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Introduction

Chairman McCain, Vice-Chairman Dorgan and distinguished members of the Senate Committee on Indian Affairs. My name is Anslem Roanhorse, Jr., I am the executive director for the Navajo Division of Health. On behalf of the Navajo Nation, I am honored to present important information on health care within the Navajo Nation. I also request that my testimony be entered into the record.

Navajo Nation Division of Health

In 1977, the Navajo Nation Council established the Navajo Division of Health Improvement Services, renamed the Navajo Division of Health in 1995. During fiscal year 2005, the division's operating budget totaled $79.3 million, of which 77 percent were federal funds, 7 percent state funds, 15 percent tribal funds, and 1 percent tribal trust funds. The Navajo Division of Health employs over 1,100 health professional, paraprofessional, and technical personnel stationed throughout the Navajo Nation. The Navajo Division of Health provides a variety of health-related services for infants, children, adolescents, adults, elderly and their families throughout Navajo communities. The Navajo Division of Health provides health education, nutrition, substance abuse counseling and treatment, public health nursing, processes applications for compensation for those Navajo individuals or their surviving spouse who have been subjected to uranium mining, diabetes prevention, breast and cervical cancer prevention, HIV/AIDS education, other health promotion and disease prevention efforts, food sanitation regulatory, and facility planning.

Existing Health Programs and Challenges

Indian Health Service (IHS)

The Indian Health Service is the primary health care provider on the Navajo Nation. The Navajo Area IHS serves two federally recognized Indian tribes, including the Navajo Nation and the San Juan Southern Paiute Tribe and it also serves other eligible beneficiaries through inpatient, outpatient, contracts for specialized care, "638" Self-Determination Contract providers, and an

urban Indian health program. In 2004, there were 4,027 federal staff at six IHS service units, an Area Office, and three "638" Self Determination contract providers.

The healthcare network includes five hospitals, six health centers, fifteen health stations and twenty-two dental clinics. The Navajo Area IHS is responsible for providing health care services to more than 200,000 patients. In Fiscal Year 2003, Navajo Area IHS budget amounted to $534.6 million, the majority of which are federal appropriation totaling $391.1 million and the remaining $143.5 million was generated in revenues from Medicaid, Medicare, CHIP, and private insurance. In FY 2004, the Navajo Area IHS budget amounted to $674,581,546, the majority of which are federal appropriations totaling $486,490,703 million and the remaining $188,090,843 million was generated in revenues from Medicaid, Medicare, CHIP, and private insurance. (NAIHS, Year 2005 Profile).

Contrary to the goal of eliminating racial disparities in health care, American Indians including the Navajo people have experienced disparities in health care funding and other resources in the United States for many years. Federal funding for Indian health care has not kept pace with factors such as the rising costs of health care, increasing costs of pharmaceuticals, and competitive salaries for recruitment and retention of qualified health care professionals. Table 3 depicts the impact of these disparities on the local Navajo Nation health care system.

		Table 3
Unfavorable compared to the U.S. population:	Navajo Area Rate (95% Navajos)	U.S. Rate
All Deaths	628.9	479.1
Diabetes Deaths	35.9	13.5
Cervical Cancer Deaths	4.6	2.5
Alcohol Related Deaths	49.8	6.3
Suicide Deaths	16.8	10.6
Homicide Deaths	19.7	8.0
Tuberculosis Deaths	2.4	0.3
Pneumonia/Influenza Deaths	30.8	12.9
Births	21.7%	14.5%
Teen Births (13-19 yrs)	16.9%	12.7%
Prenatal Care in First Trimester	56.4%	82.5%
Infant Deaths (under 1 yr. of age)	8.2	7.2
Post neonatal Deaths (28-360 days)	4.4	2.5

*Statistics from the Navajo Area Indian Health Service (9-25-03).

