons. Choice of food is determined by many factors of which income is only one; physiological, psychological, and social factors are also involved. Probably eating habits are likely to be the chief determinant in the choice of food and satisfaction with diet. Moreover, since the measurement of nutrition is highly scientific, requiring professional and technical skills and based on a precise knowledge of food intake, self-evaluation of the nutritional content of a diet is apt to be invalid. To cite an example, Project Find—in a study of 695 elderly persons in Linn County, Iowa—revealed only 1 in 20 to have a nutritionally adequate diet. Yet 99 percent of the group evaluated their diets as either "very good" or "good."

The causes of hunger and malnutrition are both directly and indirectly linked to the causes of poverty. Causes of poverty are quite varied in nature and interrelated in effect. Economic conditions have either contributed to persons becoming poor or have affected their attempts at relieving poverty. Cultural preconceptions and discrimination have created severe attitudinal barriers for Indian people and other particular groups who are poor. Social awareness and inherent Government power influence how problems such as poverty, hunger, and malnutrition are handled. Individual physical and mental handicaps often force poverty upon a person who is unable to support himself without public assistance.

A single one of these causes is enough to influence a person's life to the point of poverty. A combination of causes increases the prob-

lems and complicates any solutions to them. In South Dakota, all four vital factors confront people to virtual extremes of deprivation.

Meanwhile, food costs continue to account for 34 percent of the consumption expenditures of families living on a "lower" budget as defined by the Bureau of Labor Statistics (BLS) in its latest hypothetical family budget report. And poor families are spending approximately one-third of their incomes on food.[1]

Still another important factor is that the average monthly wage in South Dakota is only $336, hardly enough to support a family—which 80 percent of the poor breadwinners must do. Lace these facts to the frightening reality that the cost of food is rising at one of the most astonishing rates ever and it is easy to see why the poor and "near poor" suffer in the food cost crunch at the local supermarket.

The magnitude of such a dilemma is even more apparent when poverty statistics are broken down. According to the 1970 census there are 119,534 persons in South Dakota caught up within the bounds of poverty. That figure, which represents 18 percent of the total population of the State, can be broken down into identifiable groups of poor persons with similar characteristics representative of their reasons for being classified as poor. The most obvious conclusion from such information is that several target groups of poor persons have a basic obstacle which prohibits them from escaping poverty and the immediate problems of securing food and a basic diet.

The largest groups of poor persons are dependents, over 70,000. Over half are under the age of 18, which means they are poor due to the limited earning capacity of the head of the family. Slightly more than one-fourth of the dependents are between 18 and 64. Many are still living with their parents waiting for a job opportunity while others may have been laid off work and return to live with their parents or relatives until they secure employment. Also included within this group are the handicapped and disabled who are not capable of employment, and the elderly who have few places to turn but to relatives. The important thing to remember about the dependents in poverty is that their classifications are closely linked to that of the family head. For this reason the family heads become the key to almost 90,000 poor persons and their chance to improve their lot in life.

Of 23,887 family heads, 17,511 have earnings from wages, salaries, and self-employment. The majority of these persons, almost 10,000, worked for wages and salaries with the rest receiving most of their income from self-employment, which in South Dakota generally means farming. The remaining 6,376 persons without employment income are primarily (80 percent) persons 65 years of age and over who rely on social security for over 70 percent of their income. It is apparent from this breakdown that the problem of most poor families in South Dakota is inadequate income. Poor persons cannot be universally or truthfully described as "lazy" or lacking initiative because that contradicts the fact that over 75 percent of the poor with family responsibilities receive 65 percent of their income from earnings. The remaining 27 percent are mostly elderly who cannot be considered as likely to be employed.

[1] Community Nutrition Institute, Vol. III, No. 29, July 19, 1973. Washington, D.C.

The other main category of poor persons contains unrelated individuals. Persons 65 and over comprise more than half of the near 25,000 people in this group and rely on social security and retirement income for the bulk of their support. Those between 18 and 64 follow a similar pattern of being employed but not earning enough to escape poverty; these are the working poor. Over 9,000 persons fall into this group and reemphasize one of the basic problems which contributes to the severe conditions of indigence in South Dakota, that of underemployment.

A large number of elderly, 23,707 (32 percent of all elderly) and Indians, 16,218 (50 percent of all Indians) fall within all three categories of family heads, dependents, and unrelated individuals. Besides the problems brought out by the various categories, the Indians and elderly of the State must be identified as additional target groups of poor, since they face other complex and crucial barriers in addition to poverty.

Although the importance and necessity of food assistance programs cannot be denied, it is reasonable to suggest that, in large part, such programs have fallen short of success because they attack symptoms rather than causes. The particular nutritional needs of the poor have been treated as discrete phenomena. Their sources in the structure and nature of poverty have not been attacked. That is to say, people are going hungry because they cannot afford to purchase food and still pay for their rent, utilities, clothing, transportation, medical costs, et cetera. Food assistance will help alleviate an overburdened budget, but at best, it is a bandage approach. The nature of the problem is not that the poor have no food but no money with which to purchase food. The real answer lies in economic development, in jobs. Temporary, "patch up" approaches, while most necessary, perpetuate the problems of poverty and add, due to the imperfections of the programs, to the already present apathy of the poor. Priorities must be revamped at a national level; poverty must be attacked "head-on" and attacked immediately, for a nation as steeped in wealth and abundance as ours cannot exist as two societies, one affluent and the other deprived.

FOOD ASSISTANCE PROGRAMS AND RESPECTIVE PROBLEMS

The poor and "near poor" do not have consistent access to adequate amounts of nutritional food. The Nation's response to this problem is reflected in a number of food assistance programs, none of which is designed to squelch this need. Some problems reported to be common to most of these programs include:

1. Public apathy and ignorance of the plight of the poor.
2. Arbitrary or rigid exclusion practices.
3. Transportation problems.
4. Lack of sufficient number of outreach workers and other food assistance program staff.
5. Poor communication or lack of information available to the poor about food assistance programs.
6. Insufficient public service information regarding nutritional education.

There are also problems inherent to specific programs.

1. FOOD STAMPS

The poor often take cues from those in society who hold values not necessarily relevant to the needs of the poor. Generally speaking, the food stamp program suffers a particularly negative public image. It's visible evidence of a "hand-out," and the use of "funny money" is held in contempt by the poor and nonpoor alike. Some specific problems are:

1. Extremely low maximum income eligibility standards.
2. High cost purchase requirements.
3. Inconvenient and infrequent certification and issuance services.
4. Low participation rates.
5. Insufficient staffing numbers.
6. Hesitancy of States to appropriate sufficient matching funds to reach full participation.

2. SCHOOL LUNCH PROGRAM

It should be the goal of this program to insure that 100 percent of all needy children receive the free or reduced—price lunch to which they are entitled by law. Some problems with this program are:

1. Limited participation of poor children. Of the projected 35,000 needy children in the State, 25,000 are presently receiving school lunches.
2. Limited staffing and money.
3. Insufficient nutritional education in schools.

3. SCHOOL BREAKFAST

Presently, only slightly over 70 individual, not school districts, schools, participate in this program. There are, unfortunately, many children poor and nonpoor alike that come to school without eating breakfast; this situation most assuredly needs to be changed. Some problems in this area are:

1. Cost of labor involved.
2. Lack of full participation.
3. Hesitancy of many parents and school officials to accept the school lunch program as necessary.

4. COMMODITY PROGRAM

The commodity program is probably the least beneficial food assistance program. It is the most inflexible of the programs, but the fact that money is not needed to procure food makes it economically appealing to the very poor. Some of this program's problems are:

1. Inconvenient and infrequent certification and issuance services.
2. Rigid and inflexible regulations.
3. Lack of fresh and specific kinds of foods; lately, due to overt food shortages, this problem has been even more acute.
4. Transportation complications, especially in rural areas.

5. SUPPLEMENTAL FOOD ASSISTANCE

This program currently serves 2,741 beneficiaries. Supplemental food assistance has a very low profile. Some problems obvious to this program are:

1. Lack of full participation.
2. Inconvenient and infrequent certification and issuance services.
3. Communication and information regarding the program are practically nil.

6. EMERGENCY FOOD AND MEDICAL SERVICES

The emergency food and medical services program (E.F. & M.S.) is being arbitrarily dissolved by the Office of Management and Budget in complete disregard of clear congressional intent. Only $3.5 million would remain for grants to programs serving Indians and migrants, but even this figure represents a $1.7-million reduction.

This program was most important since much experimentation and innovation resulted from various E.F. & M.S. endeavors. It is most disheartening to see such programs fall by the wayside, especially in view of the pressing food shortages and other deeper complications of hunger and malnutrition.

RECOMMENDATIONS

RECEIPT OF SURPLUS COMMODITIES AND FOOD STAMPS AND THE ELDERLY

Surplus food and food stamps, two widely publicized programs for improving the situation of the Nation's poor, seem to have reached very few of the elderly. Only about 59 percent of the poor and 57 percent of the near poor Project Find respondents knew about the Federal programs which offer Government surplus food or food stamps and 19 percent of the poor and 9 percent of the near poor had ever applied. Only 14 percent of the poor and 6 percent of the near poor report actually having received surplus food or food stamps; how many receive regularly and in meaningful quantities is not known, but is probably a much smaller figure. The principal reasons given for not receiving food were "did not qualify," "not enough money for food stamps," and "no transportation to get food." Since practically all poor respondents would theoretically be eligible for such a program, these figures seem to reflect an area in which the impact of the food programs is essentially negligible.

Studies that have dealt with the nutritional status of the aged indicate that there are serious nutritional problems among this population group. The aging are victims of a cycle. Poor nutrition leads to low-energy levels, which in turn leads to no moving or traveling around. Lack of carfare, in and of itself, presents nutritional problems.

The elderly are in definite need of food assistance. They have acute problems with communication, transportation, pride, and insufficient income; they have other problems that include: A lack of interest in

eating, dental problems, an inability to cook, loneliness, and motivational problems.

It seems to me that one simple solution that could help circumvent specific troublespots of extreme pride—that is, the aged not wanting to be associated with any type of welfare—communication, and transportation could be the mailing of food stamps. If medicare payments can be deducted from an elderly person's social security check, why not the same with food stamps.

SCHOOL LUNCH PROGRAM

The school lunch program is certainly one of the most important food assistance programs running. Unfortunately, severe cutbacks in the school milk program have scrapped milk programs across the country. Hopefully, more funds will be strapped to the school lunch program.

Presently, acute food shortages are affecting this program. Meat substitutes are the main menu concern. Red meat is unavailable through the surplus commodity program, currently unavailable in the marketplace, and expected to rise in price when the freeze on beef prices is lifted. Cheese, also unavailable as a surplus commodity, is costly too. Poultry is rapidly rising in price. School lunch programs are looking to fish, peanut butter, and some poultry to fill protein requirements.

The Senate Nutrition Committee poll shows that school boards across the country are adjusting to rising costs by raising the price of school lunches by 5 to 10 cents.

Committee aides fear that this development may drive out of the program to "near poor"—those children whose families are not eligible for free lunches but cannot afford the extra nickel or dime every day. Such a development would accelerate trends toward declining participation and fewer paid lunches. This would appear to be the case in South Dakota.

When you raise the price of lunches, you take the chance of defeating the whole purpose of the program, for it will be the "near poor" who will be unable to afford the extra nickel or dime per lunch.

I would like to see the school lunch program made available and free to all school children. In this way much unnecessary paperwork would be done away with, the discrimination factor would be eradicated and all children would be assured of a hot meal.

General Recommendations

OBJECTIVES

1. Develop and assist local and State-level groups of low income and minority people in initiating reform in the operation of food assistance programs.

2. Involve the nonpoor community—such as the financial institutions, the medical profession, nutritional experts, mass media and appropriate Federal and State agencies—in closing the gap between the potential and actual participation in food assistance programs.

3. Ascertain weaknesses in the policies, procedures, and public image of food assistance programs; isolate the level at which these programs must be changed and change them.

4. Identify those among the local communities whose income is inadequate to sustain a nutritional dietary level and encourage and assist these people to enroll in appropriate food assistance programs.

5. Analyze the social, economic and geographic factors that affect the performance of food assistance programs; furnish to a regional task force the conclusions reached, suggestions for improving such programs. information on successful and unsuccessful tactics used in implementation of this project, and program data and participation rates.

6. Experiment with more "self-food" projects. In spite of all food assistance programs, there still remains a food shortage. If the poor were able to raise their own food through garden and livestock endeavors—in programs such as the Northeast Livestock Co-Op and various hog and garden operations—they would be providing more for themselves and help alleviate the food shortage itself.

