

Samoa

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**1973 STATE PLAN
FOR
COMPREHENSIVE HEALTH PLANNING
PUBLIC LAW 89-749 SECTION 314(a)
FOR
AMERICAN SAMOA**

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GOVERNMENT OF AMERICAN SAMOA
DEPARTMENT OF MEDICAL SERVICES
PAGO PAGO, AMERICAN SAMOA

COMPREHENSIVE HEALTH PLANNING
PUBLIC LAW 89-749 SECTION 314(a)

1973 STATE PLAN
FOR
AMERICAN SAMOA

GOVERNMENT OF AMERICAN SAMOA
DEPARTMENT OF MEDICAL SERVICES
PAGO PAGO, AMERICAN SAMOA



GOVERNMENT OF AMERICAN SAMOA
PAGO PAGO, AMERICAN SAMOA 96920

In reply refer to:

June 27, 1972

TO: Regional Health Director
Region IX, Public Health Service,
Department of Health, Education,
and Welfare
San Francisco, California 94102

FROM: Director, Department of Medical Services
Pago Pago, American Samoa 96799

SUBJECT: Transmittal and Request for approval of
State Program for Comprehensive Health Planning

This document represents the Program of the Territory of American Samoa for Comprehensive State Health Planning. The Program includes the narrative plan and budget for use of funds as authorized by Subsection 314(a) of the Public Health Service Act, as amended by Public Law 89-749 and 90-174. Upon approval, this Program will be conducted under provisions of the Public Health Service Act, as amended, and the Regulations, Part 51, Subpart A. The Information and Policies issued pursuant to that Section and the provisions of this Program include the following specific provisions:

1. The State Comprehensive Health Planning Agency will either administer or supervise the administration of the activities to be carried out under the State Program.
2. The funds provided by the grant will not supplant non-Federal funds available for Comprehensive State Health Planning. Federal funds paid under this allotment will be used to supplement, and to the extent practical, to increase the level of funds that would otherwise be made available for the purposes for which Federal funds are provided.

3. In carrying out the State Program, personnel standards will be established and maintained on a merit basis.
4. No more than 50 percent of the funds available to the State Agency under the State Program shall be used for contracting with other agencies and organizations to conduct planning functions under the State Program without specific approval from the Surgeon General.
5. The Surgeon General will be provided copies of the plan adopted by the State Agency.

Lowell M. Wiess, M.D.
(SIGNATURE OF AUTHORIZED OFFICIAL)

DIRECTOR, DEPT. OF MEDICAL SERVICES
(TITLE OF AUTHORIZED OFFICIAL)

PAGO PAGO, AMERICAN SAMOA
(NAME AND ADDRESS OF AGENCY)

NAME, TITLE AND ADDRESS OF OFFICIAL TO WHOM
CHECKS SHOULD BE MAILED:

CARL H. NEEUWSEN
(NAME)

DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES
(TITLE)

GOVERNMENT OF AMERICAN SAMOA
PAGO PAGO, AMERICAN SAMOA 96799
(ADDRESS)

AMERICAN SAMOA
STATE PLAN FOR COMPREHENSIVE HEALTH PLANNING
FISCAL YEAR - 1973

Lowell M. Wiese, M.D.
APPROVED: LOWELL M. WIESE, M.D. M.P.H.
Director, Department of
Medical Services

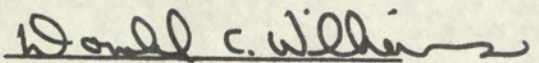
June 27, 1972

DEPARTMENT OF MEDICAL SERVICES
GOVERNMENT OF AMERICAN SAMOA
PAGO PAGO, AMERICAN SAMOA

CIVIL RIGHTS ASSURANCES

Assurance is hereby given that in accordance with Title VI of the Civil Rights Act of 1964 and the Regulations issued thereunder by the Department of Health, Education, and Welfare, no individual shall, on the grounds of race, color, sex, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Plan. Nor will any person be discriminated against in any respect because of his creed.

The State Comprehensive Health Planning Agency recognizes and agrees that Federal Financial Assistance will be extended in consideration of, and reliance on, the representations and agreements made in this statement.



DONALD C. WILLIAMS
Attorney General
Government of American Samoa
Pago Pago, American Samoa

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
 PUBLIC HEALTH SERVICE
 HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
 BETHESDA, MARYLAND 20014

BUDGET FOR STATE PROGRAM FOR COMPREHENSIVE HEALTH PLANNING

NAME AND ADDRESS OF AGENCY Department of Medical Services Government of American Samoa Pago Pago, American Samoa 96799	STATE
	American Samoa
	FISCAL YEAR
	1973
	<input checked="" type="checkbox"/> STATE PLAN BUDGET <input type="checkbox"/> BUDGET REVISION _____

BUDGET CATEGORIES	ANNUAL SALARY	% TIME OR EFFORT	TOTAL COST OF STATE PROGRAM	APPLICANT FUNDS	AMOUNT REQUESTED FROM HSMHA
	(1)	(2)	(3)	(4)	(5)
A. PERSONNEL	\$		\$	\$	\$
Director of CHP Office	17,761	100	17,761		17,761
Associate Comprehensive Health Planner	7,671	100	7,671		7,671
Statistician & Planning Advisor	11,000	100	11,000		11,000
Secretary-Typist	3,000	100	3,000		3,000
Clerk-Typist	2,200	100	2,200		2,200
Travel & Transportation of Household Goods			2,200		2,200
Other Contributions		50	13,000	13,000(ik)	
FRINGE BENEFITS			1,614		1,614
CATEGORY TOTAL			\$ 58,446	\$ 13,000	\$ 45,446
B. CONSULTANT SERVICES (Include fees and travel)					
Consultants			8,200	7,200(c)	1,000
CATEGORY TOTAL			\$ 8,200	\$ 7,200	\$ 1,000
C. EQUIPMENT					
1 File Cabinet			70		70
1 Executive Chair			90		90
1 Calculator Stand			20		20
3 Typewriter Tables			90		90
Freight charges			700		700
Conference room furniture (several large conference tables and chairs)			4,600		4,600
CATEGORY TOTAL			\$ 5,570	\$	\$ 5,570

**BUDGET FOR STATE PROGRAM FOR
COMPREHENSIVE HEALTH PLANNING—Continued**

STATE	American Samoa
FISCAL YEAR	1973

BUDGET CATEGORIES	TOTAL REQUESTED FOR PROJECT	APPLICANT FUNDS	AMOUNT REQUESTED FROM HSMHA
	(3)	(4)	(5)
D. SUPPLIES	\$	\$	\$
Office Educational & Technical Supplies	4,000		4,000
CATEGORY TOTAL	\$ align="right">4,000	\$	\$ align="right">4,000
E. TRAVEL			
Mainland	10,798	3,300(c)	7,498
Intra-island	700		700
Foreign	2,500	2,500(c)	
CATEGORY TOTAL	\$ align="right">13,998	\$ align="right">5,800	\$ align="right">8,198
F. OTHER EXPENSES: ADVISORY COUNCIL EXPENSES (Travel, meals, etc.)			
Telephone/calls/postage	1,200		1,200
Printing	5,000		5,000
Equipment repair	200		200
Vehicle maintenance	500		500
CHP Meetings and Workshops	2,000		2,000
GAS Admin. Overhead (4.8%)	3,686		3,686
CATEGORY TOTAL	\$ align="right">12,586	\$	\$ align="right">12,586
G. TOTAL STATE PROGRAM BUDGET	\$ align="right">102,800	\$ align="right">26,000	\$ align="right">76,800