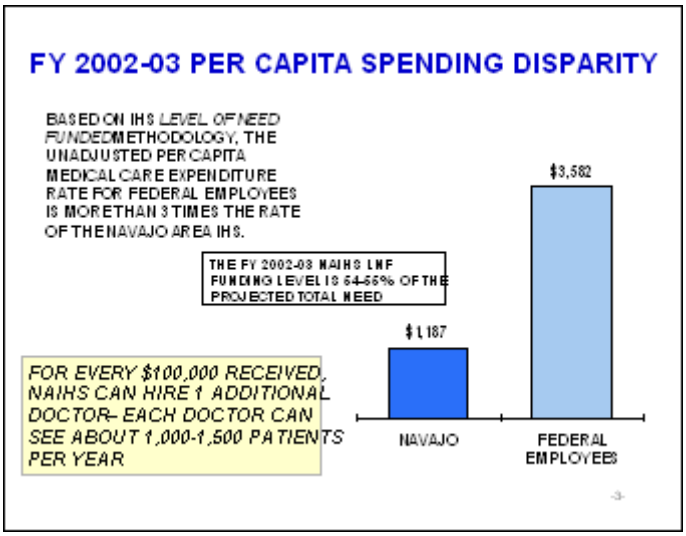
Navajo people compare favorably in the following areas. However, analysis of 30 year data indicates favorable Navajo rates are approaching general population rates and may surpass the U.S. rates over time as they have for other statistics (Table 4).

Fared better than the U.S. population in the following:	Navajo Area Rate (95% Navajos)	Table 4 U.S. Rate
All Cancer Deaths	87.5	125.6
Breast Cancer Deaths	11.5	19.4
Heart Disease Deaths	103.2	130.5
Low Weight Births	6.5%	7.5%

According to the IHS, in 2003, the Navajo Area IHS was funded at 55 percent of the projected total need and this means only half of the Navajo Nation health care needs are funded. There is no other recent data for the FY 2002-2003 Per Capita Spending Disparity. As the testimony of the U.S. Civil Rights Commission underscores, this is unacceptable and it demonstrates a glaring injustice to fully funding Navajo health care needs.

Using the Level of Need Funding methodology, the unadjusted per capita medical care expenditure rate for federal employees is more than three times the rate of the Navajo Area. In Fiscal Year 2002, $3,582 was spent on a federal employee's health benefits package as compared to only $1,187 spent on a single Navajo person's health care.

Overall, the federal funding for Indian health care has not kept pace with factors such as: 1) medical and escalating inflation; 2) rising costs of health care; 3) increasing costs of pharmaceuticals; and 4) offering of competitive salaries in the recruitment and retention qualified health care professionals. The figure below depicts the impact of these disparities on the local Navajo health care system.



These figures become more important with the following fact: For every $100,000 received, one additional doctor can be hired. Each doctor may see about 1,000 to 1,500 patients per year. More health care funding equates to expanded health care services that will sufficiently meet the health care needs of the Navajo Nation.

However, the data listed above includes only personal medical services and does not include critical areas such as community health and prevention-oriented services, integral programs in the Navajo health care system.

How can tribes and other partners in health care intervene effectively if the total unmet need is not considered? With high rates of substance abuse, homicide/suicide, and motor vehicle accidents primarily due to alcohol use, federal funding for Navajo health care must be appropriated to address the treatment aspects as well as the prevention components.

Staff Recruitment and Retention Issues

The recruitment and retention of additional health professionals is an area of great concern for the Navajo Nation. Currently, the Navajo Area is experiencing high vacancy rates for doctors, nurses, dentists, and pharmacists, ranging from 17% to 20%. Lack of housing and childcare services affect the ability to retain nurses and other health professionals. The turnover rate among nurses is 5 percent, according to Navajo Area IHS.

While recruitment and retention bonuses are offered for some professions such as doctors and nurses, to attract individuals to work in the Navajo Area and in Indian country, the limited budget will simply not allow for effective implementation of bonuses and other incentives to attract qualified individuals. This dilemma is compounded by the fact that the salary and pay levels are not competitive with those found in the private sector.

Loan repayment opportunities are also available. However, many individuals fulfill their obligations to the federal government and leave as soon as the obligations are met. There is no commitment and dedication to remain on the reservation and continue providing health care.

Health Care Facilities

From 2003 to 2006, Health Care Facilities Construction was considered the top priority during the Navajo Area budget formulation process. Local communities on the Navajo Nation support continued funding for planning, designing and constructing new hospitals and health centers. The Navajo Nation does not support the proposed decrease of $85.2 million for health care facilities construction in the FY 2006 Federal budget request.

