

**LEGISLATIVE SUMMARY SHEET**

Tracking No. 0024-21

**DATE:** December 1, 2020

**TITLE OF RESOLUTION:** AN ACTION RELATING TO NAABIK'ÍYÁTI' COMMITTEE; APPROVING AND ADOPTING THE 2021 FEDERAL LEGISLATIVE PRIORITIES OF THE NAVAJO NATION

**PURPOSE:** This resolution, if approved, will adopt the Navajo Nation's 2021 Federal Legislative Priorities.

**This written summary does not address recommended amendments as may be provided by the standing committee. The Office of Legislative Counsel requests each committee member to review the proposed resolution in detail.**

Website Posting Time/Date: 02-23-2021 3:22pm

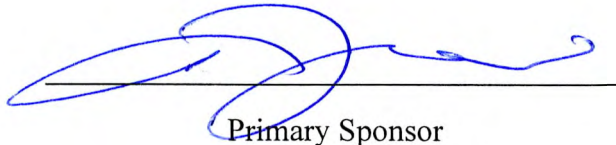
Posting End Date: 02-28-2021

Eligible for Action: 03-01-2021

## PROPOSED STANDING COMMITTEE RESOLUTION

24<sup>TH</sup> NAVAJO NATION COUNCIL— Third Year, 2021

INTRODUCED BY



Primary Sponsor

TRACKING NO. 0024-21

## AN ACTION

RELATING TO NAABIK'ÍYÁTI' COMMITTEE; APPROVING AND  
ADOPTING THE 2021 FEDERAL LEGISLATIVE PRIORITIES OF THE  
NAVAJO NATION

## WHEREAS:

- A. Statements of policy, enactment of positive law, intergovernmental agreements, budget resolutions, and reallocations, must be reviewed and approved by resolution by the appropriate standing committee(s) and the Navajo Nation Council except as otherwise provided herein. 2 N.N.C. § 164 (A).
- B. Statements of policy are written statements submitted to federal, state or local governments by a Navajo Nation official stating the official position of the Navajo Nation on proposed legislation or other action by that government. 2 N.N.C. § 110 (W).
- C. The Navajo Nation established the Naabik'iyáti' Committee as a Navajo Nation Council standing committee and as such empowered Naabik'iyáti' Committee to assist and coordinate all requests for information, appearances and testimony relating to proposed county, state and federal legislation impacting the Navajo Nation. 2 N.N.C. §§ 700 (A) and 701(A)(6).
- D. Each of the Standing Committees of the Navajo Nation Council recommended 2021 Federal Legislative Priorities for their respective area(s) of oversight to the Naabik'iyáti'

1 Committee's State Task Force Subcommittee; after review and discussion, the State Task  
2 Force compiled the Standing Committee recommendations into the 2021 Federal  
3 Legislative Priorities attached and incorporated herein as **Exhibit A**.

4 E. The Navajo Nation Naabik'iyáti' Committee's State Task Force Subcommittee  
5 recommends the Naabik'iyáti' Committee approve the 2021 Federal Legislative  
6 Priorities attached as **Exhibit A**.

7  
8 **NOW THEREFORE, BE IT RESOLVED:**

9 The Navajo Nation hereby approves the Navajo Nation's 2021 Federal Legislative Priorities,  
10 attached as **Exhibit A**, as determined by the 24th Navajo Nation Council and authorizes the  
11 Navajo Nation President, the Navajo Nation Speaker, and their designees, and the  
12 Naabik'iyáti' Committee, to advocate the position of the Navajo Nation with the President and  
13 Vice-President of the United States and their staff, members of the United States Senate and  
14 House of Representatives and their staff, and federal agencies at levels for the preservation of  
15 funding and policies in the Navajo Nation's priority areas.  
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# NAVAJO NATION 2021 FEDERAL PRIORITIES



- 1) NAVAJO SOVEREIGNTY
  - a) Assert U.S. Government's obligations under the Treaty of 1868 with the Navajo People
  - b) True tribal consultation with the Navajo Nation begins with the Navajo Nation Council
- 2) COVID-19 RELIEF
  - a) Support additional COVID-19 Relief Packages from Congress
  - b) Extend December 30, 2021 CARES Act Coronavirus Relief Fund deadline
  - c) Additional funding for COVID-19 vaccines and distribution to Navajo Nation Citizens
- 3) SPECIAL TABULATION
  - a) Establish Census Bureau funding to complete a new special tabulation of Eastern Navajo Nation Agency to accurately reflect Navajo population in allotted lands.
- 4) FARMING AND AGRICULTURE
  - a) Increase federal allocations to USDA-NRCS and Farm Services Administration
  - b) Reduce strict policies for eligible Native American farmers and ranchers
  - c) Increase outreach to Native Americans for FSA and USDA's EQIP funding
  - d) Increase Operation and Maintenance appropriation for Navajo Indian Irrigation Projects/contracts
  - e) Farm Bill funding should be available to assist people on trust lands.
  - f) Farm Bill funding should include Navajo irrigation canals repairs and replacements
  - g) Farm Bill should further support Native American industrial hemp production
  - h) 2018 Farm Bill should include funding for livestock and agricultural water structures rehabilitation and range management education
- 5) NAVAJO AREA INDIAN HEALTH SERVICE
  - a) Increase appropriation for the Navajo Area Indian Health Service to provide expanded primary care
  - b) Establish federal appropriations for local EMS substations and emergency response centers
  - c) Increase allocation of SNAP and WIC federal assistance program support for Navajo families
  - d) Create federal grants for additional Community Health Representatives
  - e) Resolve conflict between IHS and PL 93-638 funding issues in annual/biannual budget
  - f) Increase funding for behavioral and mental health services for the Navajo Area IHS
  - g) Create allocation for the first cancer center on the Navajo Nation at the Tuba City Regional Health Care Corporation
  - h) Address underfunding of IHS intensive care unit (ICU) beds
  - i) Expand appropriations specifically for telehealth for Navajo elders, including an emphasis on improving accessibility and process
- 6) NAVAJO EXCHANGE LEGISLATIVE INITIATIVE (NELI)
  - a) Reintroduce original NELI federal bill in the 117<sup>th</sup> Congress and support its passage and enactment
- 7) ECONOMIC DEVELOPMENT
  - a) Create federal allocations to support Navajo tourism and Navajo small businesses in the wake of the closure of the Navajo Generating Station

- b) Establish direct Commerce Department outreach to the Navajo Nation and support for Opportunity Zones development and education
- 8) ENERGY DEVELOPMENT
- a) Create federal allocation(s) for electrical powerline infrastructures and connectivity of homes on the Navajo Nation
  - b) Reduce strict federal policy regarding powerline connectivity at 25 CFR Part 169
  - c) Create energy development allocations for the Navajo Nation that support solar renewable energy sources and supporting the LA Transmission Project
  - d) Finalize a major permit revision for the Kayenta Coal Mine with increased Office of Surface Mining Reclamation and Enforcement (OSMRE) and establish support for workers' transition funding through the USDOH
  - e) Investigate gas development activities and related royalties affected by pipelines crossing through allottee lands/diluted land forage
  - f) Create federal allocations to support Southwest Navajo Nation transmission lines and the new Dilcon medical facility
  - g) Establish Resource Management Plan Amendment (RMPA) with Bureau of Land Management and Bureau of Indian Affairs
  - h) Create federal support to investigate and mitigate methane gas effects in delaying learning and issues at child birth
  - i) Create funding for green energy projects on the Navajo Nation in response to coal revenues declining
- 9) WATER INFRASTRUCTURE PRIORITIES
- a) Continue Congressional oversight of the implementation of the Navajo Utah Water Rights Settlement Act, as approved through the Consolidated Appropriations Act of 2021
  - b) Create federal allocation to fund the current shortfall of the Navajo Gallup Water Supply Project in the amount of approximately \$250 million
  - c) Support a proposed amendment to P.L. 111-11, Subsection 10603(c)(1)(A) relating to water for Navajo homes
  - d) Increase direct federal funding to create domestic water service and to improve availability for each Navajo Nation community
  - e) Create federal funding to research how to service the Leupp area and Southwest Navajo Nation communities
  - f) Create allocation for waterline and waste waterline extension infrastructure to rural communities
  - g) Investigate IHS septic tanks within Navajo Nation homesite leases with overflowing issues leading to further health disparities
  - h) Increase federal funding for dam projects on the Navajo Nation and related infrastructure
  - i) Improve federal involvement of Bureau of Indian Affairs, Water Department
  - j) Establish federal funding for replacement of windmills on the Navajo Nation

- k) Establish federal funding for rehabilitation and maintenance of earthen dams on the Navajo Nation
  - l) Address the need for water storage tanks and windmills to improve water availability for Navajo citizens
- 10) HOUSING
- a) Establish federal funding for full implementation of the Helping Expedite and Advance Responsible Tribal Home Ownership Act (the HEARTH Act) by the Navajo Nation
  - b) Increase funding for Tribally Designated Housing Entities (TDHE) and Indian Housing Block Grants (IHBG) for renovation of vacant housing units
  - c) Eliminate strict TDHE policies relating to eligibility for housing
  - d) Increase Native American Housing Assistance and Self-Determination Act (NAHASDA) funding levels for the Navajo Nation
  - e) Increase Community Development Block Grant (CDBG) funding/IHBG for housing at local Navajo Nation chapter levels
  - f) Reauthorize the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) through 2024, note current expiration in 2013
- 11) OFFICE OF NAVAJO AND HOPI INDIAN RELOCATION (ONHIR)
- a) Reassign \$15 million annual appropriation to the Navajo Nation for authorized implementation costs and approved purchases
  - b) Continue funding for the purposes intended through the establishment of the Office of Navajo-Hopi Indian Relocation and reassign funding directly to the Navajo Nation
  - c) Create additional assistance for Navajo Partitioned Lands (NPL) with emphasis on Jeddito, Whitecone and Teesto
- 12) QUADRILATERAL AGREEMENT
- a) Require the National Parks Service, the Bureau of Reclamation and the Bureau of Indian Affairs to renegotiate the 50-year-old Quadrilateral Agreement with the Navajo Nation for co-management of the Glen Canyon National Recreation Area, which expired in 2020
- 13) CHACO CANYON – RESOURCE MANAGEMENT PLANS
- a) Require expanded Tribal consultation by Federal agencies that include in-person community-based meetings with Navajo stakeholders
- 14) TRANSPORTATION
- a) Increase Navajo Nation road infrastructure funding for bridges, road improvements and maintenance
  - b) Secure funding for the US Highway 191 project, in partnership with the State of Arizona
  - c) Improve support for USDOT Rural Opportunities to Use Transportation for Economic Success (ROUTES) Council to better support Indian Country
  - d) Increase BIA Transportation road inventory resources and revisit the inventory requirements to better support operation and maintenance
- 15) BROADBAND AND TELECOMMUNICATIONS
- a) Invite Tribal participation in all the National Telecommunications and Information Administration (NTIA) calls and webinars
  - b) Continue Federal Communications Commission (FCC) Tribal access programs and support increased sovereign exercise of wireless spectrum

- c) Establish Congressional support and appropriations for broadband development and initiatives aimed at addressing the unique needs of Tribal communities
- d) Establish Congressional support and appropriations to provide grants to Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs), and Hispanic-Serving Institutions (HSIs) to quickly expand access to broadband and digital opportunity in their underserved communities
- e) Improve broadband access by Tribal nations through the Schools and Libraries Universal Service Support program (E-rate) of the Federal Communications Commission
- f) Improve the deployment of broadband in Indian Country by establishing and strengthening broadband activities at the Federal Communications Commission (FCC) and the United States Department of Agriculture (USDA) to better address Tribal needs
- g) Allow Tribal permitting authority to encourage expansion of broadband service
- h) Establish direct federal appropriations to plan, prepare, and deploy a Navajo Nation broadband program to coordinate all related broadband initiatives
- i) Establish Congressional support and appropriations for Navajo Nation telecommunications improvements and cell towers for Navajo Nation educational institutions, Navajo Head Start and local Chapter governments
- j) Create direct appropriations for implementing a Wireless Emergency Alerts (WEA) system and authorize FCC funding for Lifeline Users on the Navajo Nation