H. APPLICANT FUNDS FOR COMPREHENSIVE HEALTH PLANNING FOR PREVIOUS YEAR:

(1) AVAILABLE FROM STATE APPROPRIATIONS \$ 13,000

(2) AVAILABLE FROM ALL SOURCES \$ 26,000

I. HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION FUNDS

ALLOTMENT (A)	AMOUNT AVAILABLE (B)	AMOUNT BUDGETED (C)	AMOUNT UNBUDGETED (D)
1. BALANCE OF ALLOTMENT FROM PREVIOUS FISCAL YEAR 19 <u>72</u>	\$ align="right">26,000 (Approx.)	\$ align="right">-0-	\$ align="right">26,000 (Approx.)
2. ALLOTMENT FOR CURRENT FISCAL YEAR 19 <u>73</u>	\$ align="right">76,800	\$ align="right">76,800	\$ align="right">-0-
TOTAL	\$ align="right">102,800	\$ align="right">76,800	\$ align="right">26,000 (Approx.)

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1.0 INTRODUCTION

1.1 Background, PL 89-749, Section 314(a)

1.1.1 Background

In 1966 the Congress of the United States enacted Public Law 89-749, known as the Comprehensive Health Planning Act and Public Service Amendments of 1966. In part, this was a fulfillment of the national purpose for promoting and assuring the highest level of health attainable for all persons. In addition, on April 22, 1969, the Honorable Owen S. Aspinall, then the Governor of American Samoa, confirmed the role and responsibility of American Samoa to share in this national purpose by establishing a Statewide Comprehensive Health Planning Agency designated as an "a" agency under the Law within the Department of Medical Services. The present Governor, the Honorable John M. Haydon, has reaffirmed this purpose through the 1973 Plan for Comprehensive Health Planning of the Department of Medical Services. Thus this current Plan provides a process of Islands-wide involvement and demonstrates the role of American Samoa in this stated National Purpose. It is a document that highlights the present delivery of medical services and provides the framework toward which health services can be directed. Also, it can serve as a model for subsequent Plans.

1.2 Development of the State Plan

1.2.1 Method

The following factors were considered in the organization and development of the 1973 Plan:

- The need for mainlanders and people coming to work in Public Health in Samoa to know and understand the importance and relevance of the Samoan culture and traditions; Samoan folkways and mores and how these affect and influence health.

- The need to know and understand in Samoa the present system of organization, delivery, and financing of health services through one agency.
- The need to create in Samoa a planning process that is directly answerable to identified health needs.
- The need to design in Samoa a planning model for community understanding and involvement in the planning process.
- The need to identify and define in Samoa broad goals for the delivery of health care and services; and
- The need to identify in Samoa problem areas, define needs, suggest priorities, and seek solutions and alternatives.

1.2.2 Rationale

The rationale for the development of the Plan for Samoa was based on the premise that knowledge of the present status of health services in Samoa must be obtained prior to future planning. Before future health planning begins it is essential that the current medical services delivery system must be defined.

- Section 1.0 is the Introduction giving the background and rationale of the 1973 State Plan.
- Section 2.0 entitled "Health In American Samoa Today", is an analysis of existing conditions and programs. It includes relevant geographic-demographic factors and socio-economic factors.
- Section 3.0 defines the broad goals and specific objectives of health care and health services activities in American Samoa.

2.0 HEALTH IN AMERICAN SAMOA TODAY

Multiple factors are involved in understanding the current delivery of health services. Because the data on health services are drawn from several varying sources at different times, the information may not always be complete. But, reference to these data will offer a good picture of health status and programs in American Samoa. Figure 1 in the Appendix is a map of American Samoa showing major villages. All islands except Rose Island are on the map. The map is not drawn to scale.

2.1 Geographic Factors

2.1.1 Location

- American Samoa lies approximately fourteen degrees south of the equator, near the 170th meridian west longitude. These islands are located approximately 2,300 miles south of Hawaii, 1,500 air miles northeast of New Zealand, and 2,700 miles east of Australia. The relative isolation of American Samoa from other major land masses is an important factor in understanding some of the problems unique to Pacific island groups.
- The Territory is comprised of the main island of Tutuila and its small sister island, Aunu'u; the Manu'a group, consisting of Ta'u, Ofu and Olosega, which lie approximately sixty miles east of Tutuila; Swain's island which lies about two hundred miles north of Tutuila; and, the uninhabited atoll, Rose island, situated approximately one hundred miles east of Manu'a.

2.1.2 Land Masses

- Tutuila, Aunu'u, and the Manu'a Islands are of volcanic origin. Rose Island and Swain's Island are coral atolls. The major island, Tutuila, is an irregularly shaped land mass approximately eighteen miles long and six miles across at the widest point, which contains 52 square miles of land.

This island is almost bisected by Pago Pago Bay, an extinct volcanic crater. The Manu'a groups contains approximately 22 square miles of land. Swain's and Rose islands are very small.

2.1.3 Topography

- The volcanic islands of Samoa are characterized by precipitous mountains rising to elevations of two thousand feet and often dropping abruptly into the sea. The islands are covered with dense vegetations of grass, vines, ferns, bushes and trees.
- Pago Pago Bay is one of the best natural harbors in the Pacific. The other bays offer little protection to other than small boats. Coral reefs surround all the islands and serve as a natural barrier to ships, making transportation by sea difficult.

2.1.4 Climate

- Temperatures range from 70° to 90° throughout the year. Humidity is almost constant at 80 percent. Rainfall is heaviest from December to March. It averages 200 inches per year with considerable variation at different locations throughout the islands. From May to November moderate southeast trade winds blow. During the other months of the year the winds are variable and hurricanes occasionally occur, the most recent being in 1966.

2.1.5 Natural Resources

- The sea is Samoa's greatest natural resource, providing numerous varieties of sea life to supplement the Samoan diet and support the fish canning industry.
- No known mineral deposits of value are present in the island group.

- The soil is fertile, but most of the land is mountainous or relatively unsuitable for cultivation. However, good arable land is estimated to be three to seven times the amount presently under cultivation.

2.2 Population Factors

- The total population of American Samoa in 1970, was 27,159 persons. Of this number, 24,973 live on the island of Tutuila. The population is predominately Samoan, or part Samoan with smaller representation from other Pacific island groups, i.e. Tonga, Niue, and the Tokelaus. The transient population of state-side contract employees remains about 100-200 persons. More than fifty-two percent of the population is 16 years of age or younger.