Although the Navajo Area has been very fortunate to receive federal funds for a new hospital and new health centers in recent years, there remains a great unmet need for new facilities, particularly in our area, where the current user population is almost 237,000 and some existing facilities are inadequate, too small, and require replacement. On the Navajo Nation, there are 110 chapters, which are analogous to counties. The populations of the chapters range from 61 to 9,000. Some chapters are larger than many tribes in the U.S. The point I am making is that while it may be unrealistic to plan for a health center or hospital in each chapter, there are many areas on the Navajo Nation that will require a new hospital or health center in the coming years. This is precisely why the Navajo Nation has recognized health care facilities construction as a top priority.

Navajo Area is grateful for the new staffing funds proposed for the Pinon Health Center and the Four Corners Regional Health Center in Red Mesa, Arizona, for $9,807,000 and $5,328,000, respectively, in the FY 2006 proposed IHS budget.

A new health center in Kayenta, AZ was recently added to the IHS construction priority list; however, no funds to begin construction were included in the proposed budget. The Committee's support to continue funding for the construction of the new Kayenta Health Center and other needed new health centers and hospitals is requested.

There are four projects that the Navajo Area has in Phase III of the current priority system. Planning documents such as the Program Justification Documents (PJDs) still require approval prior to being placed on the national priority list and for consideration for funding by the U.S. Congress. Again, this highlights the continuing need for new facilities construction funds.

Moreover, there is a national moratorium or "pause in construction" proposed in the FY 2006 budget. The Navajo Nation is gravely concerned about this proposal. The momentum on addressing new facility construction needs in Indian country must continue and in fact should be accelerated.

Related to construction, the IHS is in the process of proposing a new facilities construction priority system methodology. I am pleased to be a new member of the Facilities Appropriations Advisory Board (FAAB), the group that is facilitating the process. The Navajo Nation's position

on the proposed new system is to grandfather the Navajo Area IHS Phase III projects into the revised methodology.

Federal officials do not permit the use of carryover funds for conventional site built construction, but allows for the purchase of modular buildings. Put another way, federal funds authorized for direct services cannot be used for construction. The primary issue with modular buildings is their lifespan. Poor foundations cause modular buildings to separate and shift which then cause roofs to leak, walls to crack, doors that cannot be fully closed, and windows that jam shut. We understand that Congress is the only entity that can authorize funding for construction through congressional appropriations. However, unused prior year carryover funds are approved for only modular buildings.

Furthermore, the Navajo Nation has accepted several buildings considered "surplus" to either the IHS or the Bureau of Indian Affairs. These buildings are generally in good condition, but they are usually very old. Costs associated with containing or abating hazardous conditions including asbestos, lead based paint, PCB's, and renovation to meet life safety codes, as well as licensure and/or certification requirements for proposed service delivery is expensive. Mechanical, electrical, plumbing, heating, air condition systems usually have to be upgraded. Flooring and roofing show considerable wear and tear as well. The Navajo Nation has accepted two former hospitals and is considering accepting another former hospital.

Navajo Nation Property Management and Facilities Maintenance are extremely limited to the amount of preventive maintenance and repairs they are able to provide. Other existing conditions include:

- Community Health workers often operate out of local chapter houses or limited office spaces afforded them from IHS facilities.
- Adequate housing is non-existent and is forcing much needed professionals to commute from nearby border towns, often 60 miles roundtrip per day.
- Tribally operated programs often do not have sufficient resources to offer competitive salaries. This negatively impacts recruitment and retention efforts. Too often, Navajo tribal programs "train" entry level staff and who then are recruited by higher paying off-reservation or non-tribally run programs.

<u>Trauma System Development</u>

Recently, the Navajo Nation embarked on development of a Trauma System Development (TSD). The primary intent is to reduce death and disability caused by traumatic injuries among the Navajo people. Presently, unintentional injury is a leading cause of death among Navajos from ages 1 through 54. Moreover, heart disease is the leading cause of death for all ages.

