

GUIDELINES

DIVISION OF SANITATION FACILITIES CONSTRUCTION

Office of Environmental Health and Engineering
Navajo Area Indian Health Service
Window Rock, Arizona

Chapter 16—Individual House Service Design

Section 2: Medical Referrals and the Installation of Individual Cisterns

Guideline 16.2 (06-04)

September 2006

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Distribution: Standard List

Medical Referrals

As there are thousands of Native American homes on the Reservation in need of sanitation facilities, a number years may pass between the time a homeowner submits an application for service, and the corresponding home can receive service. In order to more quickly serve Tribal members with medical/physical conditions, which substantiates a more dire need for facilities, additional effort should be made to place the homes of these participants on a construction project. The single proviso is that the participant with the medical condition must provide a “medical referral,” signed by a medical doctor (a referral from an RN, PA, CHR, social worker, etc. is not acceptable).

Generally, construction projects are continuously on-going in every district and a small number of medical referral participants can be spread out into those projects; usually scattered projects, but community projects, both Regular and Housing, as well. In some instances, it may be expedient to propose a construction project specifically for medical referral participants. It is imperative, however, that medical referral project participants receive service as quickly as possible.

If medical referrals for minor and/or very temporary afflictions (e.g., broken leg) are received, the District Engineer shall elect to confer with the Clinical Director at the hospital forwarding the referrals and ask that the list of referrals be prioritized. Indeed, this discussion should include a brief education about the requirements for a medical referral, and those facilities being requested. In addition, the standard, educational letter (see Appendix) shall be forwarded to the Clinical Director to this end.

If the installation of a community waterline extension to a medically referred project participant is not economically or physically feasible, a cistern system may be provided to the participant instead. See below for further direction with regard to the installation of cistern systems.

Cistern Systems

Generally, we do not encourage the funding of cistern systems except in cases of documented medical needs. This is because of the excessive costs associated with installation, the lack of alternatives for providing safe drinking water to homes served, and the lack of successful long term system use and operation by homeowners.

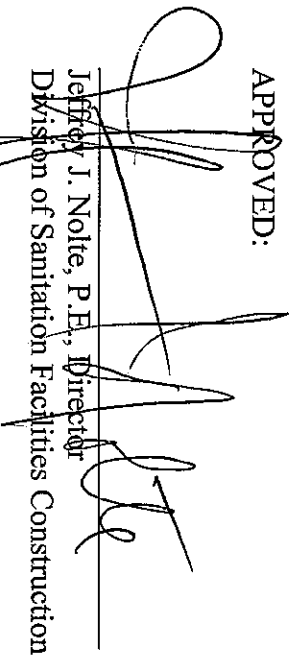
The lack of successful use of these systems by homeowners is documented in the results of two different surveys conducted by our staff in 1985 and 1992. The 1985 results show that only 67% of the installed systems surveyed were still being used at the time of the survey, with the highest failure rate attributed to photovoltaic electric systems. The 1992 results showed the percentage of systems still being used had decreased by 18% during the 7-year period between surveys, dropping from 67% to 49%. The raw data supporting these summary numbers is available in the SFC Director's office.

Cisterns may be installed at homes in cases of written referral from a physician if we are assured of the following via a signed individual agreement:

1. The intended source meets Safe Drinking Water requirements,
2. The homeowner understands the potential for contamination,
3. Commitment to haul water is received from the homeowner,
4. No photovoltaic electric set-ups will be installed, only gravity or grid electric systems.

As we continue to provide community water service to homes included in higher priority Sanitation Deficiency System projects, we may eventually begin funding projects that will provide cistern services for all homes that cannot be feasibly served with community water service.

APPROVED:



Jeffrey J. Nolte, P.E., Director
Division of Sanitation Facilities Construction

Att: Attachment A – Draft Physician Medical Referral Explanatory Letter

Dr. X:

It has been a standard practice for the DSFC to accelerate the process for the provision of sanitation facilities to homeowners with a documented medical condition. The documentation of a medical condition is the “medical referral”, a letter signed by a medical doctor, which refers the patient to the DSFC and informs this office of a special need. A “medical condition” in this sense is a chronic condition, and does not include acute conditions such as viral infections, broken bones, or strained muscles. In today’s climate of environmental and historic regulatory requirements, acute conditions would be overcome before the facilities requested could clear all these requirements and be installed. As there are literally thousands of Navajo homes in need of these facilities, medical referrals must be confined to long term (lifetime) conditions.

Quite often, the medical referral participant’s home is very remote, far enough from existing water mains to make a connection to a community system economically, and sometimes physically, infeasible. In these instances a cistern system is the only remaining option to get potable water into the home.

A cistern is a 1,000-gallon, composite tank buried in the ground near the house. The water is pumped into the household plumbing by a pump and pressure tank installed directly outside the house. A drawback to this type of installation is that it requires someone to haul water from a safe source to regularly (generally weekly) re-fill the cistern. This requirement may place a large burden on an elderly, or physically infirm person unless a family or community member can commit to regularly and dependably performing this task. Another concern is that the source water used to re-fill the cistern will be at the option of the person performing this task. **There is the possibility that unregulated, even unsafe, sources might be exploited for the purposes of convenience and expense and each trip will be further possibility for contamination.** Lastly, maintenance of this system will eventually require the replacement of the pump, which can be a prohibitively expensive proposition for many of the Navajo Tribal members on the Reservation. Research indicates half of these systems are eventually abandoned, indicating a questionable use of limited program funds.

The intent of this letter, then, is to provide information to the medical staff of some of the difficulties which may be encountered by medical referral patients. We ask that the medical staff consider this information when providing medical referrals to patients, and, in some cases, even recommending other options to patients requesting referrals (e.g., move closer to a community where community water systems are available, requesting housing assistance from their communities & family members).

I appreciate your consideration of these salient points when considering a medical referral for the patients visiting the hospital. If you have any questions, please contact this office at (XXX) XXX-XXXX.

Sincerely,

XXXXXXXXXX, P.E.,
District Engineer, XXXXX District DSFC, OEHE
Navajo Area Indian Health Service