2.3 Socio-Economic Factors

2.3.1 Social Conditions Summary

- The 1973 Program Memorandum of the Government of American Samoa, April, 1971, indicates that almost 60% of the people live in inadequate housing. Only 10% of the dwellings have adequate fire protection. Only 40% of the dwellings have adequate sewage disposal. Potable water is provided to only 72% of the population. Approximately one-third of the 68 miles of road is unimproved and impassable at least 30% of the time. Outer villages are being abandoned gradually. The populations from these thereby straining the already over-crowded Bay Area.
- The low academic achievement level of secondary students continues to be a problem and further development of the educational system is receiving high priority. Vocational training offered in the educational program until 1962 has not produced the needed technical skills on which a viable economic system must be based. Vocational training was reinstated in 1970, but it will be some time before results are known.

- According to the Fiscal Year 1974 Program Strategy Paper and Five Year Plan - American Samoa (11 April 1972), substantial increases in funding levels are being devoted to water and sewage projects. These will contribute to improved public health.

At the end of FY'73, 45 percent of American Samoa will still lack a sewer system with sewer mains. A primary collection system will be available to only 23 percent of the people, while 32 percent will be served by septic tanks. Solid waste disposal is handled by sanitary land fills existing in the Eastern and Western Districts of Tutuila and in the Manu'a Islands. These landfills will outlive their usefulness by FY'74. Samoa now lacks a year-round supply of potable drinking water for its entire population. Actually, the water system is composed of many systems, which vary from small village to large government-owned and operated well and catchment systems. Despite generous annual rainfalls, 70 percent of the population depends upon variable stream flows for domestic water.

Thirty percent of the population live in villages whose stream flow water supplies are inadequate during extended periods of the dry season. Although augmented by a few wells, these sources provide insufficient water for personal health and sanitation. During periods of high rainfall and, hence high stream flow, these sources are highly contaminated, by both organic and inorganic matter. This represent definite hazards to public health.

2.3.2 Economic Conditions Summary

- According to the 1973 Program Memorandum of American Samoa, April 15, 1971, economic development has been delayed because of lack of comprehensive planning, vocational training, adequate land and water transportation, and sufficient numbers of skilled workers. In 1970, per capita personal income was approximately \$596.00- which is less than one-third that of the United States. The major elements of the cost of living, however, are higher than comparable items in the United States, not considering subsistence (food and lodging), which represents about 50 percent of personal income.

- According to the Fiscal Year 1974 Program Strategy Paper and Five Year Plan - American Samoa (April 11, 1972), unemployment is approximately 20 percent of the potential work force. Lack of employment opportunities in American Samoa continues to sustain a high rate of out-migration to Hawaii and the U.S. Mainland. The current population of American Samoans in Hawaii and the U.S. Mainland is now estimated to be nearly double that in American Samoa itself. Many of these out-migrant people become public wards or burdens upon their families since they do not find gainful employment. It is further estimated that the in-migration of aliens approximately equals the out-migration of American Samoans. It is currently estimated that 1/3 of the working force in the territory are aliens. These aliens consist mainly of Tongans, Western Samoans, and Fijians.

2.4 Government Resources

2.4.1 Introduction

- This section shows previous studies and operating manuals of other Samoan Government agencies that have set forth objectives with health implications. These are referenced here to make the Samoan community aware of activities by other Government Planning Agencies and consultants. One of the aims of this year's Plan is to educate the community about existing planning and health services.
- Existing data reveals discrepancies and a lack of consistency because they vary from report to report. There exists a critical need for verification of all statistics before they become part of published documents.

2.4.2 The 1973 Program Memorandum (April 15, 1971) Indicates the Government's intent to:

- Provide 98 percent of the population with potable water. Develop additional water sources. Construct and rehabilitate storage and distribution facilities. Construct an island-wide water main that will eventually connect the village systems.

- Provide adequate sewage disposal for 55 percent of the population. Eliminate much of the pollution in Pala Lagoon and Pago Pago Bay with programmed installation of additional sewage laterals and distribution lines.
- Provide adequate (comparable to Stateside standards) fire protection for 75 percent of the high value buildings on Tutuila.
- Construct first major harbor in the Manu'a Islands to provide safe and reliable water transportation.
- Install an airstrip on Ta'u to provide rapid emergency transportation for inhabitants of Manu'a.
- Provide medical services that will offer, by 1974, American Samoans health care equivalent to minimal stateside standards.
- Provide, by 1977, land and/or water transportation to all villages to increase the economic, educational, and medical well-being of their inhabitants
- Provide, by 1980, adequate housing for Samoans that will meet the general standards and building code of the Territory.
- Provide, by 1980, social and economic development in the outer islands to give the inhabitants a standard of living comparable to the main island of Tutuila.
- Provide, where physically feasible, all village and agricultural areas with roads that have adequate surfacing and drainage in order to furnish safe and reliable transportation.
- Place continued emphasis for greater safety on maintenance and improvement of existing roads.
- Eliminate water, air, and land pollution by 1977

- Upgrade through further university training (PFP Form 2-4A) the skill of the medical practitioners and Samoan nurses.
- Broaden the scope of Public Health Services, particularly in the area of preventive health education; nutrition, dental care, family planning, and maternal and child health (PFP Form 2-4A).

2.5 Staff Conclusions

- A true and accurate picture of the health status of the Samoan people must be presented. Therefore, all data must be internally consistent before publication. The story of health care services in American Samoa must be told as it actually exists.
- Objectives should be derived from accurate and relevant statistical data where ever possible. The source data are not available from which many of the stated objectives have been established. This brings into question the validity and feasibility of some of these statements and objectives.

2.6 Health Resources, Department of Medical Services

- The Department of Medical Services was organized in 1950 when the administration of American Samoa was taken over by the Department of the Interior from the Department of the Navy. The Department of Medical Services has three divisions:
 1. Lyndon B. Johnson Tropical Medical Center
 2. School of Nursing
 3. Public Health
- There is no private practice of medicine in American Samoa, because all curative and preventive services are provided free to residents (except for a 50¢ hospital-day levy). The Department of Medical Services in 1971 employed 450 people, among them 23 doctors and 165 nurses. There is a doctor:patient ratio of 1:1181. This compares with the United States (1:850) and England (1:1200). Of the medical staff, 13 are graduates of either the Guam or the Fiji School of Medicine; 5 are U.S. graduates; 3 were trained in England; 1 in New Zealand; and 1 in Australia. Of the 165 nurses, 11 are registered in either the United States or New Zealand.

2.7 Health Indicators

The following parameters suggest the level of the general health of the population of American Samoa. These are listed numerically with relevant comments.

2.7.1 Infant Mortality

- Infant mortality (deaths in the first year of life) is 25.0/1,000 live births, computed as a three year moving average. This infant mortality rate is comparable to that of North Carolina, South Carolina, Alabama, Mississippi, and Nevada. It is lower than that of other South Pacific Islands, but higher than Fiji (22/1,000). There is need for improvement.

2.7.2 Crude Death Rate

- Crude death rate (three year moving average) is 5.2/1,000 population, and can be compared with 4.6 in Fiji and 9.5 in the United States. When adjusted for age, the American Samoa rate (3 year - average 1969-71) is 11.0/1,000 population. The discrepancy is perhaps owing to the age ratio of the population of American Samoa where 52.3% of the population are age 16 or less, 21.5% of the population age 5 or less and 2.5% of the population age 65 and older. Seventy of the total deaths last year occurred in the hospital and the other 72 out of hospital. Table 4 shows the top ten cause of death.