A localized trauma care center would provide life sustaining opportunities in the following matters:

- The 2003 Youth Risk Behavior Surveillance Survey (YRBS) indicates that 1in 5 students reported actual suicide attempts one or more times during the past 12 months. 20% of our students are at risk for carrying out suicide plans. The Suicide Rate for Native American/Alaskan Native is 12.6 per 100,000.
- Motor Vehicle crashes have a co-factor with alcohol induced motor vehicle injuries. The 2003 YRBS, Middle School students reported riding in a car with a person who had been drinking alcohol 33% of the time, that is 1 in 3 children; the results are similar with High School students who reported 32% of the time. Rural and remote highways/road areas have a high incidence of motor vehicle accidents in Indian country.

- The latter has a toll on Years of Potential Life Lost (YPLL). It impacts loss of earning – labor force participation rates, medical cost, as contributing to economic loss. Of the Navajo fatalities attributed to injuries and lack thereof a trauma center, calculated loss could be estimated into the thousands, if not millions, of dollars and of the years of life loss. For example, for the 11,867 males who died from injuries, an estimated 3.8 million life years are lost, 34 years per death, valued at $39.0 billion, or $349,030 per death (Economic Cost of Injury, 1985 data, p. 57).
- Navajo Nation Department of Highway Safety document months of high volume Motor Vehicle Crashes (MVC) during the months of January, July, and August. Most of the 1,802 recorded MVC are attributed to single and multiple, at 50.9% and 48.9%, respectively.

Presently, after initial care is provided by local hospitals, majority of critical care patients are transferred to off-reservation trauma centers/hospitals located throughout Arizona, New Mexico and Utah. The purpose of the Navajo Nation TSD is to establish and coordinate with affiliated agencies the capability of identified facilities on the Navajo Nation that could serve as a level 2 or 3 trauma center. It involves assessments of varying degrees that would determine the most viable option available to the Navajo Nation.

A critical process in developing the TSD is to acquire expert guidance and assistance from a Navajo Nation Trauma Planning Advisory Committee (NNTPAC). Once the NNTPAC is organized and authorized to begin planning, the group will begin to plan on the following tasks:

- Identify a Trauma Coordinator to provide medical and clinical guidance and direction.
- Contract for technical assistance with the New Mexico Injury Prevention and EMS Bureau, the New Mexico Trauma Foundation and the University of New Mexico, School of Medicine Trauma Services, and the EMS Academy.
- Data Collection and analysis using existing trauma data from various sources including Navajo Area IHS, Navajo Nation EMS and the states of Arizona, New Mexico and Utah. The data will help lead the planning processes and it will establish and motivate quality improvement activities.
- Develop the capacity to design a Navajo Nation Trauma Registry that the use of data using information collected from autopsies to analyze causes of mortality.
- Initiate existing facility and resource assessments, including personnel and equipment.
- Develop a centralized Enhanced 911 dispatch system.

Further, the NNTPAC plans to address ways to increase the number of health care personnel, such as EMTs, doctors, nurses and allied professionals that will be needed for the expansion and improvement of the current trauma care. The NNTPAC is also considering the establishment of a Trauma Nurse Coordinator position at each existing facility. A more coordinated TSD would also address cardiovascular diseases that are becoming a leading cause of death for all ages, in addition to unintentional injuries. The proposed Navajo Nation TSD is a major undertaking and will require full support. It is an initiative that is highly needed to address a serious issue. The planning and development of the TSD will involve time, commitment and resources.

<u>Navajo Nation Emergency Medical Services</u>
The high rate and incidence of traumatic injury is a major concern within the Navajo Nation. Many Navajo Nation residents and visitors are traumatically injured and require the service of the Navajo Nation EMS and area medical facilities.

In 2003 the Navajo EMS responded to 768 incident calls involving motor vehicle accident due to loss of control, without collision on the highway and motor vehicle accident involving re-entrant collision with another motor vehicle. The overall total response to all incidents involving other forms of medical injuries was 3,146 in the same year.

While in 2004, the Navajo EMS responded to 1,027 incident calls involving motor vehicle accident due to loss of control, without collision on the highway and motor vehicle accident involving re-entrant collision with another vehicle. The overall total response to all incidents involving other forms of medical injuries was 3,829 in the same year.