#### 16) VETERANS AFFAIRS

- a) Expand federal appropriations for direct services on the Navajo Nation through Community Based Outpatient Clinics (CBOCs)
- b) Advocate greater emphasis at the Veterans Administration for Navajo Nation veterans' direct service and benefit needs
- c) Review and assess the feasibility of a Navajo Nation National Guard Facility, including current policy regarding required 50-year land control for eligibility under MILCON
- d) Establish a certified Veterans Service Organization on the Navajo Nation, including resources and funding for a veterans' wellness court pilot

#### 17) PUBLIC SAFETY

- a) Secure federal funding for Shiprock and Ft. Defiance public safety replacement facilities with attendant Congressional budget justification
- b) Establish Congressional support for Operation Lady Justice efforts and related Missing and Murdered Indigenous Peoples initiatives
- c) Secure continued funding for the seven cold case offices established through Operation Lady Justice
- d) Increase funding for Navajo Nation P.L. 93-638 public safety contracts and adult and juvenile detention centers
- e) Establish funding for forensic medical examiners on the Navajo Nation
- f) Secure federal funding for improved telecommunication infrastructure related to public safety services
- g) Increase funding for jail construction, facility replacement, and operation and maintenance costs

- h) Fully fund P.L. 93-638 contracts and address the BIA funding formula that results in chronic underfunding of the police department, criminal investigations, and department of corrections programs
- i) Investigate federal case declination data and address lack of standardized protocols and data when dealing with tribal criminal cases
- j) Increase federal funding for Tribal public safety personnel recruitment, training and staffing
- k) Elevate Navajo facilities on federal operations/maintenance facility priority list
- l) Inquire about the lack of urgency of the Bureau of Indian Affairs in justice matters relating to an inadequate federal budget
- m) Direct Federal Bureau of Investigation to share evidence/reports with Navajo prosecutors
- n) Address healthcare coordination and resource needs to properly support inmates in Navajo jails
- o) Support through appropriation and agency directive online safety awareness/training to address dangerous websites and high rate of child sex abuse/exploitation
- p) Strengthen human trafficking laws that allow the Navajo Nation greater ability to prosecute non-Indian offenders
- q) Increase program resources and federal funding for MMIW/MMDR through USDOJ and USDHHS

#### 18) EDUCATION

- a) Secure increased allocations for Bureau of Indian Education (BIE) reopening costs as COVID-19 continues to impact the Navajo Nation
- b) Increase federal allocations to tribal colleges and overall BIE funding
- c) Increase funding for Navajo Nation school repair/replacement for dilapidated facilities
- d) Increase funding for O&M for schools

#### 19) BEARS EARS NATIONAL MONUMENT

- a) Reverse President Donald Trump's decision to significantly reduce the boundaries of the Bears Ears Monument in southeast Utah
- b) Requesting President Biden to swiftly restore the monument to its original size when it was designated by President Barack Obama in 2016

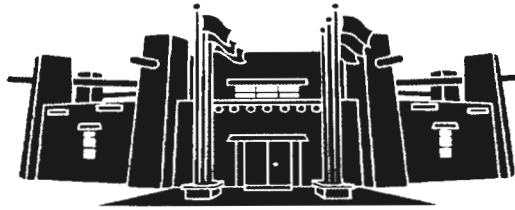
#### 20) UNITED STATES POSTAL SERVICE (USPS)

- a) The United States Constitution at Article I, Section 8, Clause 7 addresses the establishment of Post Offices and post Roads. With no official "Street" addresses on the Navajo Nation, our Navajo people rely upon the Postal Service to receive their mail. Many of the 110 chapters do not have Post Office facilities and there is a need for expanded Post Offices on the Navajo Nation.

#### 21) ABANDONED URANIUM MINES

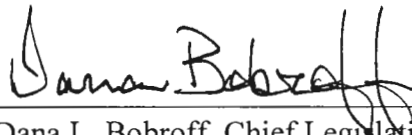
- a) Address USEPA's expired Abandoned Uranium Mine (AUM) 5-years plans for the Navajo Nation
- b) Continue consultation with the Navajo Nation Council on the proposed USEPA 10-year 2020-2030 plan, which intends to build on the work and accomplishments of the previous two plans

- c) Continue Congressional oversight of the lack of progress on AUM remediation and cleanup on the Navajo Nation by USEPA and other Federal partners
- d) Direct USEPA Region 9 to meet directly with the Navajo Nation Council
- e) Establish inquiry into the lack of consultation by the USEPA with the Navajo Nation Council and the lack of accountability in USEPA contracts to private firms, i.e., the \$85 million award to Tetra Tech Inc.
- f) Direct USEPA to allow potentially responsible parties (PRPs) to comment on the proposed 10-year plan
- g) Explore cooperative agreements with USEPA directly, instead of USEPA awarding multi-million-dollar contracts to non-Navajo firms who have demonstrated no accountability to the Navajo Nation
- h) Investigate cooperative agreements to build NNEPA and AML capacity, instead of funding non-Navajo private contracts
- i) Establish review of the Federal Actions to Address Impacts of Uranium Contamination on the Navajo Nation (Ten-Year Plan) for 2020-2030 by Congressional oversight committees
- j) Evaluate and solicit tribal consultation on 25 CFR 169 regarding Rights-of-Way Over Indian Land
- k) Evaluate and solicit tribal consultation on 25 CFR 162 regarding Leases and Permits
- l) Investigate impacts to Mac and Black Jack Mines and the engineering evaluation and cost analysis (EE/CA) process
- m) Establish directive for latest "Status of Land Reporting" to have a clear map of current land statuses of possible remedial decisions



**MEMORANDUM**

TO: Honorable Seth Damon, Speaker  
Navajo Nation Council

FROM:   
Dana L. Bobroff, Chief Legislative Counsel  
Office of Legislative Counsel

DATE: December 1, 2020

SUBJECT: **AN ACTION RELATING TO NAABIK'ÍYÁTI' COMMITTEE;  
APPROVING AND ADOPTING THE 2021 FEDERAL LEGISLATIVE  
PRIORITIES OF THE NAVAJO NATION**

I have prepared the above-referenced proposed resolution and associated legislative summary sheet pursuant to your request for legislative drafting. Based on existing law and review of documents submitted, the resolution as drafted is legally sufficient. As with any action of government however, it can be subject to review by the courts in the event of proper challenge.

The Office of Legislative Counsel confirms the appropriate standing committee(s) based on the standing committees powers outlined in 2 N.N.C. §§301, 401, 501, 601 and 701. Nevertheless, "the Speaker of the Navajo Nation Council shall introduce [the proposed resolution] into the legislative process by assigning it to the respective oversight committee(s) of the Navajo Nation Council having authority over the matters for proper consideration." 2 N.N.C. §164(A)(5).

Please ensure that his particular resolution request is precisely what you want. You are encouraged to review the proposed resolution to ensure that it is drafted to your satisfaction.

**THE NAVAJO NATION  
LEGISLATIVE BRANCH  
INTERNET PUBLIC REVIEW PUBLICATION**



**LEGISLATION NO: \_0024-21\_\_**

**SPONSOR: Seth Damon**

**TITLE: An Action Relating to Naabik'íyáti' Committee; Approving and Adopting the 2021 Federal Legislative Priorities of the Navajo Nation**

***Date posted: February 23, 2021 at 3:22PM***

**Digital comments may be e-mailed to [comments@navajo-nsn.gov](mailto:comments@navajo-nsn.gov)**

**Written comments may be mailed to:**

**Executive Director  
Office of Legislative Services  
P.O. Box 3390  
Window Rock, AZ 86515  
(928) 871-7586**

**Comments may be made in the form of chapter resolutions, letters, position papers, etc. Please include your name, position title, address for written comments; a valid e-mail address is required. Anonymous comments will not be included in the Legislation packet.**

**Please note:** This digital copy is being provided for the benefit of the Navajo Nation chapters and public use. Any political use is prohibited. All written comments received become the property of the Navajo Nation and will be forwarded to the assigned Navajo Nation Council standing committee(s) and/or the Navajo Nation Council for review. Any tampering with public records are punishable by Navajo Nation law pursuant to 17 N.N.C. §374 *et. seq.*



**THE NAVAJO NATION  
LEGISLATIVE BRANCH  
INTERNET PUBLIC REVIEW SUMMARY**

**LEGISLATION NO.: 0024-21**

**SPONSOR: Honorable Seth Damon**

**TITLE: An Action Relating to Naabik'iyáti' Committee; Approving and Adopting the 2021 Federal Legislative Priorities of the Navajo Nation**

**Posted: February 23, 2021 at 3:22 PM**

**5 DAY Comment Period Ended: March 1, 2021**

**Digital Comments received:**

<b>Comments Supporting</b>	<i>None</i>
<b>Comments Opposing</b>	<i>None</i>
<b>Comments/Recommendations</b>	1) Alvin Rafelito 2) Christine J. Benally 3) Virgil L. Davis 4) Lynette Bonar

  
\_\_\_\_\_  
**Legislative Tracking Secretary  
Office of Legislative Services**

03/01/21; 1:05 PM

\_\_\_\_\_  
**Date/Time**

## Legislation 000024-21

Alvin Rafelito <Alvin@rnsb.k12.nm.us>

Thu 2/25, 11:11 PMcomments

I recommend adding water reclamation of waste water to support farming and livestock and eventually reclaim the water to Grade A for human consumption.

This would help with the drought that we are having. Many of the reliable earth tanks have done dry due to the lack of snow and rain.

Thank you,

Alvin Rafelito,

Ramah Navajo

Sent from [Mail](#) for Windows 10

WARNING: External email. Please verify sender before opening attachments or clicking on links.

## New NN Council Legislation 0024-21 Eligible for NN Council Committee Action March 01, 2021

kris benally <cyb8@hotmail.com>

Fri 2/26, 11:15 AM Gina Lopez <gina@ccasa.org>; Rosemary Bolza <rbolza@me.com>;

To all,

We have advocated for crime victims' support, justice, and protection for years. The attached Word document contains recommendations based on victim testimonies, research, supported by hataalis, five Navajo agencies, and some chapters and a district, and Utah Navajo Health System (PDF files in two emails).

Violence against women, children (girls and boys), disables, and men effects not just the victim but the family, community, tribes, and globally.

US DOJ responded with funds that could be used for infrastructure, training, shelter, support, advocacy, health care, etc., but unfortunately, in recent years Navajo did not get an award.

Trauma resulting from victimization has an impact on academic achievement, socioeconomic, life style, and health with increased risk of injuries and chronic diseases that can lead to early death. It is very costly in many ways and should not be minimized.

Majority of these incidences occur at home by family members or someone, whom was otherwise trusted, and are rarely prosecute or even held accountable. Punitive measures are ignored.

To truly exercise sovereignty, the people need to be protected so give the victims a sense of hope and forward direction, they need resources, justice, and be secure to live in peace and without fear from having to look over their shoulders.

US DOJ has a request for proposals that the Navajo Nation cannot afford to pass up.

Thank you,

Christine J. Benally, PhD

Littlewater

cyb8@hotmail.com

DOJ Coordinated Tribal Assistance Solicitation (CTAS) Grant Program

Application deadlines: March 16 & March 30, 2021

<https://bja.ojp.gov/funding/opportunities/o-bja-2021-60008>

Operation Lady Justice Releases First Report on Increasing the Safety of Indigenous Persons  
[https://cops.usdoj.gov/html/dispatch/01-2021/cp\\_dispatch\\_jan\\_lady\\_justice.html](https://cops.usdoj.gov/html/dispatch/01-2021/cp_dispatch_jan_lady_justice.html)

Dear Tribal Subscribers:

The Office on Violence Against Women (OVW) is pleased to announce the following FY2021 Open Solicitation.

**APPLY NOW!!**

We listened to your requests, ... we heard your needs, ... so now is the time to make an application to increase resources and build your professional team of workers. Apply and receive monies to hire Sexual Assault Counselors and Advocates as well as other resources you may need to address sexual

violence in your communities.

**OVW Fiscal Year 2021 Grants to Indian Tribal Governments Program Solicitation**

Grants.gov deadline: April 7, 2021

JustGrants deadline: April 22, 2021

The Grants to Indian Tribal Governments Program (referred to as the Tribal Governments Program) is authorized to assist tribal governments and authorized designees of tribal governments to respond to domestic violence, dating violence, sexual assault, sex trafficking, and stalking in their communities.