2.7.3 Neonatal Mortality

- Neonatal mortality rate was 17.2/1,000 live births in calendar year 1971.

2.7.4 Maternal Deaths

- There were no maternal deaths in 1971. Maternal mortality in the past three years was 64/100,000 births, a total of 2 women (one died from hepatitis, incidentally pregnant, but she is included). There have been only 11 maternal deaths in the past 19 years.

2.7.5 Births

- There were 1,047 live births (calendar year, 1971); 87.0% in the hospital and 2.3% in the dispensaries. Approximately 10.0% were home deliveries. Of the total number, only 7.3% were not attended by medical personnel at birth, including 0.7% who were born on arrival at a medical facility.

2.7.6 Tuberculosis

- The percentage of positive tuberculin reactors was 2.7% (survey in July 1970-June 1971 school children). In 1971, 16 new cases of tuberculosis were discovered, an incidence rate of 56.7/100,000. A total of 21 people are on treatment, with a prevalence of 74.4/100,000.

2.7.7 Head Lice

- A recent survey of 925 school children (April-May, 1972) revealed 267 cases of head lice, an incidence of 289/1,000 (28.9 percent).

2.7.8 Traffic Accidents

- Accident rates are another indicator of the status of public health. In calendar year 1971, among the 2,812 registered vehicles on Tutuila island, there were a total of 543 accidents. These resulted in 186 hospitalizations and 2 deaths. These facts can be translated into the statement that there was an average of one hospitalization (or death) from a traffic accident for each 378 yards of main road in American Samoa in 1971 (70,400 yards).

2.7.9 Health Expenditure

- Per capita expenditure on health in American Samoa is \$129, or \$118 excluding Hill-Burton. In Fiji and in Western Samoa it is \$8; and in Tonga, \$3.50.

2.7.10 Life Table

- Reference Table 5 for Life Table. This shows the life expectancy in Samoa at birth is three years less than in the United States.

2.7.11 Conclusion

- The following important health parameters reflect the health conditions and the quality and availability of health care in American Samoa:
 1. Infant and maternal mortality
 2. Tuberculosis rates
 3. Crude death rates
 4. Percentage of births attended by medical personnel
 5. Accident rates
 6. Per capita expenditures on health
- Data base is on the calendar year.

2.8 Health Programs

2.8.1 Lyndon B. Johnson Tropical Medical Center

- In addition to in-patient hospital services, the Hospital serves as the outpatient dispensary for the central district of Tutuila. It is the outpatient referral center, and the after-hours emergency room for all of American Samoa.
- The Center is a 162-bed general hospital, constructed in 1968. The beds are distributed as follows:

Pediatrics	42
General Medical and Surgical	74
Obstetrics and Gynecology	34
Communicable Disease	12

There are also 21 bassinets, 2 incubators and 1 Isolette.

- In 1971 there were a total of 4,854 inpatient discharges resulting in a total of 31,057 discharge days. The average percentage of bed occupancy was 48 percent. There were 69 deaths in the hospital. The top ten causes of admission are listed in Table 3.

- The outpatient clinics and emergency room had a total of 120,544 visits, an average of 4.3 visits per person during the year, and a 20.9% increase over 1970, (8.7% of this increase is the result of the inclusion of dental statistics in 1971 which were excluded in 1970). The ratio of outpatients to inpatients was 24.8 to 1, a remarkably high figure. This may suggest that there is an effective preventive medicine program combined with a high level of health consciousness in the population, although there is no data available on the actual number of different individuals who use the outpatient facilities. Statistics relevant to the activities of the several sections of the hospital will be provided with the description of each section's program.

- Medical care off-island is provided by the Government of American Samoa for those American Samoans whose medical problems are beyond the capabilities of the Medical Center. During calendar year 1971, 26 patients were provided with medical care off-island. The cost was \$3,869.83 per patient for a total of \$100,615.57. The 4,854 in-patient discharges, (average stay 6.1 days) as well as the outpatients, are divided and discussed by specialty area below (data for calendar year 1971).

- Internal Medicine

The staff of this section saw 7,478 outpatients and served 1,135 inpatients. Each of the latter had an average hospital stay of 7.3 days. The Internal Medicine Section is greatly involved in the Intensive Care Unit, where such conditions as myocardial infarctions and strokes are first cared for. Myocardial infarctions were the leading cause of death in American Samoa in 1970, and heart disease again led the list in 1971. This is undoubtedly related to the high incidence of obesity, hypertension, and diabetes. The staff also cares for Hansen's Disease patients. There were 12 new cases in 1971 (calendar year).

In American Samoa there are approximately 55 such patients at home on treatment and in a quiescent stage. From 1916 to 1972 there have been 303 cases of Hansen's Disease.

- Pediatrics

This section was the second busiest clinic, with 20,941 outpatient visits. It cared for 924 newborns, and 837 inpatients. Respiratory infections and gastroenterities constituted the greatest number of admissions. A survey of the incidence of gastroenteritis indicated that during 6 months of 1971 it accounted for the attendance of 466 children at Pediatric Clinic with a similar number attending the emergency room. This is an average of 5 children every day, or 155 each month. During the same 6 months (July - December 1971) one in every three children admitted to the hospital had gastroenteritis. There were 6 deaths in this group.

The one identified meningitis death was attributed to the pneumococcus.

Seven of the 20 premature babies died.

One of the most vexing problems for the pediatrician is the grossly dehydrated, acidotic child brought in too late. Pediatrics section holds a monthly well-child clinic. It is well attended.

- Surgery

Surgery had 6,652 outpatients in 1971, had 682 hospital discharges, and performed 369 operations using 822 surgical procedures. The chief problem is trauma, much of it from automobile accidents.

- Ophthalmology Clinic

The staff of this clinic saw 1,909 patients, and performed 39 surgical procedures on 34 eye patients in 1971. An ophthalmologist joined the staff in August, 1971.

- General Practice

This important section sees over half of the hospital's outpatients. In 1971 this totaled 63,853 patients. In this section primary medical care is rendered. Referral to the specialty clinics is done when indicated. During 1970, 87 percent of the patients attended normal clinic hours, 11 percent after hours, and 2 percent on the weekends.

- Obstetrics and Gynecology

Pregnancy is the leading cause for admission under this service. In 1971 there were 943 deliveries by the Obstetric Service, and additional inpatients on the Gynecology Service. Surgical procedures were performed on 184 patients. The Prenatal Clinic saw 4,435 patients (an average of only 4.9 pre-natal visits for each delivery). The post-partum clinic saw 471, including about half of the patients who delivered in hospital. The regular Ob-Gyn clinic had 6,089 attendances. This section also provided the technical support for the Family Spacing Program.

- Dentistry

The Dental Service is composed of 2 dentists and 7 dental officers serving the Hospital Dental Clinic and two outer dispensaries on Tutuila, plus Swains's Island and the Manu'a Islands. During 1971, 24,046 dental procedures were performed for 9,471 patients. The number of teeth restored was 4,409; and 5,954 teeth were extracted of which 1,857 were deciduous extractions, 3,742 permanent tooth extractions, and 355 surgical extractions. Prophylaxis and topical fluoride applications were performed for 1,235 children. Twenty mandibular fractures were reduced and treated by the dental staff.