Mr. McGovern. I think it is a superb statement, I wish we would have gotten to it earlier in the day.

Mr. Ryan. I have also included in this packet, Governor, a copy of the South Dakota annual poverty report which our office completed along with an editorial that I had entered in the Congressional Record and a cost of living study that interns deployed out of our office did this summer, along with an——

Mr. McGovern. Would you like to have that made part of the hearing record?

Mr. Ryan. Yes; I would.

Mr. McGovern. We will be happy to see that that is done [1] but I thought with time running out on us here if you would be kind enough to let us insert this balance of the statement in the record, we would appreciate it. I wanted to give Mrs. Thomas a chance to make any observation that she would care to make as the concluding witness here today.

STATEMENT OF VADA THOMAS, ADVOCATE OF THE POOR FOR CATHOLIC SOCIAL SERVICES, SIOUX FALLS DIOCESE, SIOUX FALLS, S. DAK.

Mrs. Thomas. Gentlemen, I am Vada Thomas, Sioux Falls, S. Dak., Advocate of the Poor for Catholic Social Services, of the Sioux Falls Diocese. I have been a member of the State Low Income Council since its initial meeting in May of 1969. A former member of the Sioux Falls Welfare Rights Organization, and presently providing staff services under my present position. I know what it is to be poor and hungry, I remember the humiliation I felt when I went on public welfare, the embarrassment of using food stamps. All of this and much more which you feel but can't define when you are poor.

Yet, I firmly believe that these things are the rights of the poor, they should not feel humiliated or embarrassed because of circum-

[1] See Appendix, pp. 373–392.

stances usually beyond their control forced them into being poor. I have never been able to accept as fact that anyone just decides to be poor or to receive welfare.

Also very few of us are able to rise above the poverty level without some outside help. I believe that this is an advantage of long term programs, and to give them a chance to make a real change, instead a crash program expected to show immediate results is often implemented instead. One such example is the original WIN program versus WIN-Talmadge. The first stressed education and training which when completed meant better paying jobs above the proverty level while the present emphasis is on work and any work.

Using myself as an example, I was literally pushed into getting involved in a Welfare Rights Organization, after I received such a substantial cut in my welfare check, that I really didn't have much to lose. For the first time I really learned how the payments determined on welfare, or what determined your food stamp budget. The fact that I had reliable transportation, a built-in babysitter, and less to lose gave me more flexibility than the average welfare recipient. I was able to make more appearances, attend more meetings and meet more people. One of these people was concerned about the need of a person in the community to serve as a spokesman of the poor and to assist them in getting the services they needed, and I was verbal enough and not afraid of the system so I was asked if I would be interested in a pilot project to see what the need was.

In the first 3 months, at Catholic Social Services I was involved with 39 people, 5 of them in financial crises who didn't have any idea of the avenues of help. Last year the position was made full time and as far as I know, I am the only person in the State whose responsibility is to serve as an advocate of the poor for the poor. I hope I never reach the point where I forget that I was poor, on welfare and the frustrations I felt.

I would like to thank you for the opportunity to be here today, to speak to you about a subject that should concern every person in the State of South Dakota.

South Dakota is primarily an agricultural State, and the economy of South Dakota usually reflects the economy of agriculture, yet the apathy of the people (both poor and nonpoor) to this issue is astonishing.

I believe that the basic fault besides the (problems) existing in the various food programs, is one of attitudes.

The attitudes of the "haves" to the "have nots" is secondary. The feelings of the "have nots" to themselves is of primary concern.

I believe that every program designed to meet the needs of these people must concern itself with these attitudes.

First of all is the feeling of self worth; people (and poor people are certainly no exception) like to feel that they are important, that being human is being equal. Yet in our present system of food supplements, we are constantly saying to people that they really are not equal.

We do this in many different ways. First of all, they receive a 4-page self-declaration form for certification that by its very appearance

officially says "if you are really in need you will read this and fill it out completely." Then at the bottom it reminds you if you made any false statements you are guilty of fraud. Then comes the personal interview in which the certifier goes over the information presented on the application, checking to be sure that it is accurate. Finally, the applicant is reminded that all information is subject to investigation.

If you meet the guidelines you will be given a food stamp authorization card to purchase food stamps. This card shows the number in your family, the cash purchase price, and the bonus value. So you know what a tremendous bargain you are getting.

In exchange for your dollars you get paper script that may be exchanged at participating grocery stores for food.

If you have any dignity or self-worth left at this point, they have made sure that you won't keep it very long. Now you go to the market to do your shopping. You must be sure to separate your items that are eligible for food stamps from the rest of your marketing. This will bring you up to the checkout stand, and the final steps to total humiliation.

Before they start checking out your groceries, you must identify yourself to the checkout clerk as a food stamp user and have your food purchases rung up separately from all other items, in full view of anyone else who may be in the market.

Any change you may have coming not to exceed 50 cents is given in store coupons (you must use them at this particular store). Then the rest of your marketing is rung up separately. If you are buying cigarettes, a can of beer or any of the other items that have become a part of America's marketing, it is immediately visible and someone is very likely to comment about these purchases if not there, somewhere else.

The other available food programs subject people to similar types of harassment but perhaps, we might add, not to full public exposure. Perhaps this might be one of the reasons why there is a vast difference in the participation ratio of commodity districts to food stamps counties in South Dakota, besides which commodities don't require that you use part of your cash income to participate.

Perhaps this disputes the idea that people retain a certain amount of dignity if they pay part of the costs of services.

I would like to discuss the participation of the food program in South Dakota.

According to 1970 census statistics, we have 120,000 people in South Dakota whose income is below the poverty level and yet less than 30,000 people use food stamps. I theorize the reasons for this lack of use, but I have no basic facts to back my theories.

I will use the public welfare statistics which are available. South Dakota has 25,920 residents receiving money payments; 11,566 of these were participating in the food stamp program in March of 1973; 8,980 of these lived in either one of the 5 counties not participating in the food stamp programs or on a reservation where either program was available to Indians. Of these residents, 848 recipients used food stamps, leaving 8,138 to participate in the commodity program. Moreover, 6,216 eligible welfare recipients were not using food stamps.

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Why became the next question, in personal interviews with recipients on welfare; I received the following answers to this question:

If you are not presently using food stamps, why?

1. I can't afford them.
2. The amount of bonus stamps isn't worth the hassle.
3. I don't want everyone to know that I am on welfare.
4. The treatment you receive in the grocery stores is degrading.
5. I haven't any way to get to the courthouse to buy them (transportation).
6. I am working or in school and you can only buy them from 9 a.m. to 4 p.m.
7. It costs as much to get to the food stamp purchasing center as I would get in bonus stamps.
8. They only sell them in our town 4 hours a month, and if you can't get there, then you must go to the county seat.

Their replies were all from welfare recipients who don't have to go through the regular certification procedure of the nonwelfare participant in that certification rests with their payments worker within the division of social welfare.

In interviews with other clients the response has been in the same vein with more emphasis put on the ability to be certified at only certain times, having to set up an appointment for certification according to alphabet, when the neighbor who has transportation goes at a different time or day, lack of child care to get to the office, and/or not having money available when certification comes, et cetera.

In discussing eating habits and food availability with clients I find an extreme reluctance to talk about this. Many of my clients come to see me about other areas of need insisting that they are not having a problem of but in home visits, I find little evidence of adequate food in the household or else that families are relying on starches for their main meals.

In the last month, I have had many more people saying that they are out of food stamps and food, but this really isn't surprising when you look at the Department of Agriculture's low cost food plan for a family of four and compare it to the food stamp charts.

A family of four receives $116 a month in food stamps while the Department of Agriculture says (March 1973) a family of that four requires a minimum of $134.80 a month to $156 with school-age children. And as anyone who has shopped for groceries in the past few months knows, these figures would not be relevant today.

A week ago today I went to see a young mother with five young children who was looking for a homemaker so she could go to the hospital for back surgery to find that the only food she had was from her garden and some chicken she had gone out and butchered herself in spite of the fact that she was supposed to spend most of the day in bed, or else in a wheelchair. She lived out of town and had no transportation. Her husband is employed and had been working 12 to 14 hours a day for a salary of $425 a month, but because of other problems (trips to see doctor, hospital visits to see a child, et cetera) they couldn't even buy a half months supply of food stamps. Although her oldest child had been in school last year, she was unaware of free school lunches.

I feel that much is required in getting information to people on food programs that are available and this should be done in a consistent statewide effort.

The same outreach service should apply to all available food programs, social services, manpower programs or any other existing programs that would involve the poor. I believe that this service is important enough that it should be designated to function as an independent unit under the Office of Economic Opportunity or some similar agency. Because of the different departments affected it would be hard to designate it to a particular department such as the Department of Agriculture, HEW, or any other existing department.

Also, these outreach persons should be low income people who know what it is to be poor, and are aware of the problems in trying to reach available services. They should be given training in what programs are available, the guidelines concerning them, and where to go to receive them, then inservice training as to changes that are made in existing programs or new programs that become available.

I doubt if we will ever be able to eliminate hunger or poverty in the United States, but I believe that you gentlemen have a responsibility to attempt to correct the inadequacy in present programs and to create new ones that will help. Of course, I would like to see full employment with adequate wages for everyone that is able to work and a guaranteed annual income for those who cannot. Remember, being a mother and the responsibility of child care is work and perhaps the most important need in America today.

Mr. McGovern. Many thanks, Mrs. Thomas. I think the two statements by Mr. Ryan and Mrs. Thomas make an excellent way to conclude this hearing today. They're both superb statements that fit our situation here in South Dakota very well and give us an overview of the problems that we face. I want to say to other witnesses who are here or to any others who wish to testify that we'll keep this hearing record open for at least 10 days and if there are statements that you wish to submit or if you wish to modify statements that have already been made, if you will make that material available to us, we'll see that it's made a part of this hearing record. Many thanks to your patience with us and waiting throughout the day and we especially appreciate this opportunity to get this excellent testimony here at Pine Ridge.

The committee is in recess, to reconvene at the call of the Chair.

[Whereupon, the select committee was recessed.]

APPENDIX

ITEM 1—SUBMITTED BY WITNESSES

FROM DR. HENRY H. KALDENBAUGH

APPENDIX A

To: CHR Director—Rosebud
From: PHS Indian Hospital—Rosebud, S. Dak.

AUTHORIZATION AND RECEIPT TO PARTICIPATE IN USDA's NEW SUPPLEMENTARY FOOD PROGRAM

Name of participant_____
Name of parent or guardian_____
Community _____ Date _____
Birth date_____
Ages:
(0–12 months)
(13 months–5 years)
Mother:
(prenatal)
(postpartum)

The Secretary of Agriculture has studied facts presented by the Indian Health Service. He found it is consistent with current statistics of need that all Indians receiving free medical and health care from the Indian Health Service be eligible for prescriptions from the variety of available food that the Indian Health Service medical authorities determine are needed.

The high risk groups included by the Indian Health Service are only infants, preschool children through 5 years and women during and through 12 months after pregnancy.

This authorization extends until terminated by the Indian Health Service as indicated below.

Return to clinic for reevaluation of food needs in:

January	_____	July	_____
February	_____	August	_____
March	_____	September	_____
April	_____	October	_____
May	_____	November	_____
June	_____	December	_____

Authorizing signature_____

SUGGESTED USDA MONTHLY DISTRIBUTION RATE

Items	0 to 12 mo	13 mo to 5 yr	Women
Evaporated milk	30	10	2
Instant dry milk		1	1
Farina	—2	2	1
Special meats		1	1
Juices		3	3
Vegetables		4	7
Syrup	3		
Egg mix		4	2
Peanut butter		[1] 1	[1] 1

[1] Every 2 mo.