Eligible applicants are limited to: 1) Governments of Indian tribes, bands, pueblo, nation, or other organized group or community (including any Alaska Native village or regional or village, 2) Tribal designee, an organization that is acting as the authorized designee of an Indian tribal government, or 3) Tribal consortium, a coalition of two or more separate Indian tribes that join together for the purpose of participating in self-governance.

*If you have any question, the* POC for questions is Regina Madison, Grant Program Specialist  
OVW.TribalAffairs@usdoj.gov.

1. [HOW DO WE BEGIN? 3 QUICK TIPS ACT NOW](#) to be ready to apply. Confirm your registrations in SAM.gov, DUNS, Grants.gov, and JustGrants are current and accurate. If you need to update or register for any of these systems, start NOW.
2. DOWNLOAD AND REVIEW the [OVW Fiscal Year 2021 Grants to Indian Tribal Governments Program Solicitation](#) as well as the [OVW How to Apply](#) webpage.
3. PLAN to be successful. Sketch out your timeline for developing and submitting your proposal focusing your time and effort where it counts most and on the required documents.

***Thank you and share with others.*** The CTAS Team

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Subject: \*Follow-up\* Child Molesters: Understanding the Grooming Behavior of Adult Offenders and the Often Counter-Intuitive Behaviors for the Child Victims

View recording here: [RECORDING](#). \*Shared with permission of the presenter.

Questions? Please contact: [education@dcac.org](mailto:education@dcac.org)

*Click on the link below for webinar details*

### [Initial Response and Investigation of Child Deaths](#)

Most child deaths appear accidental or from natural causes, but some are later determined to involve foul play. This webinar will discuss procedures from the initial response to a reported unconscious child or child death, and show methods and procedures to prevent loss of evidence or other investigative missteps. Discussion will also include the use of a multidisciplinary team to strengthen your case.

### [Initial Response and Investigation of Child Deaths](#)

Feb 22, 2017 | Virtual | Most child deaths appear accidental or from natural causes, but some are later determined to involve foul play. This webinar will discuss procedures from the initial response to a reported unconscious child or child death, and show methods and procedures to prevent loss of evidence or other investigative missteps. Discussion will also include the use of a multidisciplinary team to strengthen your case.

[ncjtc.fvtc.edu](http://ncjtc.fvtc.edu)

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## AN ACT OF WAR AGAINST CHILDREN: CHILD SEXUAL ABUSE AND SEXUAL/FAMILY VIOLENCE

Please make the US DOJ, BIA, and tribes (Navajo, AZ, NM, UT, and other states) accountable. Justice, public safety, and social service systems are contracted yet negligent by not providing the services and compromising the lives of the people while holding the victims as hostages. While the tribal governments play their sovereignty and jurisdiction cards, the people are held hostage, and prohibited from and are unable to use federal, county, and state resources and system to get and restitution, justice, or the perpetrator to be criminal or civil prosecuted. Punitive measures are part of prevention. The perpetrators are not prosecuted or held accountable in any form thus created a haven for criminals and is an **Act of War**. To end this war, the rape culture, the following legislation recommendations are submitted by victims, providers, and family with a plea for funding and implementation by the US Congressional representatives, local and chapter elected representatives, and respective staff.

The Act is recommended to protect the children and people against violence, especially victims of sexual violence, and to ensure judicial relief by holding perpetrators and offenders accountable as they are not convicted even after confession of guilt and criminal act, <http://www.rainn.org/statistics>, thus contributing to the violence epidemic that continues to escalate impacting and devastating families. Because of the lack of reporting and accurate, detailed data, statistics are nonexistent for minorities, Native Americans, and military, Navajo is not an exception and the courts rule against the victims who are forced to live with or next to the perpetrators devastating the victim's health, education, achievement, and productivity; when combined a society's economy.

Further, the unknowns are many: here are a few. What happens to the victims? What are the number of perpetrators committing these acts? How many times they committed? How many victims were harmed by a single person? How long they are doing these acts of war? When did they start? Why the perpetrators are not penalized? Why are the courts not held accountable if they incarcerate the victims, rule against the victims, or when it does not prosecute the perpetrator? Has anyone followed up on the impact of court's decisions on the victims?

Every 98 seconds an American is sexually assaulted. Young adults are at greatest risk, 54%, but children aged 12-17 consists of 15% of the cases, when that group should be zero, and everyone is at risk. It is estimated that Native Americans are at greatest risk, twice as likely. For the tribes, rural, and underrepresented, most likely by family, older sibling or relative. Injuries from violence are more severe.

The vast majority of perpetrators will not go to jail or prison.

- 31% are reported to police

- 5.7% reports lead to arrest

- 1.1% cases get referred to prosecutors

- 0.7% cases will lead to a felony conviction

- 0.6% rapist will be incarcerated

A comment received was that it was a shotgun approach, but it responds to the vast loops hole in the system that contribute to the continuous re-traumatization and re-victimization of the victims every second of each minute. Victims are showcased by USDOJ as survivors; that may work if the victim and perpetrator are living in difference city or state, not when the system allows the perpetrator to live across the road or in the same house as the victim. But, many, thousands of, victims cannot even get a glimpse of hope to move toward survivorship when they are re-traumatized and re-victimized by the system and those within.

The New Mexico Sentencing Commission reports, <http://nmsc.unm.edu/reports/>, indicate that recidivism rates ranged are below for the respective areas, unfortunately data is not available for the Navajo Nation, Arizona, Utah, and Colorado.

In 4-6 years, rapist 46.2%  
child molesters 36.9 %  
sexual 11.1-14%  
general 33.2 to 36.3%, variation to 60%

In over 25 years follow up period, Sexual 60%  
General 80%

Violent recidivism among sexual offenders has a recidivism rate of 5.1-14.3% in 4-6 years. For rapist, violent recidivism is reported higher at 22.1% and for child molesters, 9.9%

## LEGISLATIVE ACTION

RELATING TO THE HEALTH, EDUCATION, AND HUMAN SERVICES; LAW AND ORDER; UNITED STATES OF AMERICA ENACTING THE SEXUAL VIOLENCE, INTIMATE PARTNER VIOLENCE, AND FAMILY VIOLENCE ACT ELIMINATE VIOLENCE AND SUICIDE ACT BY ENACTING \_\_\_\_ (BILL NUMBER)

BE IT ENACTED:

### Section 1. Findings.

1. Sexual violence is an epidemic and a severe public health crisis. The constitution and laws have failed the women, children, LBGTQ, and other victims of crime by placing undue burden on them, and by not holding the perpetrators, often serial, accountable with any type of consequences or restitution to the victims.
2. The victims and families need to be protected and kept safe. The sexual violence law and codes are listed with the family codes when it really should be considered an act of war that affect everyone.
3. It is imperative for people not to believe that what happens in a family is their business. These practices are used to coerce, shame, and intimidate the victims that they are silenced, do not file charges, or retract charges. They victims withdraw, and lose hope and trust. Thus, the Navajo family court and peace making process, Ke', and Fundamental Law do not work for an **Act of War** and should be taken out of the Navajo code; and any similar process be made unlawful.
4. The United States is plagued with a suicide and self-directed violence epidemic resulting from a sexual violence and family violence public health crisis. The Taskforce of the Navajo, Apache, Ute, Hopi, and Zuni Coalition Against Sexual Assault and Family Violence (NAUHZCASAFV or Coalition) comprised of sexual violence physicians, nurse examiners, epidemiologists, counselors, advocates, and traditional practitioners who work with victims, law enforcement officers, criminal investigators, prosecutors, U.S. Department of Justice (DOJ), victim shelter managers, and other victim support program representatives has actively and consciously worked on the proposed actions to be implemented.
5. Sexual Assault examiners who participate in the NAUHZCASAFV have identified many gaps in the investigation, apprehension and prosecution of perpetrators of sexual violence.
6. The recommendations represent diverse members of the community impacted by clients of sexual violence (primary) victims or members of supportive members (secondary) victims as child sexual abuse, intimate partner violence, and family violence including abuse, rape, molestation, sodomy, filagio, trafficking, kidnap, digit penetration, reproductive coercion, other forced, unconsented acts of sexual aggression and violations, pornography, reverse pornography, or pornography of any type by either physical, psychological, financial, cyber, stalking, system, property damage, abduction, or other forms of endangerment or unnecessary burden as shame, blame, gas lighting, revenge,



coercion of any type, forced marriage, arranged marriage, over charging for puberty rituals, revictimization, retraumatization, unwanted sexual attention, gender harassment, quid pro quo harassment, sexual cooperation, sexual assault (groping, fondling, and rape), unwelcomed sexual contact (behaviors from touching to repeated requests and pressure for dates), gender harassment (sexist jokes, stereotypes, or enforcement of stereotypes). When a victim exercises protection, the perpetrator will retaliate against the victim causing further distress.

7. The advocates have many years of experience counseling, caring for and working with victims. They contributed valuable insight to address sexual violence, intimate partner, and family violence. They experienced the loop holes in the systems and witness the need to improve communications and coordination among the programs and governments.
8. Many children and adults living have been victims of sexual violence. They have tried to put it out of their minds and go on with their lives. But, the pain from the trauma burns pathways in the brain. Sights, touch, sounds, smells, and taste may bring the pain back minimizing the healing. A relative might find it so hard to hear about the assault of a family member that they will say 'You are lying.', 'That's the way it is here.' 'You are not the only one.' 'This is the way it is.' 'This is how it's done.' etc. resulting in continuous re-traumatization and re-victimization. To stop this pain we must begin by listening and taking seriously what the victim is saying. Start by Believing. Start with "believing the victim."
9. Victims are triggered by the trauma by sight, touch, hear, smell, taste, and memory. These six senses are involuntary triggers the body reacts to as part of defending itself, and lasting a lifetime.
10. Tribal, state, *and* federal governments do not prioritize sexual assault prevention and response appropriately. This **low prioritization is denial and evasive.**
11. **The priority is the safety and protection of the children, victims, and their rights.** Often when a program is questioned, they get defensive. This is not about protecting sovereignty, programs, jobs, family values, tradition, language, nor culture.
12. Shame and blame doesn't work and it is a crime. It is re-victimization. Society has become dysfunctional and accepts SV and DV crime as tradition; that victims are blamed and shamed, or are not taken seriously. Elders and service providers, those who were supposed to protect, now say 'Why didn't you report it when it happened? (that may be any number of years ago), 'You are a liar.', 'That's the way it is here.', 'Are you reporting now to get back at him, or her?', and 'Get used to it.' That needs to stop immediately.
13. Systems, law enforcement, criminal investigators, family, and society need education on the power and control to prevent blaming victims of sexual violence for the crimes committed against them. It is critical that the victims' needs are immediately addressed.
14. The current systems are ineffective, are failing the victims, and are inadequately managed with no accountability, thus created serialization and a haven for criminals.
15. Victims should be respectfully encouraged to report the crime, with proper follow up and thorough investigation of their cases, and provided support in achieving justice. Yet, they are illegally blamed, discouraged, mocked, and led to be ashamed. Staff tell victims "What did you do?", "You are not the only one.", "Are you reporting to get back at the perpetrator?", "Why did you wait to report it?" "Report it when it happens again?" or a FBI agent recently said "When a girl 'rats' on her uncle", or when a DOJ attorney tells a

family that asked why there was not a prosecution, the attorney said there was insufficient evidence and cannot longer talk to them, when the perpetrator confessed to the crime. Or, the US attorney says there was insufficient evidence when there was a confession.