In 2003, the total annual mileage for Navajo EMS ambulance service responding to emergency medical incidents was 548,911 miles at a cost of $106,943.48. From 2001 to 2003, the total annual mileage for Navajo EMS ambulance service responding to all emergency medical incidents was 1,586,257 miles at a cost of $303,463.52. 2004 mileage rates are unavailable. Source: Navajo Nation Emergency Medical Services

STD/HIV/AIDS

Over the past two years, the Navajo Nation has faced an increasing challenge with the transmission of syphilis, which continues to increase and may only worsen. Between January and April 2005, 11 reported syphilis cases were identified. During calendar year 2004, 71 cases were reported. The increased number of syphilis cases presents a greater risk for HIV transmission. To combat this public health concern, the Navajo Nation Division of Health, Navajo Area IHS, and the Center for Disease Control and Prevention (CDC) joined forces to develop an Inter-Agency Memorandum of Agreement that would build the capacity of the Navajo Division of Health to investigate, control, and prevent STD. The Navajo Nation has received commitment from Arizona and the New Mexico Department of Health for providing financial support for public education and participating in case reviews.

Aggressive outreach targeting specific areas of high risk populations and the general community were initiated. Two assessments were completed. One assessment focused on the condition of the jails and the lack of health information that was made available to the population inside, and the second focused on recent syphilis patients and how many had a history of incarceration. These two assessments were highly informative and provided information on a population that is otherwise not seen. These assessments prompted service units to begin planning initiatives for screenings in their local facilities. Screening and testing in the correctional units at Window Rock, AZ was implemented. Soon after, the CHR/Outreach Program applied for funding to continue this initiative and was awarded a $253,836 grant for three years. This initiative, Navajo Nation STD Screening Project “Dine Unity” also establish a very unique collaboration between many Navajo Nation programs, including The Social Hygiene Program, The HIV Prevention Program, Health Education Program, Ft. Defiance Indian Health Services, Ft. Defiance Public Health Nurses, Department of Behavioral Health Services, Navajo AIDS Network , Public Safety Department and Indian Health Services. Since September 2004 a total of 314 contacts have been made. 112 male and 2 female inmates have accepted screening, with 0 positive results, 254 males and 14 females have received health education.

HIV cases on the Navajo Nation now number 198 cases with 23 cases occurring since January 2004. Initially, HIV/AIDS cases were those Navajo individuals who develop HIV in metropolitan areas and elsewhere. HIV was transmitted by these individuals to Navajo individuals residing on the reservation. More recently, however, cases are now being transmitted from Navajos living off the reservation to Navajos living on the reservation.

The greatest need for the Navajo HIV/AIDS program is funding for a prevention program. The Navajo Nation program is not funded as such by the Navajo Nation. The Navajo Aids Network., another HIV/AIDS program, is funded through the State of Arizona, but when numbers of cases increased in the metropolitan areas, funding for the Navajo Aids Network was reduced and redistributed to metropolitan areas.

Housing concerns need to be addressed. Poor living conditions equate to poor health which leads ultimately to death for immune compromised individuals. Adequate medical services are also needed for residents not accessing Gallup Indian Medical Center. Training is needed to enhance the capacity of service providers, including issues relating to AIDS-phobia and Homophobia. Improved transportation services to facilitate receipt of medical care and treatment by HIV/AIDS afflicted individuals are much needed.

Behavioral Health

Currently, the Navajo Department of Behavioral Health Services (DBHS) operates two adolescent residential treatment centers. One facility has 20 beds, while the other facility has 24 beds. However, due to staff shortage only 10 beds are available. In short, there are 30 beds for approximately 35,137 Navajo adolescents in need of residential treatment services. The DBHS also operates two adult residential treatment centers. One facility has 8 beds and the other has 10 beds for males; totaling to 18 beds for a population of 179,371 Navajos in need of residential treatment services. DBHS also operates one adult residential treatment center and one intensive outpatient treatment center. The adult residential facility has 8 beds to serve a total reservation population of approximately 180,000 people. The intensive outpatient facility has served over 1000 clients last year. The Navajo Nation does not operate medical or social detoxification centers. Acute care for intoxicated individuals is provided by IHS (screening and stabilization) and jails. DBHS purchased modular buildings with unused prior year service funds (carryover or carry forward dollars, see Health Care Facilities above).