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APPENDIX B

AMBULATORY PATIENT CARE REPORT

1. FOR ADDRESSOGRAPH USE ONLY (*If imprinted omit No. 2 through No. 8.*)

2. IHS UNIT NUMBER

3. SOCIAL SECURITY NUMBER

4. DATE OF BIRTH — MONTH / DAY / YEAR

5. SEX (*Mark one*) — 1 – ☐ MALE 2 – ☐ FEMALE

6. TRIBE CODE

7. OPTIONAL

8. COMMUNITY OF RESIDENCE CODES — COMMUNITY / COUNTY / STATE

9. TIME OF DAY (*Mark one*)
1 – ☐ 8 AM – NOON
2 – ☐ NOON – 5 PM
3 – ☐ 5 PM – 10 PM
4 – ☐ 10 PM – 8 AM

10. TYPE OF CLINIC CODE

11. SERVICES RENDERED BY:
PRIMARY PROVIDER (Complete only if not seen by Physician) / OTHER PROVIDERS

12. ACTIVE IMMUNIZATIONS (*When vaccines are given, complete boxes 12a & 12b*)

12a. VACCINES GIVEN THIS VISIT
1 – ☐ TET TOX
2 – ☐ DT
3 – ☐ DPT
4 – ☐ POLIO
5 – ☐ MEASLES
6 – ☐ RUBELLA
7 – ☐ SMALLPOX
8 – ☐ MUMPS
9 – ☐ INFLUENZA
0 – ☐ OTHER

12b. ARE ALL IMMUNIZATIONS CURRENT FOR THIS PATIENT'S AGE
1 – ☐ YES 2 – ☐ NO

12c. REGISTER CORRECTION
1 – ☐ Delete from the facility's register
2 – ☐ Correct the IHS Unit Number

TUBERCULOSIS REPORTING

13. SKIN TEST RESULT (*If positive indicate diagnosis in item 16*)

PPD
1 – ☐ 0 – 4MM
2 – ☐ 5 – 9MM
3 – ☐ 10 – 19MM
4 – ☐ 20+ MM

TINE
5 – ☐ NEGATIVE
6 – ☐ POSITIVE

14. PURPOSE
1 – ☐ ROUTINE
2 – ☐ CONTACT
3 – ☐ SUSPECT
4 – ☐ SCHOOL

15. INH PROPHYLAXIS
1 – ☐ 1 YEAR OF INH COMPLETED
2 – ☐ START
3 – ☐ CONTINUE
4 – ☐ DISCONTINUE
NEXT APPOINTMENT IN ☐☐ MONTHS
(*Indicate in Item 16 "DIAGNOSIS" the reason for giving INH*)

16. DIAGNOSIS

1st	Re	Code	
☐	☐	005	Tuberculosis, Pulm., Active
☐	☐	006	Tuberculosis, Pulm. Inactive, after Treatment
☐	☐	007	Tuberculosis, Pulm. Inactive, not known to have been active
☐	☐	008	Tuberculosis, Extrapulmonary
☐	☐	009	Tuberculosis, Late Effects, all sites
☐	☐	010	Tuberculin, Convertor (Neg. within 1 year)
☐	☐	011	Tuberculin, Reactor
☐	☐	012	Tuberculosis Contact, Neg. Skin Test

MATERNAL HEALTH AND FAMILY PLANNING

INSTRUCTIONS:
1 – 1st PRENATAL VISIT – Complete Items 17, 18, 19 and 20 and mark Diagnostic Code 480 in Item 21 "First Visit".
2 – PRENATAL REVISIT – Complete Item 18 and mark Diagnostic Code 480 in Item 21 "Revisit".
3 – FAMILY PLANNING: NEW CASE – Complete Items 17, 18, 19, 22, 23, 24, and 25.
4 – FAMILY PLANNING: REVISIT – Complete Items 22, 23, 24, and 25.

17. MARITAL STATUS
1 – ☐ MARRIED 2 – ☐ NOT MARRIED

18. GRAVIDA

19. NUMBER OF LIVING CHILDREN

20. TRIMESTER OF FIRST PRENATAL VISIT

21. DIAGNOSIS

1st	Re	Code	
☐	☐	480	Prenatal Care

EACH FAMILY PLANNING SERVICE

22. METHOD (*Mark one*)
1 – ☐ ORAL
2 – ☐ IUD
3 – ☐ RHYTHM
4 – ☐ OTHER
5 – ☐ INFERTILITY SERVICES
6 – ☐ SURGICAL STERILIZATION

23. STATUS (*Mark one*)
1 – ☐ NEW CASE
2 – ☐ RESTART
3 – ☐ CONTINUE
4 – ☐ DISCONTINUED
5 – ☐ DISCONTINUED DUE TO PREG.

24. NEXT APPOINTMENT WILL BE IN ☐☐ MONTHS

25. IHS UNIT NUMBER AT PARENT FACILITY (*Leave blank if same as Item 2 above. Use for family planning, immunizations, and INH prophylaxis*)

ACCIDENTS, TRAUMA AND ADVERSE EFFECTS

26. NATURE OF INJURY (*Problems or Clinical Impressions*)

FIRST VISIT	RE-VISIT		
☐	☐	700	Fract. of Skull, Spine or Trunk
☐	☐	701	Fract. of Extremity
☐	☐	702	Dislac., Sprain and Strain
☐	☐	710	Intracranial Injury
☐	☐	711	Internal Thoracic Injury
☐	☐	712	Internal Abdominal Injury
☐	☐	720	Injury to Eye
☐	☐	730	Laceration or Open Wound
☐	☐	731	Superfic. Injury or Contusion
☐	☐	740	Foreign Body Entering Thru Orifice
☐	☐	750	Burn
☐	☐	760	Injury to Nerve or Spinal Cord
☐	☐	770	Adv. Effect of Medicinal Agent
☐	☐	771	Toxic Effect of Non-Medicinal Substances (*Excluding Ethyl Alcohol*)
☐	☐	790	Effects of Reduced Temperature and Excessive Dampness
☐	☐	791	Other Adverse Effects
☐	☐	792	Involv in Acc., No Inj. or Adv. Effect

If item 26 is marked on "First Visit", items 27, 28, and 29 must be completed

27. EXTERNAL CAUSE OF INJURY (*Mark one*)
01 – ☐ Motor Vehicle Accident
03 – ☐ Water Transport
04 – ☐ Air Transport
05 – ☐ Accidental Poisoning
06 – ☐ Accidental Falls
07 – ☐ Fires and Flames
08 – ☐ Environmental Factors
09 – ☐ Stings and Venoms
10 – ☐ Animal Related, including Bites
11 – ☐ Drowning and Submersion
12 – ☐ Cutting and Piercing Objects
13 – ☐ Firearms Accidents
14 – ☐ Machinery
15 – ☐ Suicide Attempt
16 – ☐ Inj. Purposely Inflicted by Others
17 – ☐ Battered Child
18 – ☐ Undetermined Cause
19 – ☐ Other Causes

28. PLACE OF INJURY (*Mark one*)
01 – ☐ Home (*Inside*)
02 – ☐ Home (*Outside*)
03 – ☐ Farm, Ranch
04 – ☐ School
05 – ☐ Industrial Place and Premise
06 – ☐ Recreation and Sport
07 – ☐ Highway and Street
08 – ☐ Public Building (*Including Restroom*)
09 – ☐ Resident Inst. (*Including Hospital*)
10 – ☐ Hunting or Fishing (*As a Livelihood*)
11 – ☐ Other
12 – ☐ Not Specified

29. WAS ACCIDENT RELATED TO ALCOHOL?
1 – ☐ YES 2 – ☐ NO

30. OPTIONAL FIELDS
A / B / C

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AMBULATORY PATIENT CARE REPORT—(*Continued*)

31. PROBLEMS OR CLINICAL IMPRESSIONS (*Mark the appropriate boxes with an "X" for the two most important conditions.*)

1st	Re	Code	PROBLEMS OR CLINICAL IMPRESSIONS
			INFECTIVE & PARASITIC DIS.
☐	☐	001	Measles
☐	☐	002	Rubella (German Measles)
☐	☐	003	Mumps
☐	☐	004	Chickenpox
☐	☐	013	Bacillary Dysentery (Shigellosis)
☐	☐	014	Gastroenteritis, Diarrhea, etc., NOS
☐	☐	015	Infectious Hepatitis
☐	☐	016	Syphilis, Prim., Sec., or Early Latent
☐	☐	017	Syphilis, Other
☐	☐	018	Gonococcal Infections
☐	☐	019	Other Venereal Disease
☐	☐	020	Ectoparasitic Infestations
☐	☐	021	Trachoma
☐	☐	022	Strep Throat
			(*Other Notifiable Dis.—See IHS Standard Code Book, Section—DIAGNOSIS*)
			NEOPLASMS
☐	☐	070	Neoplasms, Malignant
☐	☐	071	Neoplasms, Benign or Unspecified
			ENDOCR., NUTR., & METAB. DIS.
☐	☐	080	Diabetes Mellitus
☐	☐	081	All Other Endocrine Disorders
☐	☐	082	Protein Malnutrition & Marasmus
☐	☐	083	Obesity, Non-Endocrine
☐	☐	084	Vitamin Deficiencies
☐	☐	085	Other Nutritional Disorders
☐	☐	086	Metabolic Disorders
			DIS. OF BLOOD & BLOOD-FORMING ORGANS
☐	☐	100	Iron Deficiency Anemia
☐	☐	101	Other Anemias
☐	☐	102	Oth. Dis. of Blood & Blood-Form. Org.
			MENTAL DISORDERS
☐	☐	120	Organic Brain Syndrome
☐	☐	125	Schizophrenia and Other Psychoses
☐	☐	130	Neuroses (anxiety, depressive, etc.)
☐	☐	135	Personality Disorders
☐	☐	140	Physical Disorders, presumably psychogenic
☐	☐	145	Adjustment Reaction of Adulthood
☐	☐	150	Drug Abuse or Dependence
☐	☐	159	Alcoholism, Acute or Chronic
☐	☐	160	Mental Retardation
☐	☐	170	Behavioral Disorders of Child. & Adoles.
☐	☐	175	Other
			DIS. OF NERVOUS SYSTEM
☐	☐	200	Inflammatory Dis. of CNS
☐	☐	201	Epilepsy & Convulsive Disorder
☐	☐	202	Other Dis. of Nervous System
			EYE DISEASES
☐	☐	209	Conjunctivitis (excluding Trachoma)
☐	☐	210	Refractive Error
☐	☐	211	Cataract
☐	☐	212	Glaucoma
☐	☐	213	Phlyct. Keratoconjunctivitis (PKC)
☐	☐	214	Other Inflammatory Dis. of Eye
☐	☐	216	Other Eye Diseases
			EAR DISEASES
☐	☐	249	External Otitis
☐	☐	250	Acute Otitis Media
☐	☐	251	Chronic Otitis Media w/wo Mastoiditis
☐	☐	254	Hearing Loss and Deafness
☐	☐	255	Cholesteatoma
☐	☐	256	Other Diseases of Ear
			DIS. OF CIRCULATORY SYSTEM
☐	☐	280	Ischemic Heart Disease
☐	☐	281	Active Rheumatic Fever
☐	☐	282	Chronic Rheumatic Heart Disease
☐	☐	283	Hypertensive Disease
☐	☐	284	Cerebrovascular Disorders
☐	☐	285	Other Heart & Arterial Dis. (Ex. CNS)
☐	☐	286	Diseases of Veins & Lymphatics
☐	☐	287	Congestive Heart Fail., Etiology Unknown
			DIS. OF RESPIRATORY SYSTEM
☐	☐	300	Upper Resp. Infect., Common Cold
☐	☐	301	Pharyngitis & Tonsil. (Non-Strep)
☐	☐	302	Other Dis. of Upper Resp. Tract
☐	☐	303	Influenza
☐	☐	304	Acute Bronchitis or Bronchiolitis
☐	☐	305	Resp. Allergy, Asthma, & Hay Fever
☐	☐	306	Pneumonia
☐	☐	307	Chronic Bronchitis/Emphysema
☐	☐	310	All Other Respiratory Diseases
			DIS. OF DIGESTIVE SYSTEM
☐	☐	350	Gastritis and Duodenitis
☐	☐	351	Peptic Dis. of Stomach & Duodenum
☐	☐	352	Ing. Hernia & Hern. of Abdom. Cavity
☐	☐	353	Cirrhosis of Liver
☐	☐	354	Dis. of Gallbladder & Bile Ducts
☐	☐	355	Diseases of Teeth & Gums
☐	☐	356	Other Diseases of Mouth
☐	☐	357	Other Dis. of GI Tract & Peri.
			DIS. OF URINARY TRACT
☐	☐	400	Urinary Tract Inf. (Kidney & Bladder)
☐	☐	410	Nephritis and Nephrosis
☐	☐	411	Chronic Renal Failure
☐	☐	420	Other Dis. of Urinary System
☐	☐	440	ALL DIS., MALE GENIT. (Excl. VD)
			DIS. OF FEMALE GENITALIA & BREAST
☐	☐	450	Infect. of Female Genit. (Excl. VD)
☐	☐	452	Disorders of Menstruation
☐	☐	460	Abnormal Cytology
☐	☐	461	Other Gynecologic Problems
☐	☐	470	Dis. of Breast (Excl. Puerperal)
			PREG., CHILDBIRTH & THE PUERPERIUM
☐	☐	481	Abortion
☐	☐	482	Hemorrhage of Pregnancy
☐	☐	483	Anemia of Pregnancy
☐	☐	484	Urinary Tract Inf. of Preg. & Puerp.
☐	☐	485	Toxemia of Pregnancy
☐	☐	489	Inf. of Genit. Tract During Preg.
☐	☐	486	Other Complications of Pregnancy
☐	☐	487	Labor and False Labor
☐	☐	490	Postpartum Care
☐	☐	491	Complications of the Puerperium
☐	☐	492	Mastitis & Disorders of Lactation
		495	Family Planning (Contract Use Only)
			DIS. OF SKIN & SUBCUTANEOUS TISSUE
☐	☐	500	Impetigo
☐	☐	501	Other Bacterial Infections of Skin
☐	☐	502	Infected wounds
☐	☐	503	Warts
☐	☐	504	Fungal Diseases
☐	☐	505	Acne
☐	☐	510	Eczema, Urticaria or Skin Allergy
☐	☐	520	Other Diseases of Skin
			MUSCULOSKEL. SYSTEM & CONNECT. TISSUE
☐	☐	550	Rheumatoid Arthritis
☐	☐	555	Osteoarthritis
☐	☐	560	Other Forms of Arthritis
☐	☐	565	Disorders of the Spine
☐	☐	570	Other Bone & Joint Disorders
☐	☐	575	Other Musculoskel. & Conn. Tis. Dis.
			CONGENITAL ANOMALIES
☐	☐	600	Heart and Great Vessels
☐	☐	610	Cleft Lip and Palate
☐	☐	620	Congenital Dislocation of Hip
☐	☐	630	Other Congenital Anomalies
☐	☐	650	CAUSES OF PERINATAL MORB. & MORT.
			SYMPTOMS & ILL-DEFINED CONDITIONS
☐	☐	800	Precordial Pain, Palpit., or Tachy.
☐	☐	801	Syncope or Fainting
☐	☐	802	Epistaxis
☐	☐	803	Cough
☐	☐	804	Nausea and Vomiting
☐	☐	805	Abdominal Pain
☐	☐	806	Fever of Unknown Origin
☐	☐	807	Nervousness and Debility
☐	☐	808	Headache
☐	☐	810	All Other Symptoms
☐	☐	811	Observation
☐	☐	812	Other Ill-Defined or Undiag. Dis.
			SUPPLEMENTAL
☐	☐	818	Well Child Care
☐	☐	819	Other Preventive Health Services
☐	☐	820	Hosp. Medical or Surgical Followup
☐	☐	821	Physical Examination
☐	☐	823	Tests Only (Lab, X-ray, Screening)
☐	☐	824	Contact/Carrier of Infect. Disease
☐	☐	825	Socio-Economic Problems
☐	☐	826	Environmental Problems
☐	☐	827	All Other

