

CONGRESSIONAL HEARING

BEFORE THE

HONORABLE SENATOR DOMENICI
HONORABLE SENATOR MCCAIN
HONORABLE REPRESENTATIVE KYL

STATEMENT OF JOHN HUBBARD, JR.
AREA DIRECTOR
NAVAJO AREA INDIAN HEALTH SERVICE

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SHIPROCK, NEW MEXICO

STATEMENT OF JOHN HUBBARD JR
AREA DIRECTOR
NAVAJO AREA INDIAN HEALTH SERVICE

Good afternoon. Thank you for the opportunity to speak today. I am John Hubbard, Jr., Area Director of the Navajo Area Indian Health Service (NAIHS).

Today I will be addressing some specific issues in response to a request from Senator John McCain. These include the President's FY 1995 budget and its impact on the Navajo Nation; child abuse; HIV/AIDS; alcohol and substance abuse; Hantavirus Pulmonary Syndrome; and environmental concerns such as water and sanitation and open dumps.

Let me begin by providing you with some basic information. The Navajo Area Indian Health Service is a major health care provider to residents of the Navajo Nation and San Juan Southern Paiute Nation. Organizationally, the Navajo Area has 8 service units. We operate 6 hospitals with a total of 390 beds, 8 health center, and 14 health stations. The FY 1994 user population for the Navajo Area is 230,255.

Management of the NAIHS budget in 1994 and beyond will be very challenging as the cost of providing health care continues to spiral. Currently, the Navajo Area budget is \$245 million, or about 10% of the total IHS budget. We have come to rely increasingly on third party resources to maintain service.

STAFFING COSTS

Health care is a labor-intensive business. The Navajo Area has about 23% of the total IHS staffing (or a total of 3500 staff in FY 1994, an increase of 7% from FY 1992). This figure represent Federal employee and does not take into account tribally employed staff in other areas under P.L. 93-638 contracts or Self Governance compacted staff in other Areas. About 74% of the NAIHS work force are American Indian/Alaska Native, and primarily Navajo.

PROPOSED FTE REDUCTION PLAN

The Navajo Area IHS submitted a proposed FTE reduction plan to IHS Headquarters in response to the current administration's initiative to reduce the number of employees in the federal government, control the national deficit, and improve the overall productivity of the federal government. The plan has not been approved to date. Target goals, however, have NAIHS with FTE levels of 3,041 FTEs by September 1994 and 2,977 by September 1995.

Additionally, in compliance with the Presidential Executive Order, administrative costs are being reduced by \$944,000 in FY 1994. For FY 1994, the Shiprock Service Unit budget is projecting total obligations of \$17.5 million.

CHILD ABUSE

Appropriations for the Navajo Child Sexual Abuse Program have been provided to the Navajo Area IHS and Bureau of Indian Affairs (BIA) since FY 1990 in response to an epidemic of child sexual abuse cases. Of \$798,000 allocated to the Navajo Nation, \$298,000 is IHS funds awarded to the Tribe. The remaining dollars are BIA funds.

NAIHS personnel are closely involved in the care of the victims of child abuse and neglect, through interviews, medical examinations, and mental health counseling for abuse. These personnel also serve as active members of local child protection teams, and participate in reservation-wide discussions of child abuse issues.

In 1994, NAIHS and BIA jointly developed a special task force to address the issue of child abuse and other dysfunctional behavior in the boarding school setting. Another major activity for Navajo Area IHS staff is the implementation of the Navajo Nation Comprehensive Five Year Plan on Child Abuse and Neglect, through the Navajo Community Advocacy Committee, formerly known as the Child Sexual Abuse Ad Hoc Committee.

AIDS

While the problem of AIDs and HIV infection continues to increase among Navajo people, Centers for Disease Control and Prevention (CDC) resources allocated to Navajo have decreased. The first HIV case on Navajo appeared in 1982. Since then, care has been provided to 49 HIV positive and persons with AIDS at NAIHS hospitals and clinics. Of these, 17 have died. AIDS victims represent all ages and both sexes. The transmission of the virus among the Navajo people has been by each of the known pathways. The problem is very real for our people and Communities. IHS staff support to AIDS treatment and related activities has taken the form of participating in local community-based efforts and Service Unit staff complying with the policies and procedures on the prevention and control of HIV within the health care environment. Annual inservice training, orientation, and other continuing education opportunities are provided on the care and maintenance of HIV infected patients. Much attention is given to worker protection issues to control transmission of HIV in occupational settings, pre- and post-test counseling, and testing procedures

SUBSTANCE ABUSE

The Four Corners Regional Adolescent Treatment Center (FCRATC) in Shiprock, NM, has maintained full accreditation status from JCAHO since December 1992. The facility is one of nine operating in the U.S. and is among those mandated by P.L. 99-570. FCRATC has 24 beds for a 90 day program for adolescent Native Americans. The CDHIS data system utilized at FCRATC is being considered for use as a model system by other Regional Treatment Centers throughout the U.S. About 51% of tribal/IHS substance abuse counselors on the Navajo Nation are certified.