While Methamphetamine use in the Navajo Nation is an increasing concern, alcoholism remains a tremendous problem among the Navajo, both as a discrete problem and contributor to other problems – accidents, mental diseases, problems of pregnancy, homicides, suicides, and cirrhosis. The health and social problems related to alcohol and substance abuse continue to rise and affect the lives of many Navajo youth, adults and their families. It is estimated that about 25 percent or about 44,843 of the total Navajos residing on the Navajo reservation have alcohol and substance use, abuse and addiction problems. Approximately 35 percent of the total Navajo population or 35,137 persons between the ages of 10 and 17 are in high-risk group, having been exposed to alcohol and substance abuse problems.

It is also estimated that about nine of ten or about 161,434 Navajo individuals of all ages are affected by alcohol, substance abuse and other related behavioral health problems. About 50 percent or 20,000 individuals that are impacted by alcohol and substance abuse are not receiving any services. Due to inadequate funds and resources, the Navajo Nation Department of Behavioral Health Services (DBHS) is unable to provide services to a large number of high-risk youths and young adults.

The DBHS provides treatment and counseling services to about 19,000 patients every year. Information and education on alcohol and substance abuse is provided to about 20,000 individuals and families every year and another 14,000 individuals receive prevention, education, treatment, and after care services through contracts with other providers. The DBHS delivers these services through its 11 outpatient treatment centers, four residential treatment

centers, two mobile and two outreach programs, and five mental health case management offices.

The occurrence of mental health problems and disorders affects 35 percent of the total Navajo Nation population between the ages of 15-54. About 13 percent of the total children and youth aged 9-17 experience serious emotional disturbance and one in five children and youth may have a diagnosable mental, emotional or behavioral problem. Prevalence of major depression among adults aged 45-64 is 2.3 percent of the total population. It is important to note that co-occurrence of mental and addictive disorders affect the Navajo population. About 37 percent of the total population abusing alcohol is also diagnosed with a mental disorder and 53 percent of the other drug abusers have diagnosed mental disorders as well.

The Navajo Nation promotes a seamless and comprehensive treatment model for behavioral health that is inclusive of substance abuse and mental health disorders. This approach provides a more effective way of assessing and treating an individual in a holistic manner and offering comprehensive care in one department, which prevents further referral of a client to several agencies for services. This new model was written into the Indian Health Care Improvement Act Reauthorization of 2003.

Traditional Healing

With respect to the sovereignty of the Navajo Nation, discussion of Navajo health care issues must always include the use of traditional healers as well as conventional medicine. A 1998 study (Arch Intern Med. 1998; 158:2245-2249) conducted on the Navajo Nation confirms the use and dependence on traditional healers as a continuing common occurrence. A cross-sectional interview of 300 Navajo patients indicated that 69 percent had used traditional healers with 39 percent using traditional healers on a regular basis (1998). The age range of traditional healer users was 18 through 90 years old. In a summarized table of concomitant use of traditional healers and medical providers, arthritis, abdominal pain, depression/anxiety and chest pain had the highest frequency.

The use of traditional healers is significant to IHS and other medical and health service providers. Many of the Navajo patients interviewed did not perceive a conflict between the two health systems; one patient stated that, “It is better to stand on two legs than on one”. During the 1998 study, the researchers often had to use interpreters because Navajo was the first and main language of many of the Navajo individuals interviewed.

The study concludes, “Increased understanding of this deeply rooted system can improve communications between providers and patients and, therefore, can help medical providers improve the quality of care provided”. The authors go on to add that further research is needed for a better understanding of issues such as the extent of native healer usage and “how conventional care and native healer care can interact with each other to increase the overall effectiveness of care provided to the patient”.

This study supports the position of the Navajo Nation Division of Health that:

- Further research is needed to understand the importance of and impact of providing traditional healing care to Navajo patients who request such care.
- Further research is needed to determine the extent of traditional healer and health care beliefs and its impact on and relation to health disparities.
- The cost barrier of traditional healing services is an important consideration to ensure a comprehensive health care system that encompasses the rights of Navajo people to traditional healer services.