32. DIAGNOSTIC SERVICES REQUESTED (*Mark all applicable*)

0 - ☐ NONE

LABORATORY
- 1 - ☐ Urinalysis
- 2 - ☐ Hematology
- 3 - ☐ Chemistry
- 4 - ☐ Bacteriology
- 5 - ☐ Serology
- 6 - ☐ PAP
- 7 - ☐ ECG
- 8 - ☐ Other

X-RAY
- 1 - ☐ Chest
- 2 - ☐ Other

33. MINOR SURGICAL PROCEDURES (*Must be related to a problem indicated in Items 16, 26, or 31.*)

YES ☐

34. DISPOSITION (*Only one box must be marked.*)
- 1 - ☐ Return by Appointment
- 2 - ☐ Return prn
- 3 - ☐ Admit to IHS Hospital
- 4 - ☐ Admit to Non-IHS Hospital
- 5 - ☐ Refer for OP Consultation-IHS
- 6 - ☐ Refer for OP Consultation-Non-IHS
- 7 - ☐ Did Not Answer

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Appendix C

Rosebud Sioux Tribe,
Rosebud Indian Reservation, S. Dak., August 14, 1973.

APPLICATION

Special Supplementary Food Program for Women, Infants and Children.

HEALTH CLINIC

USPHS (IHS) Hospital, Rosebud, S. Dak.

RESPONSIBLE OFFICIAL

Robert Waln, Director of the Office of Community Health Representatives, Rosebud Sioux Tribe, Rosebud, S. Dak.

HEALTH CLINIC SPONSOR

USPHS Indian Health Service, Aberdeen Area Office, Citizens Building, Aberdeen, S. Dak.

SOURCE OF CLINIC FUNDING

U.S. Department of Health, Education, and Welfare, Public Health Service—HSMHA, Indian Health Service.

This Is A Preliminary Proposal

1. INTRODUCTION

The special supplementary food program for women, infants, and children (WIC) is a pilot program administered by the U.S. Department of Agriculture and the South Dakota Department of Health, division school lunch program. The stated goals of the WIC program are to provide needed nutritional supplements to low-income participants and to provide clinical and administrative data for program evaluation. The comprehensive health care facilities of the Indian Health Service hospital at Rosebud provide an appropriate setting to insure continuing participant support, adequate data collection, and clinical monitoring of the program. The Rosebud hospital serves a population of 7,000 or more members of the Rosebud Sioux Tribe, all of whom rely on the IHS for their health care needs. The reservation, which includes four counties of south central South Dakota, has an agricultural economic base which does not provide employment opportunities for the large low-income population. Poverty and nutritional deficiency are almost pervasive among the target population. Nearly 5,500 members of the tribe obtain food from the commodity food program, while the unemployment rate is around 33 percent (tribal census, April 1973).

The Rosebud Hospital maintains prenatal clinic and well-baby clinic as well as supportive laboratory facilities. In conjunction with the tribe, the IHS has also established an organization for community participation in the delivery of health services. The community health representative program employs and trains representatives from each of the 20 communities on the reservation. The "CHR's" provide delivery and transportation services for patients, aid in the well-baby clinic, and provide education to the communities concerning illness, therapy, nutrition, first aid, and child care. Perhaps most importantly the CHR program helps bring the Indian Health Service to the communities. The CHR office has until this month (August 1973) managed the distribution of the supplemental commodity foods. It is our intent that the CHR office will administer the proposed WIC program in conjunction with the clinical monitoring services of the hospital.

The WIC program provides a welcome opportunity to develop nutritional information on the resident Indian population and to alleviate the obvious nutritional deficiencies of this group of people. The comprehensive health care facilities, the rural geographic location, and the low-income population of the Rosebud Reservation make the proposed target area and its residents ideal for a pilot program of this nature.

2. HOSPITAL STAFF

The staff of the USPHS hospital at Rosebud, S. Dak. consists of:

A. Four physician members of the commissioned corps of the USPHS acting as general medical officers.

B. One physician member of the commission corps USPHS who is a board-certified fellow of the American College of Surgeons acting as general surgical consultant. This person also has 1 year of obstetrical training.

C. One physician civil servant board certified psychiatrist.

D. One physician civil servant board certified specialist in obsterrics and gynecology.

E. One member of the USPHS commissioned corps who is acting as service unit social service director.

F. Three college trained social service trainees. One has a baccalaureate degree in psychology.

G. Fourteen USPHS trained community health representatives. These persons are permanent Indian residents who were selected for service to their communities. Among other duties they act as aids in well-baby and prenatal clinics.

H. One tribal member who is acting director of the Rosebud Tribal Office of Community Health Representatives.

I. Three Public Health nurses (RN) who act as clinic nurses in prenatal clinic.

J. Two hospital employed civil servant RN's who act as nurse clinicians in the well-baby clinic.

K. One hospital administrator who has a master's degree in psychology and extensive administrative experience.

L. One Rosebud Sioux Tribal member administrative trainee.

M. The hospital administrative, health records, nursing maintenance, housekeeping, and property and supply staffs containing 80 persons in all.

N. One hospital nutritionist.

O. One nutrition trainee.

3. DESCRIPTION OF HEALTH SERVICES FOR PREGNANT AND LACTATING WOMEN AND CHILDREN

A. The prenatal clinic

The prenatal clinic provides health services to pregnant females. The clinic staff consists of two physicians, three public health nurses, one nutritionist/dietition, one nutrition trainee, and one community health representative.

Thirty pregnant females are seen at each weekly clinic session. The clinic meets on Wednesday afternoons and preempts the hospital's clinic facilities on those afternoons.

At the first visit a comprehensive evaluation of the pregnancy and of the patient's general health is made. This includes:

(1) Complete history taken by Public Health nurses and physicians.

(2) Complete physical examination of each patient including height, weight, and temperature.

(3) Complete blood count.

(4) Strum for VDRL and Rubella Titer.

(5) Urinalysis.

(6) Urine pregnancy test.

At the time of the initial evaluation actual and potential problems are identified and a therapeutic plan of action is instituted.

At each visit the nutritionist discusses the patient's particular nutrition needs while in the pregnant state and iron therapy is begun on those found to be anemic.

All participants receive prenatal vitamins.

Six weeks post partum another examination is performed and birth control counsel is given by the staff if the patient so desires it. The popular methods of birth control are intra-uterine devices and birth control pills almost to the total exclusion of all other methods.

B. The well-baby clinic

The well-baby clinic specializes in the routine post natal and infant care needed by children until school age is reached.

The clinic meets each Wednesday afternoon in the pediatric office and hospital conference room. The staff consists of one physician, two registered nurses, and three community health representatives.

Each week 30 children are seen and treated in this clinic. The routine care includes regular visits at:

(1) 2 weeks;
(2) 6 weeks;
(3) 3 months;
(4) 4 months;
(5) 1 year;
(6) 14 months;
(7) 18 months; and
(8) yearly thereafter.

At each visit the child's weight, height, head circumference, and temperature is recorded by the community health representatives. The nurses then determine the need for vaccinations and a physician's examination. The current vaccination schedule is:

(1) Diphtheria, pertussis, and tetanus vaccine at 6 weeks, 3 months, 4 months, 18 months, and 4 years.
(2) Oral polio trivalent (Sabin) vaccine at 6 weeks, 3 months, 4 months, 18 months, and 4 years.
(3) Intradermal tuberculin skin test at 1 year.
(4) Measles (Rubeola) vaccine at 14 months.
(5) Rubeola vaccine at 16 months.

The special medical problems of infants and children are followed in this clinic. These include:

(1) Ear disease (Otitis Media);
(2) Congenital heart disease;
(3) Developmental abnormalities and retardation;
(4) Special nutritional abnormalities (food allergies and milk (Lactose) intolerance); and
(5) Allergies, hay fever, and asthma.

The well-baby clinic provides council and support to mothers of young children including, of course, lactating women. Their questions are answered and supportive counsel given to aid them in their special problems. Time is made available for the education of parents concerning nutrition, well child care, first aid, and routine childhood illnesses.

The criteria for participation are the same as for the general clinic. Full and mixed blood Indians, their spouses, and children are eligible. This is a treaty obligation of the U.S. Government and the Rosebud Sioux Tribe. No economic criteria are assessed or considered. It should be noted however that the beneficiary population is composed primarily of low-income families. Non-Indian nonbeneficiaries are given emergency treatment and directed to the nearest available civilian health facility for further care.

4. Laboratory facilities

The hospital laboratory facilities serve both the outpatient and inpatient departments and the emergency department on a 24 hour basis. The facilities consist of a laboratory with expertise in the following examinations:

A. *Chemistry and body fluids.*—Sodium, potassium, blood urea nitrogen, alkaline paos pha tase, serum glutamic oxaloacetic trans aminase, creatine phospho kinase, bilirubin, glucose, protein.

B. *Hematology.*—Complete blood counts, heratocrits, hemoglobin, pro time, Lee-White clotting time, reticulocytl counts, and differential white blood cell counts.

C. *Urine chemistry.*—Urinalysis, urine pregnancy tests, urine microscopic analysis.

D. *Microbiology.*—Gram's stain, acid fast bacilli stain, culture identification of all body fluids and excretions. Preparation of special cultures for State laboratory including tubercle bacilli cultures and pataogenic enteric bacilli.

In addition the laboratory personnel manage and operate the X-ray facilities which take and process X-rays of all parts of the human body including special examinations including:

A. Upper gastro-intestinal series;
B. Barium enemas;
C. Fetograms and pelvimetry;

D. Cardiac series;
E. Oral chole cystograms;
F. Intravenous cholangiograms;
G. Intravenous pyelograms; and
H. Fluoroscopic examinations.