16. Although there is no data, the provider claim most of the offenders are family members as father, step father, uncles, cousins, brothers, and other close family members. Therefore, families need ownership of how children are raised. Eliminate 'kissing cousins', kissing uncles', 'boys will be boys', 'they are just teasing', cat calling, etc.
17. Do your job, put complacency aside.
18. When there is a threat of an infectious disease as Zika, Ebola, or Hanta viruses, there is always a large of amount of clinical and public health resources allocated to control and prevent them. It is recommended that the tribe to respond similarly to prevent SV and DV. More families and people are impacted by SV and DV and are daily re-victimization, which is a violation of victims' rights laws. SV and DV are preventable just as infectious diseases, yet, there is no EPI Aid response. NM and AZ US DOJ invites victims to tell them most of the cases are Navajo, yet are told they are not a priority, as another example of systematic revictimization and lack of trauma informed environment.
19. The recent child abduction, sexual violence, and murder shocked the nation. Professional advocacy, counseling and prevention education should be offered to the people and children. There are behavioral signs of predators that community should be aware of and should report to protect the people in the communities. There is a lack of follow up once reported to law enforcement with thorough investigation and justice for the victims. The people need to take ownership and act on prevention, and hold predators and complacent family members and bystanders accountable.
20. SV and FV crimes are under reported, under prosecuted, under convicted, under sentencing served. Victims are not protected, are re-victimized, and are blamed, shamed, threatened, and ill informed. Un-convicted criminals know nothing will happen to them, learned to navigate the system, are very calculating, and becoming more dangerous.
21. Even with there is confession, a statement by someone in which they admit that they have committed a particular crime, there is no prosecution.
22. When there is a call to police, the case must have a report, an arrest, and complete follow through throughout the investigation, judicial process, and prosecution. Every declination from tribal, FBI, BIA, and federal offices must be reviewed by an experienced and competent committee and if found that there is no reason for the declination a report will immediately go to their supervisor written by committee and signed by the president and vice president, while keeping the victims informed.
23. **Issues of Accountability:** Once jurisdiction has been determined, is law enforcement following up with the victim in a timely manner? Are they reporting accurately and filing all paperwork in an expedient manner?
24. **Jurisdiction is blurring and confusing** and causes more delays and complications among tribe, county, state, and federal. When someone is assaulted in Indian Country, who is responsible for investigating it? This is a legally complicated question to answer, as one must take into account factors such as where *exactly* the crime occurred, who the perpetrator was and what their relationship was to and among the tribes, states, counties, federal, etc. These are a few of the problems due to sovereignty. Put jurisdiction and sovereignty aside and help the victims.

25. Victims, families, and service providers need awareness and access to resources.
26. There is a lack of advocates, law enforcement, sexual assault nurse examiners (SANE), investigators, Sexual Assault Response Teams (SART), prosecutors in the remote areas of the country as tribes and counties with large geographic areas in the west.
27. **Lack of Victim Resources:** Too few forensic nurse examiners (or Sexual Assault Nurse Examiners); sexual assault resource centers located far away from Tribal lands; deficit of Victim Advocates; need for Trauma-Informed resources both immediately after crisis and on-going basis, including intergenerational trauma services.
28. **Lack of Law Enforcement Resources:** Law enforcement -- whether Tribal or Federal -- is severely underfunded and understaffed in Indian Country, and lacks funding to hire/assign more officers to these areas, provide better training, etc. This leads to many situations where evidence cannot properly be collected, since it takes hours for the officer to arrive at the scene, and officers who are not well trained in how to interview victims of an assault. Ultimately this leads to low rates of reporting, investigating, and arresting/prosecuting assailants. In addition, there is a lack of a coordinated effort amongst different law enforcement agencies to deal with the situation.
29. **Tens of thousands of cases were reported to social services, law enforcement, and courts, yet the children and victims were and are not protected, their rights violated, and they never see justice.** Put jurisdiction and sovereignty aside and help the victims.
30. **Discrepancies in classification of crimes:** The classification of crime is unclear for severity, response, and priority. The same crime might have a different classification and therefore a different severity/priority of response between Tribal, Federal, and State law. All laws are written with focus on assailant over the victim. This includes differences in laws regarding victims' rights -- for example, being notified of an offender's impending release from jail.
31. There is low rates of reporting, arrests, police reporting, investigation, and punitive measures as prosecution and incarceration.
32. **Lack of information, education, and desensitization (normalization):** Prevention & education efforts are minimal *if* they exist at all -- including education on the qualities of healthy relationships, warning signs of abuse, what sexual assault is and what to do if it happens, etc. Included in this is the cultural normalization of sexual assault -- women are often told "WHEN, not IF, this happens to you...". The education that may exist focuses more on "how to avoid being a victim" than how to prevent abuse and assault from happening in the first place (i.e., what are men's roles in preventing this from happening?)
33. **Mistrust and despondency:** The lack of action resulted in despondency, mistrust of the system, and become desensitized (normalized) to the violence of the crime. There remains significant mistrust between Native people and governmental agencies like the FBI. This mistrust is often solidified when other members of the community have been sexually assaulted and the outcome is not positive (i.e., poor or slow reporting, poor or slow investigations, no prosecution or unsuccessful prosecution) -- and leads to a feeling of despondency among the community (i.e., "What's the point in reporting this if nothing ever happens?").
34. There is a lack of education including trauma informed care among the service providers, responders, and general public.

35. Funding is insufficient for existing programs and to implement evidence based programs, health care, public safety, investigation, forensic, and judicial services.
36. There are recruitment and retention of service providers, especially in the really remote areas with high attrition due to burn out and career expansion.
37. Often the systems respond in a reactive mode and may get stuck there, while not focusing on prevention and corrective measures as treatment of trauma, education, punitive, counseling, etc.
38. Sexual assault centers and services are not available in remote areas and on reservations and victims have to travel over 2 hours to the centers.
39. The constitution and laws are not victim based and are conflicting and limiting that some place caps on the tribal governments. This is an act of war and places the burden of proof on the victims; the children do not have the resources, transportation, and money for legal counsel (\$200+ per hour), medical care, counseling, advocacy, etc.
40. Existing laws and the limited are only skirting the problem of insufficient judicial, public safety, health, and education system.
41. Victims lack resources and support, while the offenders have funds for job training, job placement, housing, legal aid, etc.
42. A juvenile and adult perpetrators are serial offenders by the time he or she is committing violent abuse because they were not reported, disciplined, nor held to any corrective action.
43. Victims are not protected and denied services while perpetrators are provided counseling, attorneys, job training, job placement, and housing.
44. The judges and courts do not consider the impacts of sexual violence and crime as a serious threat to society.
45. The judges and courts do not sentence the perpetrators to incarceration nor hold them to any accountability.
46. The judges and courts violate the rights of victims to a fair trial and be protected.
47. The judges and courts fail to protect victims of sexual and other violent crime.
48. The judges and courts fail to protect family and other support members who advocate for the victims, even placed restraining orders against them.
49. The judges and courts are inconsistent in their operations and sentencings.
50. Some of the judges and courts do not have the proper qualifying degrees, experience, and knowledge, abilities, and skills to be judges and work in the court or judicial system.
51. The USDOJ, BIA, states, and tribes have neglected the safety of the victims, children, women, LBGTO, and others, and further blamed those who reported, and evaded the cases with a dismissals, or worse placed restraints against the victims or incarcerated them.
52. Law enforcement officers and investigators may shame and blame victims and their supporters.
53. Law enforcement officers and investigators may not respond, not make a report, or not thoroughly investigate the assault and abuse.
54. The perpetrators and offenders use and twist fundamental law and Ke' to their advantage to manipulate the system and the courts allow this.
55. The tribes (Navajo) play their sovereignty card by building a wall around it, created an environment where the victims are not protected and the perpetrators run freely, causing more harm, e.g., letting loose the wolves on unprotected sheep in the fence with a locked

gate: and, the federal and state governments are withholding resources and funds, standing back, watching, and allowing it to happen.

56. Companies operating on or near Navajo communities are exercising reckless behavior causing fatal crashes, sex trafficking, prostitution, violence, and other personal harm and property damage while the states, tribes, counties, cities, and federal play their jurisdictional cards.
57. For the protection, members of the public and communities are not informed of individuals with behavior that may include but not limited to antisocial, only aggressive, violent, and criminal nature.
58. Individuals who have a child with a non-Navajo get caught up in non-Navajo courts for custody, protection, support, etc. resulting in more devastation and being revictimized adding more trauma to the family.
59. The conviction rates for rape have long been shockingly low that leads to suggest doing away with juries in rape trials. The myths about rape are so widely believed by the public that their ability to deliver justice is compromised and cannot be trusted.
60. The conviction rates do not exist for offenders of sexual assault, child sexual abuse, and other violence on Navajo that it should not be heard in peacemaker nor family courts as the facilitators have proven their bias and obscured their ability to be fair and compromised justice delivery for the victims and public safety.
61. These courts force and coerce victims to face the perpetrator and their supporters in court thus revictimize and retraumatize the victim, which is a very wicked, sadistic, barbarous, vicious, inhuman, perverted, ruthless, abusive practice. The victims should never be forced to face these dangerous criminals who threatened their lives.
62. These criminals are narcissists and will deny, lie, blame, deflect, and do the unimaginable to the victims by using every angle and avenue allowed by the system.
63. Courts, all, need to accept the responsibility when they put victims in harms way as children are placed with violent parent(s) further compromising their lives from a murder/suicide or from having to live with the trauma.
64. Make amends between the mothers with the children who were taken from them as many girls were arranged-married off into an abusive relationship, then upon fleeing for their lives, their children were taken from them by the Navajo Nation and the Bureau of Indian Affairs.
65. The nation's courts need to recognize their inherent bias, heed the strong recommendations of experts, drop the widely discredited theory of PAS and stop this pervasive pattern of minimizing abuse. The lives of our children are far too important to do otherwise.
66. The S.756 - First Step Act of 2018, 115<sup>th</sup> Congress (2017-2018) does nothing for the victims of violence. The victims are not represented. The Act is the perpetrators. It put them back in the same communities where the victims are. It perpetuated an enormous move toward injustice and it compromises the victims and public.
67. The Criminal Justice Bill also caters the perpetrators and offenders and this legislation does not go far enough. While it incentivizes prisoners to participate in programs designed to reduce the risk of recidivism, with the reward being an earlier release to either home confinement or a halfway house to complete their sentence, the offender will their way out of jail with no guarantee they will not re-offend. Although language is that this will not be made available to offenders who were also convicted of violent firearms offenses,

- sexual exploitation of children, or high-level heroin and fentanyl dealing there is no guarantee, and no justice, restitution nor safe measures for the victims.
68. Data is not shared and organizations intentionally withhold information and operate in silos. Such information could save lives.
  69. Protective parent, often the mother, face barriers at every turn and abuser, ex-partner, ultimately won custody. The legal system eyes are shut to mothers “trapped” in similar situations.
  70. The public needs to be aware of the tragedy taking place in the legislation, courts, public safety, and social services that keeps children and protective mothers/parent in harm’s way.
  71. The system fails time and time again despite evidence of abuse; hearing the children’s cries for help hearing after hearing; enduring year after year of the abuse not being heard; and finally becoming financially depleted, victims realize the main problem was the bias and lack of compassion, education, and training among people handling these cases in the system.
  72. There are thousands of cases nationwide in our courts in every state and tribe with the same outcome due failure of the systems. Mothers who report sexual abuse and other violence nearly always lose custody. Research shows children are placed in full or partial custody of their identified sexual abuser 90% of the time. Unfortunately, many judges, attorneys, and mental health professionals do not understand the overlap of domestic violence and child abuse.
  73. Research shows that in family courts, false allegations of child sexual abuse remain rare. The allegations occur in approximately two percent of custody and visitation disputes, and most are substantiated.<sup>2</sup> Family court judges may not understand evidence that is essential to correct decision making. Incorrect family court decisions will have damaging effects, either by subjecting the child to continued abuse and/or by depriving the child of a relationship with the nonabusive parent. The attitudes and knowledge of evaluators are critical to making decisions in child custody cases involving domestic abuse.
  74. Most of these cases involve domestic violence. No child should be placed in unsupervised contact with a domestic violence abuser against the child’s will. Children need safe homes and need to have their constitutional rights protected. Giving an abuser control over the mother and the child is the ultimate act of revictimization. The mother is treated as a criminal with the loss of the children she tried to protect. She is often ordered to receive minimal, supervised visits, sometimes lasting for years (even though she is not the abusive parent), jailed, given gag orders, depleted financially, and ordered to pay child support. Finally she may experience a de facto termination of her parental rights when the court disallows visits.
  75. When the child resists going with the abuser and the mother asks for protection from family (divorce) court, the mother is labeled dangerous and considered to be alienating the child from the father. The “Parental Alienation Syndrome” is relied on heavily although it isn’t approved by the American Medical Association or the American Psychological Association, and is considered “junk science” that should not be allowed in courts. In my experience, judges ignore or minimize evidence of sexual abuse and do not allow abuse findings in court.
  76. Many family courts accept and embrace as “infallible” flawed “evidence” and “experts” who would be rejected outright in other courtrooms based on constitutional law, rules of

evidence, and judicial procedure. The judicial system is broken. New measures must be taken. Most important are to: (1) not be so quick to ignore abuse allegations and assume it is a vindictive the victims; (2) listen to the children; and (3) educate and understand these cases as domestic violence and child abuse cases, not “high conflict” cases. Professionals who lack this understanding must remove themselves.