- Adequate time be provided for interpretation of conventional medical diagnoses, medication and other care needs to Navajo patients with limited English comprehension to:
  - Avoid misunderstanding of diagnosis
  - Avoid misunderstanding of medication
  - Ensure patient education of condition and other information
  - Ensure patient responsibility

Further, the Navajo DBHS continues to see a steady increase of referrals in the last five years. This is in part due to the Navajo Traditional Treatment Expansion Project, which was initiated through a 5-year grant from the Center for Substance Abuse Treatment. This has helped the DBHS establish positions for Traditional Practitioners in each of our treatment sites and to implement and significantly enhance the expansion of Navajo traditional treatment services.

Navajo teachings and ceremonies offer a means to restore a person to peace and harmony. Until recently, treatment programs that tried to assist the Navajos have failed to achieve measurable success. The Tribal Department recognizes the importance of incorporating traditional Navajo culture into treatment modality. To enhance appropriate treatment and services, the tribal department employs 99.9 percent Navajo-speaking personnel who are sensitive to the cultural practices and needs of the clientele.

During traditional healing ceremonies, families play a significant role as they exhibit support through prayers, meditation, and counseling. In that sense, the ceremony becomes family therapy approach. The DBHS primary counselors advocate for the parallel application of Navajo traditional healing services and Western treatment services to help clients restore harmony and balance into their lives.

Cancer Prevention Services

Cancer among Navajo people is a critical health care concern that is growing. The Navajo Nation currently operates two programs associated with cancer disease. The Breast and Cervical Cancer Program (BCCP) provides screening for breast and cervical cancer among Navajo women, while the Office of Navajo Uranium Workers provides education and information to former uranium workers and their families regarding compensation benefits pursuant to the Radiation Exposure Compensation Act (RECA) of 2000.

Both of these programs provide services and resources for Navajo people. However, the Navajo Nation, in partnership with entities involved with cancer issues, needs more resources to increase access, intervention, treatment and support for patients diagnosed with cancer. Presently, treatment facilities for cancer patients on Navajo Nation are nonexistent. Despite the fact that there are various forms of health education provided, more needs to be done to address prevention education to minimize cancer. Cancer is now the third leading cause of death on the Navajo Nation. Often, by the time full diagnosis is made, the disease has progressed to a stage requiring prolonged or ineffective treatment.

Currently, cancer treatment by IHS on Navajo consists of a case-by-case basis at each of the IHS Service Units and 638 facilities. Navajo area does not have a coordinated cancer treatment system or program but is working to develop a cancer registry as part of the Navajo Health Department system.

Partnerships include the Cancer Data Workgroup whose purpose is to work with the New Mexico Tumor Registry towards the analysis of Navajo specific data. Work has been done with the American Cancer Society and the Arizona Department of Health Services to develop a

comprehensive state cancer plan. Such a plan would address needs, gaps and priorities in cancer control.

Some identified concerns to reduce cancer incidence include addressing teen smoking, making cancer detection/screening exams more readily available in community settings. PSAs with Native Americans and others from all walks of life would also be helpful.

Diabetes

Diabetes Mellitus is a chronic disease that is an epidemic on the Navajo Nation. According to FY 2002 data, there were over 15,000 patients on the Navajo Area IHS registry. The diagnosis, treatment and follow-up care services are provided at these same sites. Frequently, there is denial of diagnosis and sometimes treatment gets delayed. Patient and family education are vital in self-management and glucose control. Family members often consult Traditional medicine people to try to assist patients and get an understanding of the disease.

Research findings show that it is the uncontrolled glucose that causes complication of eye, kidney, heart and nervous system problems. When complications develop such as blindness, kidney failure, heart attack and amputation, the medical and pharmaceutical costs become exorbitant. The diabetes prevention education program need to be better funded to alleviate these costs. Further, the secondary symptoms need professional care which requires retention and the recruitment of podiatrists, optometrists, occupational therapists, dieticians, etc who leave the health care facilities because the salary does not compare to the private sector.

The Navajo Nation Special Diabetes Project, funded since 1998 by the IHS, has been active in communities providing diabetes awareness and prevention education with all age groups. With supplemental funding in 2001, additional paraprofessional positions were added to include nutrition and physical activity education in communities, schools and worksites. There is a need for scholarships to continue workforce development and have professionals to staff wellness centers and provide public health services.