The laboratory could easily process blood or serum for transportation to a FNS designee.

5. Clinical data

Pregnant women.—Height, weight, blood pressure, hematocrit, urine albumin, urine glucose.

Infants and children.—Height, weight, head circumference (up to 2 years), temperature, hematocrit, urinalysis.

Lactating women.—No special data. Height, weight, temperature, and blood pressure routinely recorded on all clinic patients.

Hemoglobin, iron concentrations, and albumin determinations can be performed by our laboratory but are not routinely performed. Plasma vitamin A, ascorbic acid concentration, and percent saturation of transferrin can be determined by the hospital's contract laboratory facilities but ordinarily are not.

6. Geographic boundaries

The geographic boundaries served by the USPHS medical facility at Rosebud are those of the Rosebud Sioux Reservation. The reservation, located in south central South Dakota, includes Todd County, Mellette, Tripp, and Gregory Counties. In addition, beneficiaries are cared for who live in areas adjacent to the reservation including the neighboring State of Nebraska.

7. Population of proposed project area

County	Total population	Number of Indians	Percent Indian
Gregory	6,710	318	4.9
Mellette	2,420	822	34.3
Todd	6,606	4,600	69.8
Tripp	8,171	501	6.2
Total	23,907	6,241	26.0

Note: The Bureau of the Census population projection for 1973 is 6,942. The Rosebud Sioux Tribal Office or Comprehensive "701" Planning conducted a census of all 20 communities of the reservation in April 1973, obtaining a count of 6,871 individuals of Indian extraction. This last figure should be taken as the total population of the project area as only this ethnic group is eligible for health care at the USPHS Hospital at Rosebud.

Source: 1970 Federal census.

8. Proportion of proposed population with low incomes and economic conditions affecting area

Fifty-five hundred of the 6,900 Indians living on the Rosebud Reservation already receive commodity food stuffs as a major portion of their diet. The majority of working age males and females have a difficult time finding employment. At any given moment 33 percent of the labor force is unemployed. We suspect the figures for females and 18–21 year olds are even higher.

Hard statistical data on the unemployment rate is being developed by the Tribal Comprehensive "701" Planning Office but is not yet prepared. The final draft of this application will contain those data.

9. Rate of nutritional risk

There is no doubt in the minds of the health professionals working with the Rosebud Sioux people that there is a significant amount of malnutrition evident in the people who receive care at the USPHS Hospital at Rosebud.

The cases of failure to thrive infants who respond to feeding alone, the numbers of iron deficient infants and pregnant females, the amount of obesity in the adult population, and numbers of undernourished elderly people seem to prove this. The difficulty encountered by the preparers of this application stem from the lack of USPHS data to support this. The data is lacking simply because it has not been recorded. The USPHS relies on "APC" outpatient data sheets which are in theory filled out for each outpatient seen and inpatient admitted to the hospital. With 33,000 outpatient visits and 2,500 inpatient admissions last year one

can understand the enormity of this task. In most cases no assessment is made on the APC's of other than the presenting complaint if that, that is, if a pregnant female has anemia of pregnancy the form is marked pregnancy.

This has caused other problems for the hospital staff. In the annual budget request hard facts are not available to justify expenses. However, the malnutrition and poor health still exist and the scope of this project justifies uncovering this information for the benefit of the project and for the benefit of the project participants.

10. Projected program participation

A. Currently there are 740 participants in the supplementary commodity food program. This number includes 156 infants, 438 children from age one to six, and 146 women. It is feared however that the number of participants will be greatly reduced with the termination of local distribution of foods by the community health representatives.

B. The Tribal Census of April 1973 gives the following figures for ages 0–3, and, for time series comparison, ages 0–5.

Age:	*Number*
0 (infants)	151
1	151
2	222
3	201
Subtotal	725
4	221
5	169
Total	1,115
Pregnant females	200
Lactating mothers (15 percent estimate)	30
Total	230
Total eligible population:	
Census count:	
Pregnant females and lactating mothers	230
Infants (ages 0 to 3)	725
Subtotal	955
Public Health Service count:	
Pregnant females and lactating mothers	230
Infants (ages 0 to 3)	800
Total	1,030

The census figures yield an average of 186 children per year.

The Rosebud Hospital has recorded 200 live births for fiscal year 1973, a figure which has been stable for several years. The small discrepancy is more likely due to census-taking omissions rather than to errors in the PHS count. The estimated number of eligible children ranges then from 725 to 800; the number of pregnant females is about 200; and a reasonable estimate of the number of lactating females would be 10 to 15 percent of mothers of live born children, or about 30 women. The Rosebud PHS Hospital will strive for 100 percent participation in the WIC program and accordingly will plan for a projected participation of about 1,000 persons. Expected participants are all of Indian extraction.

11. Program management proposal

The management of the WIC program as stated in the application specifications is to be at the discretion of the State and local agencies administering the program. Since this pilot program is a model for possible future expanded programs the management and administration should be of a nature that allows

easy utilization in other target areas. For this reason recommend that a food stamp or food voucher system be used for redemption at local retail grocers.

The utilization of local retail grocery outlets automatically solves problems of distribution and transportation as small stores are accessible to all reservation inhabitants. This also provides an element of familiarity and choice for the participants in the program and should thus be made attractive to them.

Several years ago the community action office was involved in a food voucher program for the elderly that was effective with the aid of local grocery outlets.

The proposed voucher system might include:

1. Food vouchers labeled with eligible food items in specific dollar amounts to be distributed on a monthly basis to the participants.
2. The food vouchers would be in the form of a commercial bank check to be cashed by the merchants.
3. The participants would endorse the vouchers at the time of obtaining the food items.
4. The allocated funds would be held in a regular commercial account to pay for the eligible items.

This system appears to provide the best safeguard against fraudulent use of the vouchers and in addition provides built-in accounting controls. The monthly bank statement will give a running account of the overall size utilization of the program and the distribution of the participants can be obtained from the vouchers and where they were spent. The local retail food outlets are already familiar with the Federal food stamp program so the education process on their part would be minimized.

PROGRAM MONITORING

Integral to this program's success is the evaluation of the nutritional state of the participants.

In addition to sending in specified serum samples there is a distinct need for an on-going programmatical monitoring system. The local agency proposed a clinical data assessment form to be filled out on each participant during clinic visits. This form should include both objective and subjective nutritional data. The information could include:

Objective:

A. Pregnant and lactating females;
   1. Height;
   2. Weight;
   3. Evidence of peripheral edema;
   4. Hematocrit; and
   5. Urinalysis results.

B. Children:
   1. Height;
   2. Weight;
   3. Head circumference;
   4. On-going medical problem; that is, otitis media, pneumonia, baciclary, oysentery;
   5. Hematocrit; and
   6. Urinalysis results.

C. Subjective (all):
   1. Most recent meal;
   2. Foods purchased through program past week;
   3. Food preferences; and
   4. Food "needs" not met.

These facts could be collected by the CHR's during the clinic on a simplified "fill in the blank" form, which could be utilized in a serial fashion and analyzed for program impact data.

Only by adequate monitoring can a pilot program such as this be evaluated for modification and possibly subsequent general adaptation. This will require an increase in, the alloted personnel needed to collect and process the information, obtained at the clinics. Frankly, we believe that a 10 percent administrative budget is insufficient for this.

Due to time limitations a detailed project administrative plan and budget has not been fully developed. Given assurance of program acceptance this could be forthcoming during the next several weeks.

12. Description of other food programs

A. The commodity food distribution program:

This has been in effect since the reservation was established in the latter part of the 19th century. It was first administered by the U.S. Army in the 1800's then the Indian Agent in charge, by the Bureau of Indian Affairs during this century, and presently by the Tribe in conjunction with the South Dakota State Department of Health, division school lunch program.

Participating individuals meet eligibility guidelines set by the BIA Welfare Office and the South Dakota Department of Welfare. The commodity program currently serves approximately 5,200 people per month on the Rosebud Reservation.

B. The supplementary commodity food program provides supplementary commodities to pregnant females and children to the age of six. This program is open to all participants of the well baby and prenatal clinics and is administered by the Rosebud Tribal Office of Community Health Representatives and the Tribal Commodity Office. Until this month the distribution of these commodities was provided by community health representatives. This support has now been discontinued due to a lack of funds in the CHR program. Supplementary commodities can now be obtained only at the Rosebud distribution center. The supplementary commodity food program currently serves 740 people per month of whom 146 are pregnant females.

Several important problems have arisen with both programs but have had a more deleterious affect on the supplementary food program.

1. Last winter, during the month of January 1973, there was no canned milk available for participants in either program.
2. During other months various other commodities would be missing or in short supply.
3. The commodity foods require skill, utensils, and cooking facilities which aren't available to many people receiving the foods.
4. Some distributed commodity foods are not palatable to this cultural group. Many foods such as bulgur wheat, lentils, split peas. and powdered milk are not utilized at all.
5. There is a food distribution problem due to the lack of transportation among the target population, and the severe weather conditions in the area.
6. There have been some management problems with the Rosebud Tribal Commodity Office which on occasion have prevented an equitable distribution of commodities.

13. Estimated monthly costs of supplemental foods

	Rosebud	Parmelee
A. Infants 0 to 6 mo:		
(1) Iron fortified formula, each	$0.40	$0.42
	×31	×31
Total	12.40	13.02
(2) Infant cereal, each	.29	.29
	×3	×3
Total	.87	.87
(3) Juice, 46 oz, each	.54	.65
	×2	×2
Total	1.08	1.30
(4) Juice, 4 oz, each	.25	.35
	×15	×15
Total	3.75	5.25
Cost per month:		
Large cans juice (1), (2), and (3): Com. total	14.35	15.19
Times 100 infants	1,435.00	1,519.00
Small cans juice (1), (2), and (3): Com. total	17.02	19.14
Times 100 infants [1]	1,702.00	1,914.00

	Rosebud	Parmelee
B. Infants 6 mos. to 1 yr:		
(1) Iron fortified formula, each	.40	.42
	×31	×31
Total	12.40	13.02
(2) Whole milk, quart, each	.39	.39
	×31	×31
Total	12.09	12.09
(3) Evaporated milk, 13 oz, each	.26	.30
	×31	×31
Total	8.06	9.30
(4) Infant cereal, 8 oz, each	.29	.29
	×3	×3
Total	.87	.87
(5) Juice, 46 oz, each	.54	.65
	×2	×2
Total	1.08	1.30
(6) Juice, 4 oz, each	.25	.35
	×15	×15
Total	3.75	5.25
Whole milk, (2), (4), and (5): Com. total	14.04	14.260
Times 100	1,404.00	1,426.00
Canned milk, (3), (4), and (5): Com. total	12.68	15.42
Times 100	1,268.00	1,542.00
C. Women—Pregnant or lactating women and children, 1 to 3:		
(1) Whole milk, quart, each	.39	.39
	×31	×31
Total	12.09	12.09
(2) Evaporated milk, 13 oz., each	.26	.30
	×31	×31
Total	8.06	9.30
(3) Nonfat dry milk, 4 lb	.31	.31
	×5	×15
Total	4.65	5.75
(4) Cheese 1 lb, each	1.10	1.15
(5) Eggs, whole fresh, dozen	.79	.89
	×2.5	×2.5
Total	1.97	2.23
(6) Cereal, 12 oz	.65	.65
	×3	×2
Total	1.95	1.30
(7) Juice, 46 oz	.54	.65
	×6	×6
Total	3.20	3.90
(8) Juice, frozen, 6 oz. 18 oz., each, 14 cans ×6 oz. or 46 oz. ×6 cans	.25	.35
	×11	×11
Total	2.75	3.85
Ca. (1)+(5)+(6)+(7)	21.96	23.37
	×800	×800
Com. total	17,568.00	18,696.00

	Rosebud	Parmelee
Cb. (2)+(5)+(6)+(8)	17.93	20.58
	×800	×800
Com. total	14,344.00	16,464.00
(3)+(5)+(6)+(7)	14.52	7.031
	×800	×800
Com. total	11,616.00	13,624.00
(1)+(5)+(6)+(8)	21.51	23.32
	×800	×800
Com. total	17,208.00	18,656.00
Program totals per month:		
Whole milk, A+B(1)+C(1)	20,407.00	21,641.00
10 Percent contingency for inflation	2,040.70	2,164.10
Total	22,447.70	[2] 23,805.10
Evaporated milk, A+B(2)+C(3)	17,047.00	19,525.00
10 Percent contingency for inflation	1,704.70	1,952.50
Total	18,751.70	21,477.50

[1] The total food cost for 100 infants 0 to 6 mo. will vary between $1,435 and $1,914 per month. This does not take into account further escalation of food prices.
[2] Overall program cost for food only will be in the vicinity of $23,805.10 per month.