77. Many mothers lose custody in ex parte hearings when they are not notified of the court hearing; this practice should be banned. Judges must be trained by child sexual abuse and domestic violence experts, not by other judges or attorneys. Judges must be trained on trauma informed systems and how to talk to/interview the child. There must be effective oversight and accountability for all professionals involved. Court appointees should have no place in these criminal matters; if on the rare occasion they are appointed, there must be a cap placed on the fees charged and paid by the court making the appointment.
78. The Navajo Nation is amending the criminal code in a vacuum without input from victims, survivors, protectors, advocates, families, and other members of the communities.

## Section 2.

The U.S. government hereby enacts the Sexual Violence, Intimate Partner Violence, and Family Violence Elimination Act.

Sexual Violence, Intimate Partner Violence, and Family Violence Elimination Act.

### § \_\_\_\_ Purpose

The purpose of the Act is to provide safety and protect survivors and victims of sexual, and intimate partner and family violence with sufficient funds to implement and accountability that services and resources reach the victims, and to make it a priority to implement zero tolerance toward violence and to protect sexual violence (primary) victims or members of supportive members (secondary) victims of child sexual abuse, intimate partner violence, and family violence including abuse, rape, molestation, sodomy, filagio, trafficking, kidnap, digit penetration, reproductive coercion, other forced, unconsented acts of sexual aggression and violations, pornography, reverse pornography, or pornography of any type by either physical, psychological, financial, cyber, stalking, system, property damage, abduction, and other forms of endangerment or unnecessary burden as shame, blame, gas lighting, revenge, coercion of any type, forced marriage, arranged marriage, over charging for puberty rituals, revictimization, retraumatization, unwanted sexual attention, gender harassment, quid pro quo harassment, sexual cooperation, sexual assault (groping, fondling, and rape), unwelcomed sexual contact (behaviors from touching to repeated requests and pressure for dates), gender harassment (sexist jokes, stereotypes, or enforcement of stereotypes).

The Act embodies the intent of the legislation that all Native American entities, federal, state, and local government staff, elected officials, nongovernmental entities, and public shall promptly respond to victims by first believing with compassion, to respecting the victim’s rights as a priority, and to provide immediate protection without revictimization, shame, blame, silencing,

retraumatization, harassment, humiliation, financial burden, gas lighting, revenge, coercion of any type, and other acts whether intentional or not, or further distress of any form.

## § \_\_\_\_ Definitions

The following definitions, in addition to violence prevention and other public health and safety federal, state, local, and tribal laws.

### **Victim based**

## § \_\_\_\_ Victims' Rights

A victim of sexual violence (primary) victims or members of supportive members (secondary) victims as child sexual abuse, intimate partner violence, and family violence including abuse, rape, molestation, sodomy, filagio, trafficking, kidnap, digit penetration, reproductive coercion, other forced, unconsented acts of sexual aggression and violations, pornography, reverse pornography, or pornography of any type by either physical, psychological, financial, cyber, stalking, system, property damage, abduction, gas lighting, revenge, coercion of any type, or other forms of endangerment or unnecessary burden, blame, gas lighting, revenge, coercion of any type, forced marriage, arranged marriage, over charging for puberty rituals, revictimization, retraumatization, unwanted sexual attention, gender harassment, quid pro quo harassment, sexual cooperation, sexual assault (groping, fondling, and rape), unwelcomed sexual contact (behaviors from touching to repeated requests and pressure for dates), gender harassment (sexist jokes, stereotypes, or enforcement of stereotypes). When a victim exercises protection, the perpetrator will retaliate against the victim causing further distress. The victim has a right to be treated with fairness, respect and dignity within the by all persons responding, promptly, thoroughly, and efficiently while maintaining accountability and integrity, as a supplement to definitions in all violence legislations and other public health and safety tribal and federal laws.

## § \_\_\_\_ Legislative Actions for Victims' Rights, Protection, and Services for all

1. Enforcement of violence prevention and other public health and safety laws.

Enforcement of violence prevention, fundamental, federal, state, local, Native American, and other public health and safety laws.

Implement zero tolerance for violence by enforcement of current victim and public protection laws, and strengthen the Investigation and prosecution of sexual violence (primary) victims or members of supportive members (secondary) victims as child sexual abuse, intimate partner violence, and family violence including abuse, rape, molestation, sodomy, filagio, trafficking, kidnap, digit penetration, reproductive coercion, other forced, unconsented acts of sexual aggression and violations, pornography, reverse pornography, or pornography of any type by either physical, psychological, financial, cyber, stalking, system, property damage, abduction, gas lighting, revenge, coercion of any type, or other forms of endangerment or unnecessary burden, blame, gas lighting, revenge, coercion of any type, forced marriage, arranged marriage, over charging for puberty rituals, revictimization, retraumatization, unwanted sexual attention,



gender harassment, quid pro quo harassment, sexual cooperation, sexual assault (groping, fondling, and rape), unwelcomed sexual contact (behaviors from touching to repeated requests and pressure for dates), gender harassment (sexist jokes, stereotypes, or enforcement of stereotypes).

Eliminate shame and blame and implement zero tolerance toward violence. Extend lifetime protection of victims, protect victims' rights, eliminate revictimization, and enforce all federal, state, and tribal public health and safety laws currently in place. Immediate local court and supreme court protection of victims. Enforce and update laws to protect the people. Provide legal consultation and representation for victims. At this time, DNA cannot represent a victim if they have ever represented the person who harmed the victim. There needs to be another organization that can provide legal victim representation. Provide court preparation and forensic interview counseling, and transportation. Ensure all officials, staff, and contractors maintain transparency and integrity at all times and levels.

1. **Prioritize the Issue.** Fundamental, tribal, federal, county, and state governments must prioritize sexual assault. Justice should back up and support a matriarch when it says for a perpetrator to stay away (be banned) from themselves and family. This was practiced and should be reinstated.
2. **The priority is the safety and protection of the children, victims, and their rights.** Often when a program is questioned, they get defensive. This is not about protecting sovereignty, programs, jobs, family values, tradition, language, nor culture.
3. In lieu of lower/tribal system development and implementation, **remove the Tribal Law and Order Act (TLOA) as its unjust cap of 1 year sentencing and \$5,000.00 fine, and in its entirety.**
4. **Start by believing.** It does not cost anything to believe the victim, to support, to listen, and to have some compassion. The victims need to be believed, not shamed, blamed, or harassed, threatened, re-traumatized, and re-victimized by the perpetrator much less by the systems.
5. **Amend the constitution so it is more favorable for the victim and adhere/enforce safety and protection of victims,** not the burden of proof, and not slanted for the criminal who now is considered innocent until proven guilty. They rob and destroy the lives of the children, women, and victims for a lifetime. Implement victims' rights and to be given lifetime protection. People in the system believe they are exercising a balance; this approach will never be favorable for the victims.
  1. **Amendment IV states right of people to be secure... shall not be violated,.**
  2. **Amendment VI give the victims and public the right to a speedy protection. Repeated interviews and statements retraumatizes the victims unnecessarily. Such triggers only causes further damages and trauma to the victims. Revictimized the victims (scientific and medical finding support trauma has adverse life time impacts). The perpetrator should not confront or intimidate the victims or witnesses as this practice is not beneficial for the victims and society. Consider trauma and its impact as evidence of detrimental impact to the victims' lives, public, and economy. The victims, especially children,**

**should not be put in such a horrific position and systematically be retraumatized and revictimized.**

- 3. Amendment VII. Include payment of restitution to the victims.**
  - 4. Amendment X The powers not delegated.... or to the people (the victims)**
  - 5. Amendment XI Hold courts accountable for ruling against victims of crime as the impact is equal to a life sentence.**
  - 6. Amendment XIV enforce ... nor shall any State deprive any person of life, liberty, or property, without due process of the law; nor deny to any person within its jurisdiction the equal protection of the laws. (The Navajo Nation and other jurisdiction in the U.S. has set the criminals loose on the victims and public without enforcement and protection.)**
  - 7. Amendment XV. The Congress shall have power to enforce this article .... (Then, do so and do not be complicit, evasive, nor part of the problem, and hold the government, and funded, programs and representatives accountable.)**
6. Enforce the Title VI of the Civil Rights Act of 1964 and the Executive Order 13166 to service those who are limited in English.
  7. Hold the perpetrators, often serial and repeat offenders, accountable by imposing punitive measures as consequences for their deviant acts and pay restitution to the victims (28 below).
  8. Tens of thousands of cases were reported to social services, law enforcement, and courts, yet the children and victims were and are not protected, their rights violated, and they never see justice. Put jurisdiction and sovereignty aside and help the victims.
  9. Make systems, and individuals within, accountable for the funds they receive to administer the programs reach the people, and protect the people.
  10. Educate the community and all service providers on and implement trauma informed care, service, systems, and environment.
  11. Create a location specific (Navajo on Navajo) or a USDOJ office to handle the abundance of Navajo and Native American cases in Arizona, New Mexico, and in other states.
  12. Waive jurisdiction for victims to file with respective state to achieve justice, due to federal's and tribe's failure to prosecute and properly protect the victims, and until more victim based tribal codes are proven established, implemented, and enforced.
  13. The tradition of brides exchanged (bought) for currency, livestock, jewelry, and other material items must stop because women and girls are not property and not for sell.
  14. Address the payment of lives of love ones to learn and practice evilness, as the lives of the child victims are stolen and destroyed by the criminal act of perpetrators with punitive measures with retribution, incarceration, and criminal record.
  15. People performing puberty or entrance into adulthood ceremonies charge hundreds even thousands of dollars, and the girls are told they are women. This prostitution and sex trafficking is illegal and people practicing such crime should be penalized accordingly.
  16. While lower systems implement a competent system, the jurisdiction should clearly be defined and educated to the people and service providers, among tribes, states, counties, cities, federal, etc.
  17. Clearly provide instructions for reporting and adjudication of law breakers including governments and political parties for fraud, embezzlement, misuse, mismanagement, etc. of public funds.