2.8.2 School of Nursing

- The School of Nursing was founded in 1916. For the past 56 years it has been training most of the nurses for the Medical Center and the Public Health Division. It has approximately 30 students who live in residence at the Nursing School where they undergo a three-year post high school course of instruction. The School grants a Licensed Practical Nurse Certificate of Achievement locally accredited. There are approximately 15 graduates per year, and they fill the vacancies in the Department Nursing staff created by resignations and retirements. Of the Department of Medical Service's 178 nurses, over 160 are graduates of this school. Control of the school is exercised through the Health Services Licensing Board, (3 nurses and 3 doctors). They are responsible for admission standards and curriculum. The school is staffed by a Director, and a faculty of five nurse instructors. Efforts have been underway since FY'72 for increasing the faculty, developing standardized achievement instruments for evaluating the program, defining evaluation techniques, reorganizing curriculum, and upgrading the library.

2.8.3 Public Health Division

- This vital component is responsible for those medical activities, both preventive and curative, which occur outside the Lyndon B. Johnson Tropical Medical Center in the Faga'alu Valley. There is a staff of over 80 employees to perform these tasks. This includes 4 physicians, 51 public health nurses, 20 sanitarians, and other specialists and support staff. The general state of public health is summarized in Section 2.6. Other specific conditions of public health significance and of general interest will be included in the portions devoted to each of the specific 314(d) activities of FY 1973, supplemented by additional reports of affairs of general interest not necessarily covered by 314(d) programs but organic to the Public Health Division.

- Preventive Dental Health

The School Dental Health mobile unit and staff began service in September at Matatula School. By December 31, 1971, the dental health staff had treated Matatula, Alofau, Masefau, Aoa and Lauili'i elementary school students. The staff of the mobile clinic completed 1,083 patient visits, using 3,945 procedures. No progress was made in water fluoridation owing to the inadequacy of the water systems and supply.

There is a full-time dental practitioner at the Amouli dispensary and another at the Leone dispensary.

Dental equipment has been installed at Ta'u and is still to be installed at Ofu in the Manu'a Islands. Service of the latter is rendered by periodic visits by dentists from Tutuila.

- Disease Control

This program may be classified under several headings. Medical control of the Oriental fishing fleet was begun by Executive Order of Governor John M. Haydon, who declared the Oriental fishermen (some 4,000) to be in the category of food handlers. This requires an annual physical of each fisherman, including a stool examination, check for gonorrhea, inspection for skin disease, and tuberculin testing. So far, some 1,549 fishermen have been examined. Testing materials are provided, and treatment is given free to positive cases. The examination is carried out by the Oriental fleet doctors. Of 577 tested in calendar 1971, seven individuals had positive Tuberculin tine tests; eight had worm infestations; one had infectious hepatitis; one had active pulmonary tuberculosis. No cases of venereal disease were found.

The canneries have modified and expanded their latrine facilities, although these are still deemed substandard by our sanitarian. Action is still required to improve their condition.

Each fishing vessel is practiqued on arrival, and, among other things, currency of immunization is checked.

Communicable disease reporting from January 1, 1971 through December 31, 1971, reveals the following:

Amebiasis	6
Filariasis, Clinical	58
Food poisoning (staph)	1
Gonorrhea	59
Hepatitis, infectious	13
Hepatitis, serum	3
Infantile diarrhea (hospitalized)	155
Influenza - like illness	13,559
Leprosy (all forms)	12
Meningitis, aseptic	2
Meningitis, bacterial	5
Mumps	1
Rheumatic fever	4
Rubeola (measles)	222
Tuberculosis (all forms)	16
Typhoid	5
Varicella (chickenpox)	59

Practique. With 4,000 fishermen and 37,000 tourists, sanitary inspection on arrival is mandatory. During calendar year 1971, 858 ships and 2,790 airplanes arrived and were inspected.

Immunizations. The major emphases this year were measles (rubeola) and German measles (rubella) immunization campaigns, in which 10,000 doses of each, obtained from the Center for Disease Control, have been dispensed. In addition, routine DPT, polio, tetanus and small-pox immunizations were given, 3-4000 each. No true measure of herd immunity can be determined. The absence of polio, and only 5 cases of typhoid in calendar year 1971 suggest a fairly solid immunity. Physical examinations have been taken over by the Public Health Division, and are being done at the rate of some 1,200/year. Examinations have been done for food handlers, pre-employment individuals, athletes, overseas travellers, and others.

• Maternal and Child Health

The 1973 Maternal and Child Health Program is a combination of the 1971 School Health Program and Family Spacing. Family Spacing began in 1965. In 1971 (calendar year), thirty-five women had tubal ligation and 471 women requested other methods of birth control. During 1970 at least 41.1/1,000 women were new acceptors of family spacing techniques with 93.2/1,000 women in 1971. There are approximately 5,430 women in the 15-44 child-bearing age group, or one-fifth of the female population. The crude birth rate (using a three-year average 1969-1971 is 38.2/1,000. At this rate, it is predicted that the population will double in the next 20 years.

Eleven maternal deaths have been recorded in the last 19 years. 87.0 percent of the deliveries were in the hospital in 1971. 2.3 percent were born in the dispensaries, and 10.7 percent were born at home or en route to a medical facility.

The still-birth rate in 1971 was 17.2/1,000 births.

Infant mortality (based on a 3 year average 1969-1971) was 25.0/1,000 reported live births.

In the School Health Survey (September 1970 - June 1971) of 7,115 elementary school students and 988 Level One Students in 1972, (September 1971 - June 1972) the examinations on the two separate surveys indicated suboptimal health with chronic otitis media, skin infection, hearing defects, and visual defects predominating. Of 1,501 children examined, only 33.9% had full immunization for poliomyelitis, and 44.8 percent had been vaccinated for smallpox, although this may be an artifact of recordkeeping.

. Health Education

During FY 1972 the primary emphasis in the program was placed on the development of the library resources and dissemination of materials. The library now has:

Audiovisual catalogs	70
Filmstrips	28
Slides	11
Overhead Transparencies	6
16 mm Films	17
Samoan pamphlets on lice and Family Planning)	11 (5,000 each)
English pamphlets	155
Samoan posters	7
English posters	88

Health Education Information was disseminated on Infant Care; Breast Feeding; Post-partum Instructions; Formula Making; and Bathing the Baby.

Presentations, both verbal and written were made to the School Health Council, Rotary Club, Church groups, Department of Education, and In-service Education.

. Protection of the Environment

This program will be phased out of CHP 314(d) into the GAS budget for FY'73.

. Dispensaries

There are eight dispensaries in American Samoa: Swains' Island, Aunu'u, Ofu, Olosega, Ta'u, Fitiuta, and at Amouli and Leone on Tutuila. The following patient loads were reported to the chief public health nurse in calendar 1971:

Average Outpatient

Visits/Day

Leone	24
Amouli	12
Fitiuta	16
Ofu	13
Ta'u	13
Aunu'u	12
Olosega	10

Twenty-four babies were born in the dispensaries. The dispensary at Ta'u is manned by a physician. Those at Amouli and Leone have physician visits three times a week.