14. Estimated monthly administrative costs (no administrative costs have been determined yet)

A. Costs to set up program.
B. Costs to run clinic;
   1. Estimated 25 percent greater attendance at prenatal and well baby clinics.
   2. Data collection.
C. Costs to evaluate nutrition change;
   1. Lab.
   2. Field work.
D. Accounting costs of program.
E. Ten percent contingency allowance.

15. Statement

The information contained in this application is true and correct to the best of my knowledge.

WEBSTER TWO HAWK,
Chairman, Rosebud Sioux Tribe, Rosebud, S. Dak.

ROBERT WALN,
Director, Office of Community Health Representatives, Rosebud, S. Dak.

JOSE GARCIA,
Administrator, Public Health Service (IHS), Rosebud, S. Dak.

16. Responsible local agency official

ROBERT WALN, *Director.*

AMBULATORY PATIENT CARE, REPORT 1A—TOTAL VISITS TO SERVICE LOCATION BY DISCIPLINE CURRENT MONTH AND CUMULATIVE YEAR TO OATE (JUNE 1973)

SVC.unit by discipline rendering health services (Rosebud 1016)	Total visits		Ambulatory care				Grouped services	
	Current month	Fiscal year 1972–73 to date	Current month	Percent	Year to date	Percent	Current month	Year to date
M.D.	1,782	24,673	1,782	69.1	23,227	73.0		1,446
Clinic R.N	38	908	38	1.5	886	2.8		22
Health educator		3		0	3	0		
Licensed practical nurse	6	333	6	.2	101	.3		232
Medical social worker	1	1	1	0	1	0		
Nutritionist/dietitian		2		0	2	0		
Optometrist		2		0	2	0		
Pharmacist	398	4,809	398	15.4	4,809	15.1		
Physician assistant	219	1,590	219	8.5	1,590	5.0		
Public health nurse		2,754		0	316	1.0		2,438
Otner		4		0	4	0		
Pediatric nurse, practical		1		0	1	0		
Nurse midwife		2		0	2	0		
Unspecified	3	46	3	.1	46	.1		
Did not answer	132	839	132	5.1	839	2.6		
Total	2,579	35,967	2,579		31,829			4,138

AMBULATORY PATIENT CARE, REPORT NO. 10, ENDING JUNE 1973

FIRST VISIT AND REVISITS BY DIAGNOSIS BY AGE GROUPS, FISCAL YEAR ANNUAL

Diagnosis	Total	Total admits	Age group: 0 to 27 days	28 days, 11 mo	1 to 4 yr	5 to 9 yr	10 to 14 yr	15 to 24 yr	25 to 44 yr	45 to 64 yr	65 plus yr	Unknown age
020 Diabetes mellitus:												
1st visit	92	8			1		3	3	24	38	23	
Revisit	1,244	19			1	5	34	24	203	561	411	5
Total	1,336	27			2	5	37	27	227	599	434	5
031 Other endocrine disorder:												
1st visit	5							1	2	2		
Revisit	124	1						25	36	53	10	
Total	129	1						26	38	55	10	
032 Protein malnutrition, marasm:												
1st visit	1						1					
Revisit												
Total	1						1					
083 Obesity, nonendocrine:												
1st visit	10					2	1	3	3	1		
Revisit	2						1			1		
Total	12					2	2	3	3	2		
084 Vitamin deficiencies:												
1st visit	1								1			
Revisit	2									1	1	
Total	3								1	1	1	
085 Other nutritional disorder:												
1st visit	6	2		2	2		1					1
Revisit												
Total	6	2		2	2		1					1

086 Metabolic disorders:												
1st visit												
Revisit	5	1						1	1	3		
Total	5	1						1	1	3		
Total endocrine, nutritional, and metabolic disorders:												
1st visit	115	10		2	3	2	6	7	30	41	23	1
Revisit	1,377	21			1	5	35	50	240	619	422	5
Total	1,492	31		2	4	7	41	57	270	660	445	6
100 Iron deficiency anemia:												
1st visit	31	7	1	7	18			1	3		1	
Revisit	39			8	20	2			1	2	5	1
Total	70	7	1	15	38	2		1	4	2	6	1
101 Other anemias:												
1st visit	5									1	4	
Revisit	9			1						5	3	
Total	14			1						6	7	
102 Other diseases of blood, blood forming organs:												
1st visit	4	3					1	1	2			
Revisit	4						3			1		
Total	8	3					4	1	2	1		
Total diseases of blood and blood-forming organs:												
1st visit	40	10	1	7	18		1	2	5	1	5	
Revisit	52			9	20	2	3		1	8	8	1
Total	92	10	1	16	38	2	4	2	6	9	13	1
350 Astritis, eupdenitis:												
1st visit	293	33	3	36	35	17	10	40	88	39	22	3
Revisit	194	2		1		2	2	7	88	56	34	4
Total	487	35	3	37	35	19	12	47	176	95	50	7

FIRST VISIT AND REVISITS BY DIAGNOSIS BY AGE GROUPS, FISCAL YEAR ANNUAL—Continued

Diagnosis	Total	Age group									
		Total admits	0 to 27 days	28 days, 11 mo	1 to 4 yr	5 to 9 yr	10 to 14 yr	15 to 24 yr	25 to 44 yr	45 to 64 yr	65 plus yr	Unknown age
351 Per disease, stomach, duodenum:												
1st visit	26	7			1			2	11	9	3	
Revisit	30								14	11	4	1
Total	56	7			1			2	25	20	7	1
352 Hernia of ABD cavity:												
1st visit	12	1		1			2	1	2	4	2	
Revisit	16	2		4		4		2	5	1		
Total	28	3		5		4	2	3	7	5	2	
353 Cirrhosis of liver:												
1st visit	12	6							8	4		
Revisit	24	4						12	9	3		
Total	36	10						12	17	7		
354 Disease of CB, bile ducts:												
1st visit	73	25				1		9	38	23	2	
Revisit	87	10				3		9	37	35	2	1
Total	160	35				4		18	75	58	4	1
355 Diseases of teeth, gums:												
1st visit	33			2	3	3		6	12	5	1	1
Revisit	3							1	2			
Total	36			2	3	3		7	14	5	1	1
356 Other diseases of mouth:												
1st visit	27	1		2	7	2	3	3	4	5		1
Revisit	2							1	1			
Total	29	1		2	7	2	3	4	5	5		1

375 Other diseases, GI tract, perit:												
1st visit	209	46		17	45	15	12	33	47	23	12	2
Revisit	73	6		2	5	6	1	5	37	12	4	1
Total	282	52	3	19	50	21	13	38	84	35	16	3
Total diseases of digestive system:												
1st visit	685	119	6	58	91	38	27	94	210	112	42	7
Revisit	429	24		7	5	15	3	37	193	118	44	7
Total	1,114	143	6	65	96	53	30	131	403	230	86	14
480 Prenatal care:												
1st visit	327	2						218	108			1
Revisit	608	8			1		4	362	237			4
Total	935	10			1		4	580	345			5
481 Abortion:												
1st visit	27	19						16	11			
Revisit	2	1						1	1			
Total	29	20						17	12			
482 Hemorrhage—Pregnancy:												
1st visit	9	5						3	6			
Revisit	3	1						1	2			
Total	12	6						4	8			
484 Urin/tra. inf. pregnancy, puerperium:												
1st visit	6	1						4	1	1		
Revisit	2								2			
Total	5	1						4	3	1		
485 Toxemia of pregnancy:												
1st visit	3	2						1	2			
Revisit												
Total	3	2						1	2			
486 The complications of pregnancy:												
1st visit	46	16						30	16			
Revisit	18	1						5	13			
Total	64	17						35	29			

FIRST VISIT AND REVISITS BY DIAGNOSIS BY AGE GROUPS, FISCAL YEAR ANNUAL—Continued

Diagnosis	Total	Total admits	Age group: 0 to 27 days	28 days, 11 mo	1 to 4 yr	5 to 9 yr	10 to 14 yr	15 to 24 yr	25 to 44 yr	45 to 64 yr	65 plus yr	Unknown age
487 Labor and false labor:												
1st visit	198	177		1			3	126	65		1	2
Revisit	7	4					1	4	2			
Total	205	181		1			4	130	67		1	2
488 Delivery:												
1st visit	28	28						17	10			1
Revisit	4	4						3	1			
Total	32	32						20	11			1
450 Postpartum care:												
1st visit	75	2			1			46	28			
Revisit	14							11	3			
Total	89	2			1			57	31			
491 Complications of puerperium:												
1st visit	7	1						2	5			
Revisit												
Total	7	1						2	5			
492 Mastitis, disorders, lactate:												
1st visit	2								1	1		
Revisit												
Total	2								1	1		
495 Family planning:												
1st visit	3	1						1	2			
Revisit	2	1						2				
Total	5	2						3	2			

Total pregnancy, childbirth, and the puerperium:												
1st visit	731	254		1	1		3	464	255	2	1	4
Revisit	660	20			1		5	389	261			4
Total	1,391	274		1	2		8	853	516	2	1	8
500 Impetigo:												
1st visit	164	6	1	16	81	45	12	4	2	1		2
Revisit	17			3	5	5		1	2		1	
Total	181	6	1	19	86	50	12	5	4	1	1	2
501 Other bacterial inf. skin:												
1st visit	383	31	3	22	83	67	44	71	62	22	6	3
Revisit	93	4		3	4	13	4	21	32	13	3	
Total	476	35	3	25	87	80	48	92	94	35	9	3
502 Inf. abrasion, open wound:												
1st visit	110	19		1	13	20	10	19	24	18	5	
Revisit	41	2		2	2	4	8	7	10	6	1	1
Total	151	21		3	15	24	18	26	34	24	6	1
510 Eczema, uritcar, skin/all:												
1st visit	366	12	1	18	56	55	49	77	62	42	5	1
Revisit	160	2		5	21	12	22	21	48	25	4	2
Total	526	14	1	23	77	67	71	98	110	67	9	3
520 Other diseases of skin:												
1st visit	346	7	7	23	53	47	65	42	69	33	5	2
Revisit	131	5			10	18	9	24	33	27	10	
Total	477	12	7	23	63	65	74	66	102	60	15	2
Total diseases of skin and subcutaneous tissue:												
1st visit	1,369	75	12	80	286	234	180	213	219	116	21	8
Revisit	442	13		13	42	52	43	74	125	71	19	3
Total	1,811	88	12	93	328	286	223	287	344	187	40	11

FROM FR. PAUL STEINMETZ

SACRED HEART MISSION, PINE RIDGE INDIAN RESERVATION, PINE RIDGE, S. DAK.

There was a remark made by Mr Hobart Keith in his testimony during the hearings on the nutritional and human needs on the Pine Ridge Reservation on August 28, 1973, which is completely false and should be corrected. He stated that funds are being collected by the Red Cloud Indian School and that some of the money is being sent other places. All the money collected by the Red Cloud School is used for the work among the Indian people and on the reservation. Three major buildings, a dining room, a fieldhouse and a grade school classroom complex have been erected in recent years. There is a staff ratio of 1 teacher to about 10 students. The educational progress of the Red Cloud Indian School has been such that it makes the remark of Mr. Hobart Keith completely absurd. It is important that this correction be made for the records.

SACRED HEART MISSION,
PINE RIDGE INDIAN RESERVATION,
Pine Ridge, S. Dak., August 30, 1973.

DEAR SENATOR MCGOVERN: I wish to thank you for the opportunity of presenting testimony. I do hope that the facts, that time is running out and that alcoholism and emotional depression will destroy much of the efforts made on nutritional and employment programs, be taken into serious consideration.

Since the remark of Hobart Keith against the Red Cloud Indian School will probably be going into the Congressional Record, I am enclosing an answer to it. If his remark does go in, I would like the enclosed material to become part of the record.

Thank you for your interest and legislation helping the Indian people here.

Sincerely,

PAUL B. STEINMETZ, S.J.