18. Make the system and people within management and fiduciary accountability with timely assessments, evaluations, and report disseminations on to the public.
19. Coordinate efforts among systems and agencies, especially victim services, education, prevention, specialist, law enforcement, investigation, prosecution.
20. All lower/tribal/county/state courts should initiate prosecution in parallel to federal, not wait for a federal decision allowing the statute of limitations to run while doing nothing.
21. Judges who violate federal, state, and tribal victim protection laws should to be held accountable and be penalized, fined, and sentenced. All judges, non-excluded, who re-victimize by placing illegal protection/restraining orders against the victims, should be fired, fined, and jailed.
22. In lieu of implementing the recommendations, request an EPI Aid like public health assistance for medical examination, lab analysis, forensic interview, behavioral analysis, police response and reporting, criminal investigation, prosecution, and court proceeding from the local, state, and federal government. At times of public health crisis, such judicial EPI-Aid response will be requested and used.
23. Cases filed by victims of sexual violence should be ruled in less than 10 days of appealed to the level of court. Appealed cases are unjustly held by higher or supreme courts for years, thus, unlawfully re-victimizing victims and violating the victims' right to be protected, and wrongly contributing to re-victimization. Or, immediately implement a victims' appeals court to expedite protection.
24. The tribal/government officials and staff and community and family members need to protect victims and minimize all potential exposure to perpetrators, by confession, history of violence, or conviction.
25. All judges need to have law degrees, barred, experienced, and be elected; and held accountable.
26. Unfavorable bias court rulings against victims should be automatically reversed so victims can be protected without having them retain and pay attorneys. Their bias court rulings should be automatically reversed without victims obtaining and paying for attorneys.
27. Judges have scolded, yelled at victims and told them that "the men is superior and has the final say in the house", "Women should be obedient to their husbands", some claiming it is their culture, and further issued restraining orders against the victims and their support as family and advocates even after pleading for their safety, often times along with their children.
28. Judges do not recognize as rule by the fundamental law, the higher law.
29. Judges have told Navajo (applies to other languages) speakers to only talk English in the court room.
30. Judges have scolded and yelled at Navajo-English interpreters that the translation is incorrect while saying they speak Navajo.
31. The conviction rates do not exist for offenders of sexual assault, child sexual abuse, and other violence on Navajo that it should not be hear in peacemaker nor family courts as the facilitators have proven their bias and obscured their ability to be fair and compromised justice delivery for the victims and public safety.
32. Victims shall not have to appear in any court; ordering so is re-victimization and re-traumatization of the victim.
33. Victims shall be protected from the offender, by confession, history of violence, or conviction, for life with a boundary of five miles. To protect victim and eliminate re-

- victimization, the accused will be removed from the home site if they are within the five (5) mile radius. Any home site lease will be rescinded immediately and retroactively.
34. Eliminate the statute of limitations without time restrictions and be effectively immediately and retroactively; victims can request for perpetrators, by confession, history of violence, or conviction, be prosecuted regardless of when the assault and violence occurred, and create an opportunity for survivors of sexual abuse to take action in a way as they never had before without age or time restrictions.
  35. Implement for habitual offenders, by confession, history of bullying or violence, or conviction, a three strikes and you are out where victims do not have to be the same person, nor similar incidence as thief, fraud, forgery, trespassing, etc. including those committed while active in the military.
  36. Longer sentencing of offenders to match impact of sexual violence on the victim, mandatory treatment, mandatory counseling, and verification of completion and ongoing treatment.
  37. Restitution payments to victims by perpetrators, by confession, history of violence, or conviction, for expenses toward counseling, legal fees, transportation, medical, school, per diem, and other expense for protection and healing, including per diem and bus tickets expenses; and, by the state/tribe for unjust rulings.
  38. Reduce prosecution of offender as adult from age 18 to 13 due to culture or traditional (Navajo) celebration of puberty as passage into adulthood.
  39. Remove the aged 21 year cap for juvenile offenders to allow victims unlimited time to report and the offender(s) to be prosecuted.
  40. Remove all the statute of limitations for all sexual violence, retroactively for all cases reported.
  41. Amend the number of days to prosecute to unlimited days from within 30 days from the time federal prosecutors notify the victim and family that a case will not be federally prosecuted.
  42. Implement prosecution of juvenile offender if the age difference is 3 or more years.
  43. Prosecute with offender was in care taker status when the sexual violence occurred because perpetrator violated trusted care taker status.
  44. Prosecute offender of an adult who starts committed sexual violence of a minor while juvenile and continued as an adult.
  45. Revoke all home site lease issued to perpetrators, by conviction, confession, or habitual offenses, if the lease is within five miles of the victims' home, residence, school, or place of work.
  46. Impose corrective actions upon all juvenile and adult perpetrators as they are serial offenders by the time he or she is committing violent abuse, bullying, threats, or antisocial or unduly aggressive behavior as they were not reported or disciplined and need to be held accountable.
  47. All records of juvenile serial, or not, offenders should not be sealed as their deviant behaviors escalate into adulthood.
  48. Provide children counseling and hold parents responsible/accountable with counseling (and retribution, penalties, fines, and incarceration penalties depending on habitual behavior and/or the severity of offense as penetration) for offenders aged less than 12 years committing violent abuse, bullying, threats, or antisocial or unduly aggressive behavior.

49. Provide children counseling and hold parents responsible/accountable with counseling (and retribution, penalties, fines, and incarceration penalties depending on habitual behavior and/or the severity of offense as penetration) for offenders aged 12 through 16 years committing violent abuse, bullying, threats, or antisocial or unduly aggressive behavior.
50. Provide children counseling and hold parents responsible/accountable with counseling (and retribution, penalties, fines, and incarceration depending on habitual behavior and/or the severity of offense as penetration) for offenders aged 16 through 18 years committing violent abuse, bullying, threats, or antisocial or unduly aggressive behavior.
51. All individuals 18 or older will be prosecuted as an adult with retribution, penalties, fines, and incarceration.
52. Provide legal consultation and representation. At this time DNA cannot represent a victim if they have ever represented the person who harmed the victim. There needs to be another organization that can provide the victim legal representation.
53. Link all victims with appropriate victim advocacy or victim's organization or groups, and follow up.
54. Provide victims life time protection orders with a distance of five miles or within the grazing area whichever has more distance for protection coverage.
55. Make parents of perpetrators, by confession, history of violence, or conviction, responsible and accountable as juvenile offender learn and practice the unduly aggressive and anti-social behavior of their parents.
56. Enforce existing victim and family protection, and violence prevention laws/acts by prosecuting and convicting perpetrators, regardless of their status or position. Some perpetrators use their medicine men or veteran affiliation and good old boys club to continually get away with crime.
57. Mandate reporting, just as communicable diseases are reportable and respond as such. The chance a perpetrator is a habitual offender is very likely and will offend again, and will cause harm to others.
58. Conduct a thorough back ground check on all staff, officials, contractors, of any misdemeanor, criminal, traffic, thief, fraud, forgery, trespassing, embezzlement, domestic or intimate partner or sexual violence violations, or restraining or protection order against them.
59. Sex and domestic violence crime committed by juveniles be tried retroactively as adults, with no statute of limitations and no time restrictions on from time of assault to report to prosecution.
60. Ensure and enforce life time protection for victim as a priority over re-entry of offenders, by confession, history of violence, or conviction. With minimal economic opportunity and jobs on the reservation, felons should demonstrate financial responsibility in developing locations. As other responsible citizens, they need to work to provide for their housing, transportation, education, and livelihood. While incarcerated, prisoners need to take advantage of the counseling, education and job training opportunities.
61. The perpetrator/offender, by confession, history of violence, or conviction, shall not use this nor other federal, state, or tribal laws for retaliation or further violation of the victim(s). Conviction is of a felony or a misdemeanor means an adjudication of guilt by a court or jury following a hearing on the merits, or admission by confession of guilt.

62. The perpetrator/offender, by confession, history of violence, or conviction, shall value and respect others and do them no harm, and, for those with Native American's traditional matrilineal society, respect and honor women's contributions and decisions.
63. Create a domestic violence registry available to the public. The bill will direct the state, local, and tribal public safety and law enforcement departments to establish and maintain the registry that will inform the public of aggressive, antisocial individuals so they may take measures to protect themselves. Names of individuals arrested for violence will be placed on and released information from the registry.
64. Criminalize abusive behavior towards a partner, ex-partner, victim, or another person, including coercive and controlling behavior covering subordination, humiliation, isolating a partner from friends, relatives and sources of support, and controlling or monitoring their day-to-day activities
65. Prosecute the criminal offenders in the state, local, and Native American judicial system along-side, in parallel, with the U.S. DOJ with either system independent of the other.
66. Reinstitute banishment, disenrollment, physical torment, castration, incarceration and throw away the key, and death penalty (by being hung, beaten alive to death, or being burnt alive at a stake) for offenders. Traditional violent behavior resulted in these.
67. Remove offenders from Native American enrollment and ineligible for any assistance.
68. People accused of crimes that are not sexual in nature to be labeled as sex offenders for maximum years to life as such offense is the "unlawful imprisonment" of a minor. States have upheld sentences that require registration in a sex-offender database for people convicted of certain nonviolent crimes, as long as they are specified in the law.
69. Peace Making process, Ke, and fundamental law do not work for an act of war and should be taken out of the code. It is imperative for people not to believe that what happens in a family is their business. These practices are acts of force, coerce, blame, shame, and intimidate the victims that they recant, are silenced, do not file charges, or retract charges. When victims recant, they withdraw, and lose hope and trust, and become high risk for self harm and other health and social risks.
70. Enact legislation on prevent and penalize offenders of cyber, email, and electronic form of bullying, threats, intimidation, minimizing, pornography, and reverse pornography.
71. For the victims, waive the sovereignty and jurisdiction so that the national or state laws that protect victims of crime and their support network will be available for people living on the reservations, and be applicable for victim anywhere to be offered judicial, civil, criminal, and restitution relief.
72. Courts unfairly and unjustly order victims to live with or near, in sight or smell of the perpetrator that retraumatizes and revictimizes the victims, which is a violation of the victim's rights, protection, health, education, and productivity.
73. Mandatory removal of firearm for the offender, perpetrator, and people with a history of violence.
74. Coordinate effort in providing services, investigation, and punitive measures.
75. Increase capacity of victim resource personnel. Hire more victim advocates, and ensure they receive training in providing trauma-informed services. Build and staff sexual assault centers in or closer to tribal lands.
76. Increase and improve legal services for victims.

77. Amend, clarify conflicting, and streamline the constitution, legislation, and regulatory policies so they are favorable for victims, their rights, and lifetime protection without systematic re-victimization.
78. Implement External Audits: Invest in an external auditing body to study how current law enforcement practices and systems are functioning in response to sexual assault, from trauma to trial. *Include in this external audits of how funds disbursed are used.* Conduct external audits of funds and systems of public safety and justice.
79. Eliminate Silos: Instead of keeping sexual assault separate, understand that violence against any vulnerable population (women, children, elders) is violence, plain and simple. Funding and prioritization should be similar. Make services an issue of violence and bring together or bridge the silos for the victims of violence.
- 80. Provide mandatory trauma-informed care and services training to law enforcement/first responders, service providers, and support network.**  
Neuroscientific research has shown that certain kinds of interviewing techniques are better for obtaining information from victims than others; FETI (Forensic Experiential Trauma Interviewing) is one such model, and the Adverse Childhood Experiences (ACE) Inventory could be incorporated into training.
81. More funding for recruitment, retention, better wages and benefits, and with certified FETI, and more trainings for building a more competent and efficient force of service providers, responders, and supportive network.
82. Provide Primary Prevention Education: In schools, in chapter houses, and in community centers, there should be an ecological model of prevention education -- reaching and affecting children, parents, teachers, social norms, and policy in appropriate and culturally specific manner. Need to secure funding for these efforts, which ought to include comprehensive, culturally-appropriate sex education.
83. Draft, implement, and distribute a "Sexual Assault Victim Guide/protocol for victims and the public that will leads them through the often harrowing experience, from where to go immediately after the trauma to on-going self-care after prosecution. So they know exactly what to do, where to go, who to call, etc.
84. Measure the problem. Secure and invest funds in a targeted measurement of the problem (ex: are there specific jurisdictions that are having more success than others? Why?). Assess the resources, gaps, needs, health, and information impact as a targeted measurement of the problem.
85. Enact Violence Elimination Act and expand and improve Violence Against Women Act, and other victim service and violence prevention laws. While the Violence Against Women Act was improved from its original version in 2015, it still does not go far enough in its protections of all victims of sexual assault, as the children, LBGTQ, men, and those living in Indian Country.
86. Interracial and intertribal marriages need to be reflected in adjudicating cases, not play favoritism for tribal members or any groups.
87. Provide victims with protection, advocacy, counseling, job training, job placement, safe housing/shelter, legal aid, etc.
88. Reestablish law enforcement substations and fire departments with personnel, equipment and other resources at most rural communities.
89. Establish agreements with the counties, states, and cities to assist in law enforcement coverage.