Below is an update on Navajo Diabetes program implementation:

- Federal funding of Navajo diabetes programs was a major contribution to community initiatives through “Walk Across Navajo Nation”; “Just Move It”, establishment of Wellness Centers.
- The Navajo Health Education Program recorded 15,382 participants in diabetes-related events annually. Diabetes education also expanded to remote Navajo chapters such as LeChee, Pinon, Pine Springs, Ojo Amarillo, Counselor, and Kiabeto.
- Establishment of Life Style Balance sessions also reached additional population. Life Style Balance incorporates consumer health education such as nutrition label reading, promoting 30 minutes of exercise 5 days of a week, meal portion sizes, fat calories recording, identifying mental health issues that trigger eating disorders, and other “healthy living” series which last approximately 15 weeks.

During Fiscal Year 2004, the Navajo Special Diabetes Project provided education, information, and screening to over 11,000 Navajo people on the Navajo Nation through formal and informal presentations. These included presentations and screenings at chapter houses, local events, schools, and conferences. Individuals who are determined to have high levels of glucose are referred to health care facilities and providers for further treatment.

Because most of the Navajo Special Diabetes Project staff are para-professionals, it is becoming increasingly clear that more education is required to continue to upgrade their level of competence and qualifications.

Veterans

There are approximately 11,141 veterans registered with the Navajo Nation. Additionally, over 200 young people from the Navajo Nation are in active duty status. These numbers do not reflect all Navajo military personnel who may reside in urban areas.

There is an emerging health problem impacting veterans. According to the New England Journal of Medicine, it is expected that more Veteran who served in the Middle East war will be affected with mental disorders, including Post Traumatic Stress Disorder, drug or alcohol abuse and anxiety disorder. The Navajo Nation is aware that many Native American Veterans who return from the war may need additional mental health services.

The Navajo Nation continuously advocates for quality healthcare for our Navajo and all Native American veterans. The nearest veteran hospitals are located in Prescott, Ariz., Albuquerque, N.M. and Phoenix metropolitan area. The major problem is transportation to and from these off-reservation hospitals. Due to great distances between the Navajo Nation and these healthcare facilities, there is a definite need to form closer partnerships with the Veterans Administration, States and IHS to make these entitlement services accessible to all deserving Native American veterans.

Summary

Depressed economic conditions, social stress and pressures all contribute to Native American health problems. Alcohol abuse is implicated in many accidents, as well as other violent acts. Native Americans, including Navajo people consume western diet and embrace inactive lifestyle which contributes to chronic diseases such as cardiovascular disease and Type-2 diabetes. The implications of these conditions require a broad range of actions. A public health approach aimed at preventing diseases through improved diet and nutrition, better exercise program, improved sanitation, good housing, and improved behavioral health education is the goal of the Navajo Nation Division of Health. The Navajo Nation is challenged with numerous complex and unique barriers to reach its public health goal, including funding, facilities, transportation, information technology and workforce issues.

Adequately funded health care recruitment programs are much needed on the Navajo Nation. With a young Navajo population and a median age of 24 years, there are potential untapped resources in our youth. The Navajo Nation needs the support of federal, state, and other agencies to establish a Navajo Area Health Education Center to positively influence the young and offer recruitment, mentoring, and other programs on health careers. The staff recruitment and retention issues described above impact the quality of care and the continuity of health care to our people.

Poor roads in Indian Country can mean the difference between life and death. Tribal members, including the elderly, children and disabled, often must travel hundreds of miles to receive specialized care. Seventy-eight percent of our roads on Navajo Nation are unpaved. This combined with inadequate telecommunication capabilities and insufficient funding and resources for healthcare greatly increase these disparities. The rising cost of gasoline is now beginning to adversely impact the Navajo families as well as service providers.

The Navajo Nation urges the Federal government to meet its federal trust responsibility and treaty obligations to provide adequate healthcare funding to the Navajo Nation.

CLOSING REMARKS

On behalf of the Navajo Nation, thank you for allowing me to present testimony on Navajo Nation health care before the U.S. Senate Committee on Indian Affairs.