FROM MR. WILLIAM RYAN

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 93d CONGRESS, FIRST SESSION

Vol. 119 WASHINGTON, TUESDAY, APRIL 3, 1973 No. 51

HUMAN AND SOCIAL PROBLEMS CONFRONTING AMERICA

Mr. ABOUREZK. Mr. President, the identity of the human and social problems which confront America are well known to the Members of Congress and the American public. Mr. William E. "Bill" Ryan has written an editorial, which appeared in the January 1973 issue of "This Issue," which is a thoughtful, eloquent, and provocative appraisal of the problems which confront America and the responses of the current administration to the problems. As a serious consideration of the editorial would be of benefit to all who are concerned about the future of America, I ask unanimous consent that the editorial be printed in the CONGRESSIONAL RECORD.

There being no objection, the editorial was ordered to be printed in the RECORD, as follows:

THIS ISSUE

On Saturday, January 27th, agreements on ending the fighting in Vietnam and calling for the withdrawal of all U.S. forces were signed in two sessions held in the ballroom of an old hotel near the Arch of Triumph in Paris. The signing took approximately eighteen minutes and was finished off with a champagne toast. The second session supposedly brought an "official" end to diplomatic efforts for peace in Vietnam, and the war was over.

On Sunday, January 28th, President Nixon told the nation in a speech made on radio that he, in effect, had also ended the "war on poverty", that the Office of Economic Opportunity would, as of June 30th, become extinct. There would also be substantial cuts in the budget of the Department of Health, Education and Welfare. Social service and social action programs from the era of the "great society" are "taking it in the shorts". Witness the Administration's decision to place an eighteen month moratorium on all subsidized housing programs, but one. Consider the renewed series of beatings suffered by the American farmer via federal policy. And in the background, rural America gets ripped off again; the Department of Interior announces to increase wholesale power rates for farm power: in dollars and cents, this means South Dakotans will be forced to pay an additional $590,000 in power costs next year. The list of overt abuses goes on and on. But remember, we are all saving tax dollars, or at least that is what we are told.

Meanwhile, Mr. Nixon is speeding up work on a "laser bomb" that will be "more powerful than the hydrogen bomb." This year we will spend at least twenty-two million dollars ($22,000,000) on that bomb—next year, we will spend an additional thirty-four million dollars ($34,000,000) on that same bomb. Think of that the next time you balance your checkbook. And meanwhile, millions of Americans are suffering from hunger and malnutrition, unemployment, dilapidated housing, inferior education and limited educational opportunity, poor health complicated by an inadequate supply of medical facilities and personnel, and an abundance of high-cost medicine and medical services, a lack of job opportunities, rising crime rates, and ever-spiralling inflation.

"But at least the war is over," you say. Well, that is a rather grey area. Yesterday, January 30th, the newspapers offered some interesting headlines; on the front page of the Pierre Daily Capitol Journal, a head read, "Last U.S. Fighter Bomber Group Begins Pullout". On the very same page, immediately above aforementioned head, ran this larger article, "U.S. Bombers Continue Laos, Cambodia Raids". You interpret that.

Sadly, in dollars, the cost of the Vietnam War to date is well over sixty-five billion dollars (that figure looks like this: $65,000,000,000—and that, friends, came from tax dollars); in lives, it is 1,100,000 dead (over 45,000 American lives), and this figure excludes "civilians"; in human misery and sickness of soul—it is incalculable. Put alongside that price the fact that after ten years "the enemy" commands most of the countryside in the South, moves its troops and weapons back and forth with relative ease, and keeps its economy functioning in the North, bombing or no bombing. The war in Indo-China is over, and the bombing stops in one of three countries.

Thank God that a formal peace arrangement has been made in Vietnam and that our prisoners of war and forces (most of them at least) are coming home. But what of the bombing? What of the war that is being waged on the poor, on rural America, on education? Still we are sold secondhand, second-term promises. If Mr. Nixon truly is a "man of the people", let him respond to the needs of all American people—not just to the attentions of the rich, the giant corporations, and conglomerates. The problem of poverty is not solved when Mr. Nixon decides to abolish it. The problems of poverty and credibility are not solved with schizophrenic pledges from Administration mouths. The President speaks out as an advocate for the elderly—even specifically requested (via Title VII of the Older Americans Act) $100,000,000 for programs to feed the elderly—but pocket-vetoed the bill. The Administration speaks out against crime yet participates in the "Watergate" affair; it cuts the welfare budget, then closes down successful social service programs, placing over one-hundred thousand people out of work, and unemployment continues to rise; Mr. Nixon promises relief from the drug epidemic and slices away at funds that would have provided more drug education; welfare for the poor is attacked vehemently while welfare for the rich and big business is encouraged. There seem to be a pattern here; in each case the low and middle income person suffers, and the situation is getting worse.

In theory, being a democracy means that the final decision for all things affecting our lives is in the hands of the people. We cannot forget that our representatives (and this includes Mr. Nixon) are elected by our votes—but just as importantly, it is the duty of an informed, concerned electorate to continue to communicate with those it elected. Our freedoms cannot and must not be jeopardized by a one-man show. Our Congress recently was referred to as an "advisory council" to the President. This can only be true if you allow it—speak out, keep your representatives aware of how you feel, keep them aware of your problems and your community's problems.

If the war is truly over, let us first concentrate on rebuilding America: disadvantaged America, uneducated America, poor America, hungry America, rural America, urban America. The need now is to awaken the interest and consciences of all Americans and draw them into the "real" issues and problems that confront this country so we all might claim a fair share in a great joint work.

WILLIAM E. RYAN.

INTRODUCTION

The purpose of this project is to devise a standard of living for the State of South Dakota with an itemized list of the expenditures.

This cost of living standard is only a start for continued research by the Office of Economic Opportunity. It is hoped that eventually the Office Of Economic Opportunity will issue a periodic "Cost of Living Standard."

The following cost of living figures are for urban individuals and families. I did not take into account the fact of rural individuals and families and the difference it would make in their cost of living.

Much of the information I obtained for the following cost of living standard were the latest price statistics available however, they are not the most recent prices.

Because I was assigned the project after my project on SSI failed to materialize I only had a limited amount of time to do research on the cost of living in the State of South Dakota. With consultation and the advice of David Nemo I did proceed to obtain the following information.

STATE ECONOMIC OPPORTUNITY
OFFICE
CAPITOL BUILDING
PIERRE, S. D. 57501

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FOOD COSTS

The following figures coincide with the May 1973 food costs of the Community Nutrition Institutal Weekly Report Vol. III, No. 29, July 19, 1973. They include an adequate amount of money to buy well-balanced nutritious meals. The figure includes average food costs for the entire nation. Food costs only for South Dakota were not available.

WOMEN	WEEK	MONTH	YEAR
20-34 years	$12.00	$48.00	$624.00
35-54 years	$ 9.00	$36.00	$468.00
55 years & over	$ 7.60	$30.40	$395.20
MEN	WEEK	MONTH	YEAR
20-34 years	$13.80	$55.20	$717.60
35-54 years	$12.80	$51.20	$665.60
55 years & over	$11.60	$46.40	$603.20
CHILDREN	WEEK	MONTH	YEAR
1-2 years	$ 6.80	$27.20	$353.6[illegible]
3-5 years	$ 8.30	$33.20	$431.60
6-8 years	$10.10	$44.40	$525.20
9-11 years	$11.90	$47.60	$618.80
GIRLS	WEEK	MONTH	YEAR
12-19 years	$12.80	$51.20	$665.60
BOYS	WEEK	MONTH	YEAR
12-19 years	$15.00	$60.00	$780.00

ADDED FOOD EXPENSES FOR A SINGLE INDIVIDUAL

An allowance of 24 guests a year in the home of a single individual at a dollar apiece - $24.00 extra cost.

An allowance of $8 a month for eating out - $96 a year added expense.

$96 extra cost.

FOOD FOR A COUPLE

	Week	Month	Year
younger couple	$28.40	$113.60	$1363.20
elderly couple	$23.80	$ 95.20	$1142.40

An allowance of 24 guests a year in the home of a couple at one dollar apiece.

$24.00 extra cost.

An allowance of $8 to eat out once a month - $96 a year.

$96.00 extra cost.

FOOD FOR A FAMILY OF 4 WITH PRESCHOOL CHILDREN

Week	Month	Year
$40.90	$163.60	$1963.20

FOOD FOR A FAMILY OF 4 WITH SCHOOL AGE CHILDREN

Week	Month	Year
$47.80	$191.20	$2294.40

An allowance of 48 guests a year in the home of a family of four at one dollar apiece.

$48.00 extra cost.

An allowance of $12.00 to eat out once a month - $144 a year.

$144 extra cost.

CLOTHING COSTS

The following figures are clothing costs that I estimated. The estimates of the amount of clothing needed include the seasons of the year, work, liesure and school wear.

The estimates of clothing costs can be shifted to the needs required.

MALE CLOTHING COSTS

6 pairs slacks	$16.00 @	$96.00
6 shirts	$ 9.00 @	$34.00
3 ties	$ 5.00 @	$15.00
1 pair shoes	$20.00 @	$20.00
personel clothing	$ 8.00 @	$ 8.00
	TOTAL	$193.00

FEMALE CLOTHING COSTS

4 Dresses	$15.00 @	$60.00
4 Slacks	$12.00 @	$48.00
4 Blouses	$ 7.00 @	$28.00
1 pair shoes	$20.00 @	$20.00
personel clothing	$30.00 @	$30.00
	TOTAL	$186.00

SCHOOL AGE CHILDREN

FEMALE

3 dresses	$9.00 @	$27.00
2 slack outfits	$9.00 @	$18.00
3 jeans	$9.00 @	$27.00
3 blouses	$5.00 @	$15.00
1 pair shoes	$10.00 @	$10.00
1 cost	$15.00 @	$15.00
1 light jacket	$ 8.00 @	$ 8.00
2 pair shorts	$ 4.00 @	$ 8.00
2 blouses	$ 3.00 @	$ 6.00
personal clothing	$29.00 @	$29.00
	TOTAL	$163.00

MALE

5 pair slacks or jeans	$ 9.00 @	$45.00
5 shirts	$ 4.00 @	$20.00
1 tie	$ 3.00 @	$ 3.00
1 pair shoes	$12.00 @	$12.00
1 coat	$15.00 @	$15.00
1 light jacket	$ 8.00 @	$ 8.00
Winter accessories	$15.00 @	$15.00
Personel clothing	$10.00 @	$10.00
	TOTAL	$128.00

PRESCHOOL CHILDREN

2 pair shoes	$7.00 @	$14.00
7 clothing sets	$7.00 @	$49.00
1 coat	$10.00 @	$10.00
1 light jacket	$5.00 @	$ 5.00
Personel clothing		$20.00
	TOTAL	$98.00

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HOUSING BY THE SOUTH DAKOTA BUSSINESS REVIEW

May 1971

The most recent housing expenditures for the State of South Dakota were the figures issued in 1970.

To calculate the rent for a cost of living standard I will be using the median number of persons per housing unit, 2.6, and the median rent of rented units ($70 per month).

	Month	Year
Individual	$35	$420
Couple	$70	$840
Family of 4	$105	$1260

The following is a more detailed and accurate view of housing costs in the various geographic regions in the state.