90. Establish agreements with the counties, states, federal, and cities to assist in housing inmates while awaiting trial and/or serving sentences.
91. Make all arrest reports, court decisions, contracts, proposals, and documents available for public available and for comments.
92. Re-secure funds for advocates within the criminal and law enforcement departments for the victims of crime.
93. Hold public hearing for the public to express concerns and incorporate these into the contracts, proposals, funds, and grants for resources and implementation; with community involvement and reports back to all constituents.
94. For the protection, members of the public and communities should be not informed of individuals with behavior that may include but not limited to antisocial, only aggressive, violent, and criminal nature by media as newspaper, television, public announcement, radio, or social media.
95. The local (Navajo) courts need to support individuals who have a child with a non-Navajo get caught up in non-Navajo courts with custody, protection, support, etc. and minimizing further trauma to the family.
96. Implement a violent perpetrator or offender public registry.
97. Honor the fundamental law as a mother or protector of a family says to stay away. The government should honor these words and back it up with security and permanent protection.
98. Implement The Domestic Violence Disclosure Scheme, or something similar to Clare's Law that allows police to inform people of their partner's criminal or violent history if they are seen to be at risk.
99. The conviction rates for rape have long been shockingly low that leads to suggest doing away with juries in rape trials. The myths about rape are so widely believed by the public that their ability to deliver justice is compromised.
100. Courts force and coerce victims to face the perpetrator and their supporters in court thus revictimize and retraumatize the victim, which is a very evil, brutal, corrupted, unhealthy, and abusive practice imposed by the system. The victims should never be forced to face these dangerous criminals who threatened their lives.
101. Courts, all, need to accept the responsibility when they put victims in harms way as children are placed with violent parent(s) further compromising their lives from a murder/suicide or from having to live with the trauma.
102. Make amends between the mothers with the children who were taken from them.
103. Coercive control and psychological abuse needs to be an offence under new law. This is deemed as psychological abuse in an intimate relationship that causes fear of violence, or serious alarm or distress that has a substantial adverse impact on a person's day-to-day activities.
104. Restitution be paid to victims who were wrongly and unjustly charged by false allegations and junk science, and these cases be immediately overturned.
105. All court staff be trained on ACE, trauma, alienation, coercion, secondary and vicarious trauma
106. Implement Jonathon Law that would ensure all victims and family members are notified of services beyond the first initial contact to truly get the help they need to heal!
107. Offender cannot share sexually explicit images of you – either online or not. New laws surrounding 'revenge porn' make it illegal for someone to share intimate photographs of you with



- anyone, whether that is on or offline. It is illegal for someone to share intimate photographs of you with anyone else.
108. Offender cannot restrict victims access to money. Even if they are the breadwinner, the law says one partner cannot stop the other from accessing money and should not give them “punitive allowances”.
  109. Offender cannot repeatedly put victim you down. Constant insults from a partner might not be typically thought of as domestic abuse, but under the new law, persistent name-calling, mocking and other forms of insulting behaviour are now illegal.
  110. Offender cannot. stop victim from seeing friends or family. If partner continually isolates victim from the people you love – whether this is in the form of monitoring or blocking calls or emails, telling victim where they can or cannot go, or preventing victim from seeing friends or relatives – it is against the law. Partner is isolating victim from the people victim love is against the law (Photo: Shutterstock)
  111. Offender cannot scare victim, partner might not physically assault victim, but if they are doing enough to frighten victim, they are committing an offence. Women’s Aid says this can include, but is not limited to: Making angry gestures; Using physical size to intimidate; Shouting victim down; Destroying their possessions; Breaking things; Punching walls; Wielding a knife or a gun; Threatening to kill or harm victim, their children or family pets; and Threats of suicide
  112. Offender cannot threaten to reveal private things about victim. Whether partner is saying they will tell people details about victim health or sexual orientation, repeated threats to reveal personal and private information is a form of abuse.
  113. Offender cannot putting tracking devices on victim’s phone. It is illegal under the new legislation to “monitor a person using online communication tools or spyware”. Monitoring a person using online communication tools or spyware is illegal under the new legislation (Photo: Shutterstock) If offender is reading victim’s Facebook or other electronic or written messages without permission, or insisting they track your devices, it is against the law.
  114. Offender cannot be extremely jealous. If victim’s partner persistently accuses victim of cheating, simply for looking at another person, then this could constitute grounds for prosecution. Humberside Police say “extreme jealousy, including possessiveness and ridiculous accusations of cheating” all come under the new legislation.
  115. Offender cannot force victim to obey their rules. A relationship should be a partnership, with neither partner having control over the other. If you are forced to abide by rules set by your partner, it could mean they are committing a crime. These include rules which “humiliate, degrade or dehumanize the victim”, while Women’s Aid says examples include offender telling victim that victim have no choice in decisions.
  116. Offender cannot control what victim wear. Offender partner taking control over any part of victim’s life is highlighted in the new legislation, including restricting who victim see and where victim go. Controlling what victim wear or how victim look could also now be grounds for prosecution under the changes.
  117. Offender cannot make victim do things victim don’t want to. Offender forcing a victim to commit crimes, neglecting or abusing their children, or forcing victim not to reveal anything about victim relationship to the authorities all count as abuse. Forcing victim to have sex when victim don’t want to, look at pornographic material, or have sex with others also falls under this bracket.
  118. Adopt the Oregon Senate Bill 1562 that make any strangulation that occurs during domestic or any violence be treated as a felony, carrying a maximum penalty of five years in prison, a \$125,000 fine, or both, restitution, and banishment, and give the victim permanent protection.
  119. Create new powers to force perpetrators into behavior-changing rehabilitation programs.
  120. Make victims automatically eligible for permanent and special protections when they are giving evidence in criminal trials.

121. Set up a national and regional "domestic abuse commissioner" tasked with improving the response and support for victims across public health, safety, and legal services
122. Data needs to be shared among organizations, with the victims, communities, and media so the public is aware of offenders so they can take protective measures.
123. Ensure "safety first" for children who report sexual or physical abuse, or who witness domestic violence.
124. Use multidisciplinary teams and a forensic interviewer to interview on videotape all children who report physical or sexual abuse, or witness domestic violence.
125. Recognize parents who are acting in good faith to protect their children and do not punish, blame, shame, revictimize, nor retraumatize them.
126. Discontinue use of alienation theories. Parental Alienation Syndrome is discredited by the scientific and legal communities.
127. Require the court to consider past or present any violence and to protect the child from the primary aggressor above jurisdiction, sovereignty, tradition, or culture.
128. Reduce unnecessary litigation by implementing custody jury trials in family violence courts.
129. Build effective oversight, accountability, and transparency for all professionals in these cases, including judges. Consider developing a federal, state, tribal, and local oversight committee.
130. Require trauma informed care, service, and systems be implemented, practiced, and monitored through all governments' systemically.
131. Require continuing education for court professionals and judicial officers using a standard online curriculum taught by experts in child sexual abuse and violence. Include an exam and performance certification, evaluation, improvement, employment, contractual, retention, and promotions.
132. Require disclosure of conflicts of interest by statute.
133. Develop a system to more easily remove incompetent, poorly trained, unjust, rude, bias professionals, elected officials, employees, providers, and contractors of the governments, entities, businesses, or companies.
134. Allowing Victims of Sexual Offenses, Stalking, and Human Trafficking to Participate in Address Confidentiality Program the Address Confidentiality Program would Allow Victims to Keep their Address Hidden from Perpetrators.
135. All laws created and amended should not be in vacuum and should allow input from victims, survivors, protectors, advocates, families, and other members of the communities.

## **§ \_\_\_\_ Health, Education, and Human Services**

### **Provide advocacy and counseling, trauma informed care, and treatment for posttraumatic stress syndrome for primary and secondary victims of violence.**

Provide and increase facilities and 24/7/365 comprehensive health care services for sexual violence victims, mental health services, and recruitment of sexual examining nurses, psychiatrist, child and adult sexual abuse physicians, and advocates. Establish the infrastructure

and tribal policies that support and protect the victim and do not revictimize the victim. Strong policies on what has to occur when rape, incest, domestic violence is reported. Trained advocates that support the victim and family. Trained counselors that want to work in the SVFV field.

1. Tens of thousands of cases were reported to social services, law enforcement, and courts, yet the children and victims were and are not protected, their rights violated, and they never see justice. Put jurisdiction and sovereignty aside and help the victims. The victims are used as census for governments to get money but the resources for legal service, advocacy, housing, job placement, food, child care, etc. never reach them.
2. Hire Sexual Assault examiners with 10 examine facilities (at least 1 examiner for children, 2 examiners for adults, 3 advocates, and support staff per facility) within the boundaries of the Navajo Nation, equipment, and electronic tracking rape kits for children and adults.
3. Immediately launch the 'Start by Believing the Victim' campaign, such as daily radio announcements and weekly release of public notices and releases for news presentations focusing on believing, supporting, and having compassion for the victim.
4. Declare sexual violence (primary) victims or members of supportive members (secondary) victims as child sexual abuse, sexual assault, intimate partner violence, and family violence including abuse, rape, molestation, sodomy, filagio, trafficking, kidnap, digit penetration, reproductive coercion, other forced, unconsented acts of sexual aggression and violations, pornography, reverse pornography, or pornography of any type by either physical, psychological, financial, cyber, stalking, system, property damage, abduction, or other forms of endangerment or unnecessary burden, and suicide as reportable diseases/injury and thoroughly investigate each report.
5. All tribal and tribal entity employees, appointees, contractors, and officials need mandatory training in victims' rights, victim protection, sexual violence (primary) victims or members of supportive members (secondary) victims as child sexual abuse, sexual assault, intimate partner violence, and family violence including abuse, rape, molestation, sodomy, filagio, trafficking, kidnap, digit penetration, reproductive coercion, other forced, unconsented acts of sexual aggression and violations, pornography, reverse pornography, or pornography of any type by either physical, psychological, financial, cyber, stalking, system, property damage, abduction, gas lighting, revenge, coercion of any type, or other forms of endangerment or unnecessary burden as shame, blame, gas lighting, revenge, coercion of any type, forced marriage, arranged marriage, over charging for puberty rituals, revictimization, and retraumatization, confidentiality, historical trauma, and public safety and health as a priority so the victims are not revictimized by system due to personal bias and inaccurate guidance; otherwise the victims should be reimbursed for the inaccurate advice. Expedite hiring and hire the best person for the job, disregarding race or ethnicity.
6. Employees of any government, entities, contractors, and organization will adhere to all public health and safety federal, state, and tribal laws to maintain a safe living environment for victims of crime.
7. The data bases for public health surveillance need to be establish with connectivity among each government, entity, and organization (Federal, state, local, Native American, health, education, social services, law enforcement, justice, legal offices, etc.) for effective case monitoring and program evaluation. They need to be linked to determine

real time case investigation, intervention, and tracking. System to be established are suicide, intimate partner violence, violent death reporting system, domestic violent, bullying, repeat offenders, family violence, childhood fatality review, and other public health and safety surveillance systems.

8. Teach every child about healthy relationships, body parts, boundaries, and appropriate behavior.
9. Education system should establish a training on sexual violence and domestic violence prevention, intimate partner violence, confidentiality, child sexual abuse, and historical trauma curriculum to be used on a continuing basis in all schools on or near the reservation to help children learn about healthy relationships.
10. Provide primary prevention education on an ecological model (children, teachers, parents, policy) Education systems should establish a curriculum on respect of the human body and healthy relationships, culturally appropriate as needed, or use existing curriculums as Erin's Law. With devices and screens even young children may be exposed to sexual images. Starting with Face program, pre-kindergarten and going through high school topics including sex education, sexual violence and domestic violence prevention, intimate partner violence, confidentiality, child sexual abuse, and historical trauma need to be covered at appropriate levels. Education systems needs to mandate its continuing use in all schools to help children learn about healthy relationships, and how to avoid and get help in unsafe situations. It is recommended to use Erin's Law, <https://ccsd21.org/curriculum-learning/erins-law/>, a guide for understanding and reporting child sexual abuse, or something similar for children aged 0-18, and for the general public.
  - a. Provide prevention and appropriate respectful communication and behavior (manners) education using the media as radio, television, newspaper, live presentation, social media (Facebook, Twitter, Snapchat, Instagram, etc.)
  - b. Prenatal: inform parents-to-be to teach their children of inappropriate touch, pictures, language, bullying, and other behavior. Children should be instructed to report such behavior, to set boundaries, know their body, name their body parts, and to be respectful. These should be reinforced by the parents and communicated early and not withheld until children reach puberty or teenage years or at any point in their life.
  - c. K-5: inappropriate touch, pictures, language, behavior, reporting, self-care. Every child should know and be literate of their body and name the parts. They should know if their body is violated and to report it to a person they trust. They should know their parents and relatives may hurt them and to report it.
  - d. Junior high/high school: What is rape? Puberty, couples counseling, sexual education, and healthy relationships.
  - e. Parents: know what your children are doing, watching, hanging with, Talk to your children about sex and healthy relationships. The word no and the real word yes
  - f. Friends: refer, support and report, honoring confidentiality at all costs
  - g. All in the community/local organizations/chapters/county/tribes: report the violence and police need to make the report. There are no police reports for most reports or they are misreported as intoxication or misdemeanor. We also must empower the victims to decide what they want to do and not be forced to report.