. Filariasis

A four-man team has done a systematic village-by-village survey. It has seen 21,992 people, located 199 positive cases of microfilaremia and all have been treated. The microfilaremia rate in this large sample is 0.9%. No positive mosquitoes have been found since 1968, though since March 1970, 2,737 mosquitoes have been dissected. The elephantiasis rate in the population is 0.8 percent, the lymphangitis rate is 1.15% and the hydrocele rate among males, 2.17 percent. A check of overseas travellers (July 1, 1971 - June 30, 1972) leaving Samoa showed a microfilaremia rate of 2/255 or 0.8%. Immigrants checked through fiscal year 1972 showed 5 positives of 2260 checked (504 at airport, 1,756 at the seaport), a rate of 0.2%. All positive persons were treated.

. Mental Health

In the early fall of 1971 the Mental Health Clinic was renovated through CHP funds. In November a clinical psychologist was hired as director of the program. Twenty-six patients, involving 40 visits were seen on an outpatient basis in the clinic during 1971 (calendar year). The director of the clinic saw 8 patients for a total of 41 visits in the hospital.

There is still a lack of baseline data on the prevalence and kinds of mental health problems among the general population of American Samoa.

- There is a need for hospital space for acutely psychotic patients (a need which will be met by the program under the Hill-Burton 1973 State Plan).

During calendar year 1971, the Hawaii-based mental health consultant made several visits to American Samoa. The South Pacific Commission psychiatrist also came to the islands. Both individuals saw patients during their consultation visits.

- Public Health Nursing

During calendar year 1971 the Public Health nurses made 19,811 home visits on Tutuila including 744 follow-up visits from referrals. Thirteen nurses (4 regular nurses and 9 relief nurses cover Leone and Amouli dispensaries seven days a week from 7:30 a.m. to 8:00 p.m.). They performed home deliveries but no dispensary deliveries. They made 3,800 school visits.

In the Manu'a Islands, Public Health Nurses made 3,498 home visits. They made 45 school visits. Ten nurses work in the Ofu, Olosega, and Ta'u dispensaries.

2.9 Comprehensive Health Planning Agency

The Honorable Owen S. Aspinall, during his term as Governor of American Samoa, designated the Department of Medical Services as the Territorial Comprehensive Health Planning Agency, April 22, 1969. This policy has been continued by the present Governor of American Samoa, the Honorable John M. Haydon.

2.9.1 Organizational Agency

- The Comprehensive Health Planning Office functions as the administrative unit related to and working with the Comprehensive Health Planning Advisory Council through the administrative channels of the Director of Medical Services.
- Director

The Director of Comprehensive Health Planning, on behalf of the Director of Medical Services, organizes, develops, and administers the programs of the Comprehensive Health Planning Agency. In addition, he provides staff services to the Advisory Council and its related committees. He promotes and coordinates activities of the Advisory Council with that of other governmental agencies related to or involved in health planning, e.g., manpower, economic development, education, housing, transportation, local planning and land use, public works, and agriculture. He is responsible for supervision, general direction, and training of the Comprehensive Health Planning staff and development of training programs in health planning for the Advisory Council. He obtains, as needed, professional and technical consultation beyond the scope of the agency. He assists as requested by the Director of Medical Services, in the development of all reports, statistical data, research design, etc. He is coordinator of all other Federal grants, writes State Plans, annual reports, and meets the Federal agency requirements for the CHP Program. He develops and writes the Hill-Burton Facilities Construction applications and maintains all records on this program. He is responsible for assisting in writing and preparation of all reports, articles, papers, etc., as requested by the Director of Medical Services.

- Associate Comprehensive Health Planner

Responsible for carrying out planning activities as assigned by the Director of Comprehensive Health Planning. This includes such activities as assisting in doing surveys, special studies, working with the Women's Health Association and other groups in health-related matters. Assists in the collection of data, participates in need assessment implementation, and other relevant and appropriate activities as assigned by the Director.

- Statistician and Program Planning Advisor

Provides professional program planning capability to the Comprehensive Health Planning Agency; assists in designing programs with stated objectives, defines procedures and activities, analyzes tasks involved; provides evaluation models; does cost analysis; makes out time completion schedules; and designs appropriate dissemination procedures. He provides data collection models; analyzes data; prepares appropriate statistical reports; and provides for the dissemination of the reports. Serves in a technical advisory capacity to the Advisory Council.

- Secretary

Provides secretarial services to the Director of Comprehensive Health Planning, the Comprehensive Health Planning staff, and the Advisory Council.

- Clerk-Stenographer

Provides stenographic services to the Advisory Council and the Comprehensive Health Planning Office; assists in typing tasks, and maintains files and records.

2.9.2 Comprehensive Health Planning Advisory Council

- A Comprehensive Health Planning Advisory Council for American Samoa has been developed in accordance with Section III of the Governor's General Memorandum of April 22, 1969. The purposes of the Advisory Council are:

To alert the Agency (CHP Office) to health problems and developments throughout the Territory.

To facilitate communication and cooperation between the Agency, the public and other departments of the territorial government.

To recommend priorities for health care programs and services for consideration by the Agency.

- Membership of the Advisory Council consists primarily of consumers with added representation from providers of health services and Territorial government. The Council has twenty-five members, four of which are appointed from the Territorial Legislature; seven from providers of health services; and fourteen from the broad sector of health consumers.
- Members of the Advisory Council are listed below:

Legislative Representatives:

High Chief Lea'eno Reed
President of the Senate
Legislature of American Samoa
Pago Pago, American Samoa 3-2527

High Talking Chief Mulitauaopele, T.
Member of the House
Legislature of American Samoa
Pago Pago, American Samoa 3-2527

High Chief Fainu'ulelei S. Utu
Speaker of the House
Legislature of American Samoa
Pago Pago, American Samoa 3-2527

High Chief Ligoligo Eseroma
Member of the House
Legislature of American Samoa
Pago Pago, American Samoa 3-2527

Providers of Health Services:

Dr. Philo Jennings
Dentist
Department of Medical Services
Pago Pago, American Samoa 3-2515

Dr. Edgar Reid
Medical Officer
Department of Medical Services
Pago Pago, American Samoa 3-2515

Miss Fa'afofoga Sunia
Registered Nurse
Department of Medical Services
Pago Pago, American Samoa 3-2515

Mrs. Sylvia Tauili'ili
Registered Nurse
Department of Medical Services
Pago Pago, American Samoa 3-2515

Mr. Titi Fa'ai'uaso
Chief Sanitarian
Department of Medical Services
Pago Pago, American Samoa 3-2515

Mr. Tagoa'i M. Tunoa
Administrative Director
Department of Medical Services
Pago Pago, American Samoa 3-3596

Dr. Tomasone Tinitali
Medical Officer
Department of Medical Services
Pago Pago, American Samoa 3-2515

Health Service Consumers

Mrs. Marylyn Walker
Restaurant Manager
Tafuna Restaurant
Tafuna, American Samoa 8-9991