A Navajo Nation and Regional Area Resource Directory was published and disseminated to over 200 organizations this past year and an update is in progress. Navajo Area IHS Alcohol and Substance Abuse staff continue to work closely with the Navajo Nation Behavioral Health Services staff on many issues, including the recently funded Community Substance Abuse Treatment Project (CSAT), counselor certification requirements, and scheduled site visits.

HANTAVIRUS UPDATE

The Navajo Nation and the Navajo Area IHS experienced the devastating consequences of a newly recognized Hantavirus in the Spring and Summer of 1993. To date, a total of 67 persons have been affected nationwide. There have been 29 Native Americans affected, 17 of whom have died. Of these, 22 were Navajo, including 12 deaths. Though Hantavirus Pulmonary Syndrome has had a nationwide impact, the vast majority of cases have been located in the Southwestern United States.

Medical providers on the Navajo reservation have received numerous clinical and research briefings on this condition. Orientation for new medical staff includes both plague and Hantavirus Pulmonary Syndrome. There are extensive efforts to educate our clinicians to distinguish Hantavirus Pulmonary Syndrome from other flu-like illnesses.

The IHS and Navajo Nation are working closely with the University of New Mexico, Centers for Disease Control and Prevention (CDC), and National Institutes of Health (NIH) to study medications which may help treat this devastating illness. Community and tribal input into proposed research protocols is widely recognized as critical to the success of these studies both in the Southwest and nationwide. Local tribal members share concerns with many communities around the country which have been affected by the Hantavirus Pulmonary Syndrome.

Public education and training remain a major thrust of our efforts. This disease is preventable. Navajo Area IHS and the Navajo Nation have been instrumental in the ongoing effort to inform area residents of the dangers of rodent exposure and methods to avoid contracting the disease.

Trapping for a rodent reservoir study was conducted at a total of 60 sites. Nearly 2,000 rodents were captured and eviscerated to identify the rodent host of the particular virus. In fact, the virus was isolated from a rodent caught by one of the local trapping teams. NAIHS staff also helped complete the study aimed at determining the risk factors associated with contracting the disease.

Other areas being addressed are occupational exposure prevention, development of a national environmental assessment protocol, technical assistance to other agencies and professional groups, and continuing to participate in a regional group made up of the Four Corners states, CDC, NAIHS, and the Navajo Nation, to plan the response to new cases, prepare for additional rodent studies and prevent future cases. Two studies are planned:

A long term rodent population density study to learn more about the population dynamics of the rodents associated with the Hantavirus, and a "Snapshot Rodent Study," a one-time trapping effort aimed at capturing a large number and variety of rodent species to learn more about specific rodents carrying a Hantavirus and the prevalence of the virus around the country.

ENVIRONMENTAL HEALTH ISSUES

A. P.L. 86-121 PROJECTS

The annual national funding for P.L. 86-121, the Indian Sanitation Facilities Construction Act of 1959, has been in the range of \$85 million dollars annually, and because of its huge unmet need, Navajo Area has received over 25% of the total available funding. In addition, over \$25 million in projects are supported by other resources. The Navajo Housing Authority provided funds to install off-site utilities for numerous HUD housing sites, and the Navajo-Hopi Indian Relocation Commission provided funding to serve their housing sites. Matching funds from the Capital Improvement Program and the Community Block Development Grant program also augment and justify other water projects.

Two tribal enterprises, Navajo Tribal Utility Authority (NTUA) and Navajo Engineering and Construction Authority (NECA), would be affected by any reduction of PL 86-121 funding. NECA construct. 100% of the projects., which in turn provides a payroll of up to \$12 million a year to 200 Navajo people.

B. SOLID WASTE

Presently, the Navajo Area IHS, Navajo Nation, and Bureau of Indian Affairs are in the process of finalizing a Memorandum of Understanding (MOU) which would define the role of the respective entities in the inventory and remediation of non-permitted solid waste disposal sites on the Navajo Nation. At this time, the MOU is proceeding through the Signature Approval process in the Navajo Nation.

The MOU calls for the three entities to prioritize sites for closure, formulate remediation plans, and assure the development of alternative solid waste management systems prior to initiating closure activities. Alternative solid waste management systems are being implemented in the interim until the MOU is approved.

C. DUMP CLOSURES

New U.S. Environmental Protection Agency (EPA) regulations originally stipulated closure of open dumps by October, 1993. Qualifying small open dumps, such as those found on the Navajo Nation, received an extension to October, 1995 to stop receiving solid waste. Currently, there is not one complying solid waste disposal site on the Navajo Nation. In order to comply with disposal of its own solid waste, the IHS, in June, 1991, began contracting for transportation of its refuse to complying landfills located off the Navajo Nation, sometimes as far as 180 miles away. BIA, other public institutions, chapters, and businesses have followed suit.

This concludes our prepared remarks and we would be happy to answer any questions you may have.