HOUSING CHARACTERISTICS - SOUTH DAKOTA - 1970

	Housing Units				Medians		
Black Hills	Total	Owner Occupied	Renter Occupied	Vacant	Persons	Value	Rent
Butte	2,823	1,727	784	312	2.5	$11,400	$64
Custer	1,792	1,116	452	224	2.4	9,200	55
Fall River	3,193	1,582	766	845	2.3	8,200	59
Lawrence	5,971	3,411	1,980	530	2.5	9,700	60
Meade	4,523	2,195	1,975	353	3.3	12,200	70
Pennington	19,678	11,004	7,112	1,562	2.8	14,700	81
Total	37,930	21,035	13,069	3,826	2.6	$10,900	$65
Southeast							
Bon Homme	2,955	2,005	629	321	2.4	$ 8,000	$53
Clay	3,907	1,986	1,643	278	2.4	15,300	89
Davison	5,842	3,579	1,868	395	2.4	12,600	68
Hanson	1,277	841	293	143	2.6	6,400	49
Hutchinson	3,579	2,758	544	277	2.4	8,800	57
Lake	3,956	2,437	1,094	425	2.4	9,400	65
Lincoln	4,070	2,749	1,021	300	2.5	9,100	59
McCook	2,435	1,691	532	212	2.5	7,300	50
Miner	1,606	1,111	297	198	2.4	6,400	42
Minnehaha	30,329	19,379	9,578	1,372	2.7	15,600	84
Moody	2,453	1,540	674	239	2.5	7,900	54
Sanborn	1,415	903	250	262	2.5	5,000	49
Turner	3,743	2,581	734	438	2.4	7,000	47
Union	3,519	2,259	885	375	2.4	9,500	57
Yankton	5,817	3,590	1,762	465	2.6	14,300	72
Total	76,903	49,409	21,804	5,690	2.5	$ 9,500	$60

Northeast	Total	Owner Occupied	Renter Occupied	Vacant	Persons	Value	Rent
Beadle	7,148	4,758	1,885	505	2.5	$11,400	$70
Brookings	6,724	4.176	2,100	448	2.5	13,800	74
Brown	11,949	7,400	3,814	735	2.6	14,700	76
Clark	2,049	1,455	409	185	2.4	5,800	46
Codington	6,603	4,257	1,810	536	2.5	12,000	71
Day	3,404	2,122	652	630	2.4	7,300	53
Deuel	2,082	1,470	352	260	2.4	5,900	47
Grant	2,988	2,109	643	236	2.6	9,700	55
Hamlin	1,933	1,322	330	281	2.4	6,500	43
Kingsbury	2,722	1,901	576	245	2.4	6,500	53
Marshall	2,368	1,434	446	488	2.5	8,000	52
Roberts	3,904	2,4[illegible]	975	449	.6	7,500	53
Spink	3,432	2,311	788	333	2.4	7,500	56
Total	57,301	37,195	14,780	5331	2.5	9,000	58
Central							
Aurora	1,488	939	334	215	2.5	$ 7,000	$49
Brule	2,058	1,318	484	256	2.6	10,400	68
Buffalo	489	259	161	78	3.8	5,000	52
Campbell	963	701	144	118	2.9	6,500	44
Charles Mix	3,406	2.113	902	391	2.6	7,500	57
Douglas	1,527	1,094	289	144	2.6	6,900	50
Edmunds	1,813	1,409	247	157	2.6	7,200	52
Faulk	1,338	959	224	155	2.5	7,200	48
Gregory	2,491	1,642	553	296	2.4	7,400	52
Hand	2,037	1,335	442	260	2.7	9,400	56
Hughes	3,764	2,346	1,197	221	2.7	16,600	88

Hyde	873	578	181	114	2.5	$ 8,900	$55
Jerauld	1,241	862	231	148	2.4	5,900	44
McPherson	1,739	1,380	182	177	2.5	8,000	57
Potter	1,481	991	317	173	2.8	9,900	58
Sully	775	518	180	77	2.9	8,900	62
Walworth	2,652	1,805	606	241	2.5	10,600	65
Total	30,135	20,240	6,674	3,221	2.7	$ 9,100	$56
West Central							
Bennett	1,010	613	255	142	3.0	$ 8,900	$65
Corson	1,429	944	336	149	3.4	5,000	56
Dewey	1,546	840	485	221	3.3	6,800	48
Haakon	1,016	644	217	155	2.5	7,200	48
Harding	626	429	118	79	2.8	7,400	46
Jackson	580	402	113	65	2.4	7,500	58
Jones	738	475	128	135	2.6	9,000	63
Lyman	1,332	938	264	130	2.8	6,900	55
Mellette	832	497	167	168	3.2	5,100	40
Perkins	1,677	1,197	305	175	2.6	8,700	55
Shannon	2,111	924	759	432	4.4	5,000	59
Stanley	807	511	218	78	2.9	10,600	69
Todd	1,782	962	519	301	4.0	7,000	50
Tripp	2,900	1,863	630	407	2.7	10,700	61
Washabaugh	433	211	118	104	3.8	5,000	40
Ziebach	627	352	1	104	3.7	5,000	40
Total	19,446	11,802	4,799	2,845	3.1	$ 7,200	$53
State Total	221,720	139,681	61,126	20,913	2.6	$11,500	$70

Source: Census of Population; 1970.

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MEDICAL EXPENDITURES

The following statistics are from the fiscal year July 1, 1971 - July 2, 1972. The Statistics come from the South Dakota Comprehensive Health Planning Agency. For figures on South Dakota medical costs were not available at the Agency.

For individuals over 65, $599.28 per capita was spent. This does not include public financing such as Medicare and Medicaid.

For Individuals in the age group between 19-65, $234.28 per capita was spent.

For Individuals under the age of 19 years an approxamate cost of $98.65 per year.

For a family of four with of the individuals between 19-65 with the other two individuals below the age of 19 years - $665.86 per year was spent.

Young couples would equal $408.56. per year

Elderly couples would equal $1198.56. per year

TRANSPORTATION COSTS

The following figures are only my estimates of transportations cost.

Travel expense for a single individual

An allowance of 6 miles for work each day for five days - 30 miles in one week - 1,560 miles per year - an allowance of 12 equals $187.20 a year for working expense.

An allowance of 6 miles once a week for shopping at .12 a mile equals an amount of $37.44 per year.

An allowance of 30 miles per week for Recreational Travel at .12 a mile equals an amount of $187.20 per year.

An allowance for other travel - appointments at 6 miles a week at .12 a mile equals $37.44 per year.

$ 187.20 - Work
37.44 - Shopping
37.44 - Other
187.20 - Recreation
$ 449.28 - TOTAL

TRANSPORTATION FOR A COUPLE

An allowance of 6 miles for work each day for 5 [illegible] miles per year - .12 a mile - $187.20 a year for work trave

An allowance of 6 miles for shopping once a week at [illegible] equal $37.44 per year.

RECREATIONAL TRAVEL EXPENDITURES

Younger couple

An allowance of 40 miles per week - 12 a mile - equal $249.60 per year.

Elderly couple

An allowance of 20 miles per week - .12 a mile - equals $124.80 per year.

An allowance for other appointments or visits - 6 miles a week - .12 a mile - equals $37.44 per year.

Younger couple

$187.20 - Work
37.44 - shopping
249.60 - Recreational costs
37.44 - Other travel expenses
$511.68 - TOTAL

Elderly couple

$ 187.20 - Work
37.44 - Shopping
124.80 - Recreational costs
37.44 - Other travel expenses
$386.88 - TOTAL

TRANSPORTATION FOR FAMILY OF FOUR

An allowance of 6 miles for work each day for 5 days a week 30 miles one week - 1,560 miles per year for work at .12 a mile equals $187.20 per year.

An allowance of 12 miles a week for shopping at .12 mile equals $74.88 per year.

An allowance of 40 miles per week for Recreational Travel at .12 a mile equals $249.60 per year.

An allowance for other appointments or vists at 6 miles per week equals $37.44 per year.

$187.20	- Work
74.88	- Shopping
249.60	- Recreation
37.44	- Other
$549.12	- TOTAL

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RECREATION

The following figures are not documented from any source.

Single Male Individual - 20 - 34

An allowance of $10 per week, $520 per year.

Single Female Individual - 20 - 34

An allowance of $5 per week, $260 per year.

Single Male Individual - 35 - 54

An allowance of $10 per week, $520 per year.

Single Female Individual - 35 - 54

An allowance of $3 per week, $156 per year.

Single Male Individual - 55 & over

An allowance of $5 per week, $260 per year.

Single Female Individual - 55 & over

An allowance of $3 per week, $156 a year.

Family of Four (preschool age)

An allowance of $8 per week, $416 per year.

Family of Four (School age)

An allowance of $10 a week, $520 per year.

Young Couple

An allowance of $8 per week, $416 per year.

Elderly Couple

An allowance of $5 per week, $260 per year.

Recreation includes public activities and also any type of sport equipment, or games bought for the home.

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PERSONAL CARE

Persoanl Care must include all items necessary for health, appearance etc.

An estimated cost of personal care:

Male Individual - $50.00

Female Individual - $50.00

Male School age children - $30.00

Female School age children - $60.00

Preschool children - $30.00

OTHER ITEMS

An allowance for Household supplies, First Aid supplies, Cooking Utensils, etc. anything extra needed in the home.

Individual - $100

Couple - $200

Family of four - $350

SUMMARY OF EXPENDITURES

	Single Individual Female 20-34	Single Individual Female 35-54	Single Individual Female 55 & over	Family of 4 Pre school	Family of 4 School age
Food	$ 744.00	$ 588.00	$ 515.00	$2155.20	$2486.40
Housing	420.00	420.00	420.00	1260.00	1260.00
Transportation	351.00	351.28	351.28	549.12	549.12
Clothing	186.00	186.00	186.00	575.00	670.00
Personal Care	70.00	70.00	70.00	180.00	210.00
Recreation	260.00	156.00	156.00	416.00	520.00
Medical Care	234.28	234.28	over 234.28 65- 599.28	665.86	665.86
Other	100.00	100.00	100.00	350.00	350.00
Total	$2365.56	$2105.56	$2032.56 over 65-2397.56	$6151.18	$6711.38

	Young Couple	Elderly Couple	Single Individual Male 20-34	Single Individual Male 35-54	Single Individual Male 55 & over
Food	$1483.20	$1262.40	$ 837.60	$ 785.60	$ 723.20
Housing	840.00	840.00	420.00	420.00	420.00
Transportation	511.68	386.88	449.28	449.28	449.28
Clothing	379.00	379.00	193.00	193.00	193.00
Personal Care	120.00	120.00	50.00	50.00	50.00
Recreation	416.00	260.00	520.00	520.00	260.00
Medical Care	468.56	1198.56	234.28	234.28	over 234.28 65- 599.28
Other	200.00	200.00	100.00	100.00	100.00
Total	$4418.44	$4646.84	$2804.16	$2752.16	over $2429.72 65 2794.76

CONCLUSION

Though many of the price estimates are my own estimates I found the total sums compared closely with the Community Nutrition Institutal Weekly Report, Vol. III, No. 29, July 19, 1973 summary of the cost of living of a family of four on a lower budget of $7,386 a year as of May 1973.

The price estimates that were made in this report depicts an adequate yet comfortable living atmosphere.

These prices do not wholly illustrate the cost of living as it is up to date but it does give evidence to the approxamate cost of living.

This information will hopefully provide a basis for further research on the "cost of living standard" in the State of South Dakota by the Office of Economic Opportunity.

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ACKOWLEDGEMENTS

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ITEM 2—FROM OTHER THAN WITNESSES

STATEMENT FOR HEARINGS ON NUTRITION AND HUMAN NEEDS

(By Sister Margaret Hawk and Rev. George Pierce—Episcopal Church)

1. TOO MANY TITLED BUREAUCRATS

The witnesses ought not to be persons with high titles in BIA offices, but grass-roots people, who have to live with the situation. The resource people on the panel could have helped Indians to present the problems. There should have been informed witnesses—community workers.

If a second hearing had been held at Kyle, more Indians would go.

2. FOOD AND MOOD GO TOGETHER

Much of the apathy and moral breakdown in our community goes back to inadequate food.

A young couple lives with parents. The young man's salary is used to support many in the household. There is not enough money to meet all the needs.

People don't get enough to eat, and so they buy drinks. We need half-way house with soup kitchen for our alcoholic population. Rehabilitation program should build on skills of people: painting, carpentry, beading, sewing.

3. ARE WE ALWAYS GOING TO LIVE ON COMMODITIES AND FOOD STAMPS?

We have to work for what we get. Too many complain saying, "Nobody's helping me." It is too easy to live a lazy life on Pine Ridge because there are no jobs, no future.

The Government should have programs which will help us build self-support and self-respect.

4. THE LAND IS STILL HERE

Why not cultivate it? Why not use it? It would be helpful if the Government would develop some irrigation projects from our dams.

A long time ago the Government said, "We are going to make farmers out of you." Farm agents came who helped us learn farming. Families were given a milk cow, raised chickens. Animals were given; your first heifer paid the Government back; the steers were sold. Government bulls were used to improve stock.

Too often Government programs are started and abandoned. This one could still work.

5. WE NEED TEACHERS

Often good Government programs fail because basic skills are not taught.

As in the past, we still need skilled workers who can teach basic homemaking skills, budgeting, how to use commodities, dressmaking, arts and crafts, et cetera. We need practical workers with skills. Some of our unemployed Indians could teach these things.

Parental guidance is needed. Too often our parents don't care what their children do. How shall we deal with problems of glue sniffing, drugs, and drinking? We need help on these things.

6. WE MUST STAND NEUTRAL

Very often good programs fail because we fail to fighting among ourselves. Someone is said to belong to AIM, or to be one of Wilson's gang, and therefore unworthy of help. We need to see one another as human beings. The BIA and the Government programs need to do this.