Mrs. Gretchen Makaiwi
Retail Store Manager
Fagatogo, American Samoa 3-2559

Mr. Keith Landrigan
Director of Coca Cola Bottling Company
Bottling Company
Pago Pago, American Samoa 8-9955

Mr. Ace Tago
Comptroller
Government of American Samoa
Pago Pago, American Samoa 3-2131

High Chief Tuiolosega Tagaloa
Businessman
Nia-Marie Store
Pago Pago, American Samoa 3- 2367

Mr. Peni Poumele
Personnel Manager
Star Kist Company
Atu'u, American Samoa 3-2535

Mrs. Anita Tolmie
Housewife
P.O. Box 7
Pago Pago, American Samoa 8-9481

Mrs. Pepe Haleck
President, Women's Welfare Organization
Nurses' Alumni Association
Pago Pago, American Samoa 3-2306

Reverend Fiti Sunia
Member of the Community
Congregational Christian Church
Fagatogo, American Samoa 3-3441

High Chief Fofu Sunia
Senator in the Senate
Legislature of American Samoa
Pago Pago, American Samoa 3-2527

Mr. Tom Mahar
Planning and Budget Officer
Government of American Samoa
Pago Pago, American Samoa 3-2131

Ex-Officio Members

Mr. William Craven, Director
Department of Economic Planning
Pago Pago, American Samoa 3-2131

High Chief Iulio Mauga
Governor of Eastern District
Pago Pago, American Samoa 3-3790

Dr. Lowell M. Wiese, Director,
Department of Medical Services
Pago Pago, American Samoa 3-3595

Mr. Charles R. McCuddin, Director,
Comprehensive Health Planning
Department of Medical Services
Pago Pago, American Samoa 3-2350

Mr. Jerry Clark, Director,
Department of Public Works
Pago Pago, American Samoa 3-2131

Mr. Milton deMello, Director,
Department of Education
Mr. Al Lolotai (Designated
Appointee)
Pago Pago, American Samoa 3-2436

High Chief Pemerika Tauiliili, Director
Department of Agriculture
Pago Pago, American Samoa 3-2131

Mr. Richard Minaker
Grants Management Officer
Department of Administrative Services
Pago Pago, American Samoa 3-2131

High Chief Magauli Tuitele
Governor of Western District
High Chief Lagi Toelupe (Designated Appointee)
Mapusaga High School
Mapusaga, American Samoa 8-9905

Mr. Palauni Tuiasosopo
Administrative Assistant to the Governor
Governor's Office
Pago Pago, American Samoa 3-2131

High Chief Misaalefua T.
Governor of Manu'a District
High Chief Toeaina Faufano (Designated Appointee)
Office of Samoan Affairs
Pago Pago, American Samoa 3-2131

Mrs. Arieta Mulitauaoepele
Comprehensive Health Planning Agency Staff
Department of Medical Services
Pago Pago, American Samoa 3-2350

Miss Salaina P. Lang
Comprehensive Health Planning Agency Staff
Department of Medical Services
Pago Pago, American Samoa 3-2350

• Review of Advisory Council Activities in FY'72.

October 6, 1971 Advisory Council Meeting

The new Director of Comprehensive Health Planning, Dr. Thais S. Yeremian, was introduced to the Advisory Council by the Director of Medical Services, Dr. Lowell M. Wiese. The written summary of the Holmen Workshop was presented to the Council for their study of the interpretation and recommendations made by the directors of the workshop. The Council was requested to complete the Evaluation Instrument of the CHP Advisory Council activities during 1971. Reports were made to the Council on the University of Hawaii-American Samoa Conference in Honolulu, September 13 and 20; the 1971 Pacific Region Health Conference at the University of Hawaii; and the President's Conference on Mental Retardation. A full report on the Family Planning Program was given by Dr. Wiese. Dr. Hal Fields reported on the Dental Health Program 314(d).

November 3, 1971 Advisory Council Meeting

A copy of the findings of the Evaluation Report of CHP Advisory Council's Activities, FY'71, was given to each member. The Policies and Procedures Committee worked to develop the Bylaws for CHP Advisory Council. A nominating committee was appointed for selecting officers of the Advisory Council. Dr. Peter Beales explained the Developmental Disabilities Program in which his Division was attempting to identify individuals with cerebral palsy, epilepsy and mental retardation in American Samoa. The family spacing

motivation analysis proposal by Steffire Associates was explained as a study of Samoan attitudes toward family spacing and related perceptions of health services offered. This was a \$20,000 Office of Economic Opportunity grant to American Samoa. Dr. Michael Miles, Director of the Maternal and Child Health Program explained this 314(d) program to the Council. Mrs. Janice Morse made a progress report on the Health Education Program 314(d). Dr. Yeremian announced that a six weeks training program in Preparing Health Planners through the Systems Planning Approach would be given during November for Advisory Council members and other interested community participants.

December 1, 1971, Advisory Council Meeting

The November training program in Preparing Health Planners given by Dr. Yeremian was summarized for the Council. Mrs. Arieta Mulitauaopele announced a training course beginning in February that she would conduct on How Can We Change People. Bylaws for the Advisory Council were made available for those Council members who desired a copy. The English translation of the bylaws was accepted as the official document for the Advisory Council. The nominating committee reported on the candidates. Election of officers followed with Mr. Tagoa'a Tunoa - Chairman, Mr. Edward Marcus - Assistant Chairman, Mrs. Marylyn Walker - Secretary, and Mr. Lafi Toelupe - Public Relations Officer. Dr. Tofiga Liaiga gave a progress report on the 314(d) program Chronic and Communicable Disease Control. The Animal Nuisance Control Program was reviewed by Mr. Titi Fa'ai'uaso. Dr. Beales discussed the status of the Filariasis Program.

February 2, 1972 Advisory Council Meeting

A workshop in Program Evaluation was presented by Dr. J. Richard Harsh of Educational Testing Service and Dr. William J. Turner, Federal Program Evaluation Office of the Los Angeles County Schools.

A request was made for the training course in Preparing Health Planners to be presented again for those Council members who were unable to attend the first course in November. A report on the American Association of Comprehensive Health Planning Conference in New Orleans was given. Dr. Wiese discussed a proposed Annual Report of the Department of Medical Services. Miss Helen Stevenson and Dr. Wiese spoke on the progress of the Health Services Support Program 314(d). Dr. Richard Nazro gave a progress report on the Mental Health Program, 314(d).

3.0 WORK PROGRAM OF COMPREHENSIVE HEALTH PLANNING FOR FY 1973

Philosophy of Goal Setting in American Samoa:

The goal of Comprehensive Health Planning in American Samoa, consistent with Federal and State goals, is to improve the quality of human life through improving human health to the highest level attainable. The emphasis on quality of life stems from the philosophy of the Department that good health is more than a privilege.

This broad goal needs to be further defined into specific objectives that include criteria for quantifiable assessment of achievements of these objectives, where feasible.

- 3.1 Study the delivery of health services and health care systems as a preliminary to suggesting to the Department plausible ways to increase effectiveness and efficiency.
 - 3.1.1 Define the current organization, delivery, and financing of health services.
 - 3.1.2 Define the resources-facilities, manpower, and services-needed to produce an identified improvement over a specific period of time.
 - 3.1.3 Define distribution of health resources (facilities and manpower) for delivery of health care.
 - Identify alternative methods and means for resource distribution, if necessary.
 - 3.1.4 Define limits and constraints of resources.
 - 3.1.5 Suggest means and alternatives to improve the identified resources.
- 3.2 Assist health care service systems further to meet criteria of cultural relevance and appropriateness.
 - 3.2.1 Define relevant Samoan cultural information to assist professionals in the development and implementation of programs.
 - 3.2.2 Identify information resources and individual/agency contacts needed for obtaining the relevant cultural data.

- 3.3.3 Identify those agencies presently teaching health education, personal health care, and the use of existing health care services.
- 3.3.4 Suggest needed content in health education.
- 3.3.5 Propose, as needed, alternatives to assist in the health education process.
- 3.4 Assist in the efforts to minimize degradation of the environment.
 - 3.4.1 Develop liaison activities with the Environmental Quality Commission.
 - 3.4.2 Identify conditions that are detrimental to the environment.
- 3.5 Promote understanding of demographic problems in American Samoa.

PAGE

4.0 APPENDIX

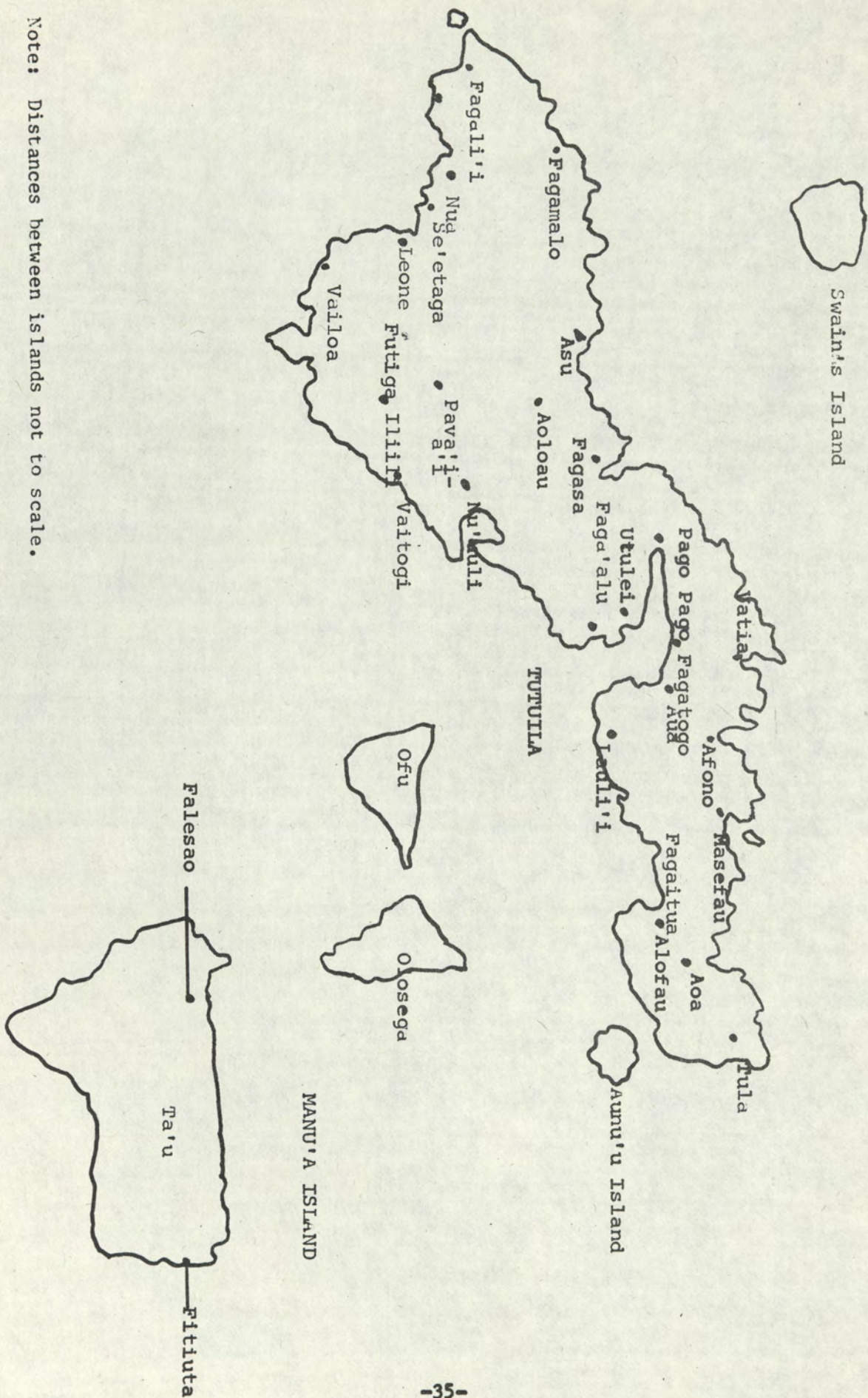
Map of American Samoa 35

Top Ten Causes of Hospital Admission. . . 36

Top Ten Causes of Death 37

Life Table. 38

FIGURE I.



Note: Distances between islands not to scale.

TABLE 1

LBJ TROPICAL MEDICAL CENTER

TOP TEN CAUSES OF HOSPITAL ADMISSION - CALENDAR 1971

(1)	Obstetrics & Complications of Pregnancy	1,123
(2)	Trauma (Motor Accidents.....86)	430
(3)	Respiratory Disease	328
(4)	Diarrhea	230
(5)	Skin	139
(6)	Intestinal Tract, excluding diarrhea	131
(7)	Heart and Blood Vessels	127
(8)	Gynecologic	83
(9)	Psychiatric	64
(10)	Kidney & Bladder	62

TABLE 2

TOP TEN CAUSES OF DEATH IN AMERICAN SAMOA (1971)

1.	Cardiovascular (Heart Disease)	24
2.	Cerebrovascular (Stroke)	22
3.	Cancer	15
4.	Unknown	13
5.	Diseases of Newborn	12
6.	Trauma	11
7.	Gastroenteritis (diarrhea)	7
8.	Other Pulmonary (excluding pneumonia)	7
9.	Other Gastrointestinal (excluding diarrhea)	5
10.	Pneumonia	4
	All Other	22
	Total	142

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.533
A545
1972

TABLE 3
LIFE TABLE, AMERICAN SAMOA
MALE AND FEMALE

<u>Age</u>	<u>Census Population</u>	<u>Deaths</u>	<u>Life Expenctancy from beginning of interval</u>
< 1	1029	27	67.0
1-4	3688	9	67.7
5-9	4434	2	64.3
10-14	3794	3	59.5
15-19	3105	5	54.7
20-24	2182	3	50.1
25-29	1689	3	45.4
30-34	1534	4	40.9
35-39	1251	2	36.4
40-44	1170	7	31.7
45-59	939	6	27.6
50-54	824	7	23.5
55-59	628	12	19.3
60-64	363	11	16.0
65-69	324	13	13.3
70-74	150	8	10.6
75+79	91	6	8.0
80-84	61	7	5.2
85 +	45	6	—

*Based on 3-year Average, 1969-1971

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1972