Depending on what state you are in the age of not being forced to report is different but you as a nation can decide.

- h. Training on sexual violence, intimate partner violence, confidentiality, child sexual abuse, historical trauma for school boards, staff, educators, parents, guardians, grandparents, family, relatives, etc.
11. Establish a Sexual Assault (Violence) Response Teams (SVRT) to meet and review reported cases of sexual violence. They will need cooperation from the health care service units in providing case numbers of sexual and domestic violence reported or examined at their facilities.
12. Provide and increase facilities and 24/7/365 services for Sexual Assault Nurse Examiners (SANE), mental health services, and recruitment of nurses, psychiatrist, child and adult sexual abuse physicians. Establish the infrastructure and tribal policies that support the victim and do not re-victimize the victim. Strong policies on what has to occur when rape, incest, domestic violence is reported. Trained advocates that support the victim and family. Trained counselors that want to work in the SVFV field. A way to have a forensic evidence trail and a lab to actually to the DNA and blood work in six months or less.
13. Fund, implement, and coordinate among health care systems surveillance to track statistics, referrals, long term ambulatory and residential care, follow up services, cases of early pregnancies, childhood sexual transmitted diseases with confidentiality.
14. Coordination among hospital systems to develop a trained crisis response teams, long term care system, and follow-up.
15. Build and provide shelters and/or temporary housing for victims and their families. Provided victims transportation, advocacy, counseling, exams and non-traumatizing interviews.
16. Refer victims to social services, behavioral health, mental health, and monitor follow up.
17. Recruit and retain competent individuals with 10-15 years in the field of SVFV experience to work with victims. Preferential hiring contributed to lack of competent and under staffing of public safety officers, investigators, health care professionals, etc.
18. Establish Child Fatality Review teams at least at every police district and health facility.
19. Provide more education in adverse childhood experiences and effects and traumatic brain injury.
20. Provide trauma informed care, services, systems, and environment.
21. Create a victim assistance network and response teams.
22. Health information and reports from data needs to be shared among organizations, with the victims, communities, media, and governments so the public is aware of offenders for public to take protective measures.

## § \_\_\_\_ Law and Order

1. Tens of thousands of cases were reported to social services, law enforcement, and courts, yet the children and victims were and are not protected, their rights violated, and they never see justice. Put jurisdiction and sovereignty aside and help the victims. The victims are used as census for governments to get money but the resources for legal service, advocacy, housing, job placement, food, child care, etc. never reach them.

2. Bi-annual training for staff in public safety and justice including 'Start by Believing' Campaign, Trauma Informed Care and Services, and customer/victim friendly trainings; some are available online.
3. Insure Law enforcement officers and investigators to not shame and blame victims and their supporters.
4. Law enforcement officers and investigators to respond, make a report, or thoroughly investigate the assault and abuse.
5. Outreach to and training on SVFV for Public Safety Sexual Crime Division, victims, staff, regional agencies, chapters, NGOs, local faith-based organization, FBI, and all advocates
6. Establish mandatory participation in a general order of police districts to lead the establishment of Community Sexual Violence Response Teams.
7. Establish sexual violence and domestic violence policies and protocols for all government staff, especially, law enforcement, criminal investigations, and judges.
8. Conduct a case review for all child and suspicious adult deaths.
9. Establish a partnership to benefit the victims and their families by building a relationship allowing victims the option to file civil and criminal lawsuits in the state because of the government (Navajo Nation and other tribes) lack of prosecution, judges, and jurors, depending on which gives the victims more leverage to obtain justice.
10. Establish a court and judicial water community groups to case review of judicial rulings to insure victims are protected, served justice, and not revictimized.
11. Expedite prosecution of perpetrators/offenders of sexual violence, domestic violence, thief, forgery, fraud, threats, trespassing, public intoxication, etc., to utilize the habitual offender statutes.
12. System evaluation for communication and coordination of cash flow and minimize duplication and eliminate assumptions.
13. Connect and share data bases housed by federal, state, local, non-government, and Native American public safety (law enforcement, criminal investigation), justice, health, education programs so the offenders can be tracked real time and monitored, especially for background investigations and use epidemiologically to identify causal, risks, and protective factors to implement prevention and controls, and report on prosecution and recidivism rates with periodic evaluation.
14. Track real time public safety statistics, with clearly defined rape, child sexual abuse, and SVFV, and report quarterly and annually to allocate and monitor funding accordingly for administration, and share among the task force, health care and SANE facility. Investigate every reported case and follow up with the victims.
15. Establish a Sex Crimes Division of Law Enforcement, with an office and trained competent staff at each district.
16. Maintain integrity among law enforcement, criminal investigation, and judicial and officers to eliminate conspiracy, corruption, and cover up. The past cannot be changed, but there needs to be consequences for lack of accountability and failure to uphold professionalism, and support best practices in the every department of public safety and justice.
17. Establish a community based committee to review that proceeding SVFV cases are victim friendly.

18. Protect whistle blowers from retaliation and hold all staff accountable especially in the Department of Public Safety and Department of Justice.
19. Create a Victims and Family Justice Center or groups for victims and families.
20. Allocate/re-allocate personnel to service and ensure victims are connected with private advocate for guidance with federal, state, local, and Native America as their cases move through the systems. FBI advocates would be secondary. Ensure all federal, state, and tribal funds for victims are used for thorough services including but not limited to health and legal counsel, protection, advocacy, shelter and housing, examinations, interviews, and investigation.
21. Employees of any government entity, contractors, and organization will offer aid and proper guidance to the victims and not re-victimize, re-traumatize, and minimize referrals, misguidance, misinform as advising them to retain an attorneys or require court order when it is un-necessary. Victims do not need an attorney to get help and tell others to follow the laws. Victims can file a claim, complaint, appeal, or suggestions for service improvement, and be provided status on and copies of their cases.
22. To exercise their rights, any member of the public will be able to file with the judicial conduct commission, and participate in the court or judicial watch process in the courts, judicial, social service, investigation, regulatory, compliance, and law enforcement system.
23. To provide due justice and relief, Native America systems will waive jurisdiction for the victims to seek justice in the state system because of the lack of prosecution by the Native American systems, and until tribal codes are proven established, implemented, and enforced.
24. Implement an AMBER Alert system with emergency response capabilities.
25. The Navajo Apache Hopi Zuni Ute Coalition Against Sexual Assault and Family Violence request the representatives and staff implement a policy: all evidence collected from sexual assault cases whether reported to law enforcement or unreported (anonymous evidence) be sent to the forensic lab to be immediately processed.
26. The Coalition shares the goal of the prevention of sexual violence. At this time in history the prosecution of perpetrators of sexual violence is a form of secondary prevention by confining perpetrators and registering them when released to decrease the risk of them repeating acts of sexual violence.
27. A goal for the coalition is to increase data collection to be able to accurately trace each case. Having evidence sent to the lab is a beginning step to ensure that each report is investigated.
28. Provide advocacy and counseling trauma informed care, post-traumatic stress syndrome for primary and secondary victims of violence.
29. Provide court preparation and forensic interview counseling, and transportation
30. Increase Capacity of Law Enforcement: More funds to hire more law enforcement officers, both Tribal and Federal, to cover Indian Country. Offer them higher salaries and improved benefits.
31. Impose corrective actions upon all juvenile and adult perpetrators as they are serial offenders by the time he or she is committing violent abuse as they were not reported or disciplined and need to be held accountable.

32. Unseal and make available all records of juvenile or not, offenders as their single act of deviance become serial behaviors and escalate into adulthood, especially without consequence or punitive correction.
33. Remove judges who scolded, yelled at victims and told them that “the men is superior and has the final say in the house”, “Women should be obedient to their husbands”, some claiming it is their culture, and further issued restraining orders against the victims and their support as family and advocates even after pleading for their safety, often times along with their children.
34. Election of all judges, clerks, and hearing officers to serve a 4 year term and a limit of two consecutive terms.
35. Remove judges who do not recognize and rule by the fundamental law, the higher law.
36. Remove judges who have told multilingual (Navajo) speakers to only talk English in the court room.
37. Remove judges who have scolded and yelled at Navajo-English interpreters that the translation is incorrect while saying they speak Navajo.
38. The Navajo courts need to represent, guide, and counsel individuals who have a child with a non-Navajo get caught up in non-Navajo courts with custody, protection, support, etc. and minimizing further trauma to the family so the case is government to government instead of burdening the women and children.
39. The perpetrator shall pay restitution to the victim(s).
40. Health information and reports from data needs to be shared among organizations, with the victims, communities, media, and governments so the public is aware of offenders for public to take protective measures, and information neighbors.

## **§ \_\_\_\_ Victim Services and Assistance, and Community Responsibilities**

1. If a person tells another person or persons that “you are no good, to go away, to stay away”, that the Navajo Nation public safety and judicial should respect it in accordance with the fundamental laws.
2. Provide 'Start by Believing the Victim' and violence prevention education.
3. Rudeness always is measured in the eyes of the offended party and is serious. Rude behavior is the enemy of good customer service. It hurts both external and internal customers. It is preventable.
4. Provide trauma informed services, care, environment, and system(s).
5. Share current and professional medical knowledge.
6. Be part of the solution.
7. Understand the anatomy and physiology of the body.
8. Recognize and report any type of sexual violence, child abuse, family, intimate partner, domestic violence, unduly aggressive behavior, or any wrongful activities and cooperate with the investigation.
9. Practice confidentiality.
10. Address people with anti-social and unduly aggressive behaviors about integrity and respect.



11. Report misuse and gangs/cult use of sweats for satanic rituals or suspicious activities for harming and war on other community members to authorities for immediate and further intervention.
12. Address the perpetrator or offender in person when they present themselves.
13. Recommend that the family to seek professional care.
14. Waive legal fees placed upon victims and provide legal representation, if not provide rule of reimbursement from the offender.
15. Eliminate rudeness and lack of action to improve customer service and interpersonal relations.
16. Health information and reports from data needs to be shared among organizations, with the victims, communities, media, and governments so the public is aware of offenders for public to take protective measures, and information their neighbors.
17. Rudeness is always measured in the eye of the offended party.

### Section 3. Effective Date

The amendments enacted herein shall be effective pursuant to United States laws.

### Section-4. Ratification

The Provision of the Act which amended adopt, new sections of title, United States Code shall be codified by the US Senate and House of Representatives shall incorporate such amended provisions in the text codification of the United States Code.

### Section -Closing Clause

Signature



**Dine' Medicine Men Association, Inc.**  
**Diné Bi Nahagha' Yee Da' Ahoota'**  
**P.O. Box 4574**  
**Gallup NM 87301**

**RESOLUTION OF DINE MEDICINE MEN ASSOCIATION**  
**Resolution # 9102017-1**

SUPPORTING, FUNDING AND ENACTING THAT ALL REPRESENTATIVES, STAFF, AND CONTRACTORS OF THE TRIBAL, FEDERAL, STATE, AND COUNTY GOVERNMENTS TAKE PROACTIVE STEPS SUPPORTING VICTIMS AND IMPLEMENTING THE FRIENDS OF NAVAJO, APACHE, UTE, HOPI, AND ZUNI COALITION AGAINST SEXUAL ASSAULT AND FAMILY VIOLENCE (NAUHZCASAFV) RECOMMENDATIONS BY: SECURING FUNDS TO AMEND AND ENFORCE THE LAWS TO PROTECT AND SUPPORT THE VICTIMS OF CRIME; PROVIDING TRAUMA INFORMED CARE AND SERVICES; ELIMINATING RE-TRAUMATIZATION OF VICTIMS; HOLDING OFFENDERS AND PERPETRATORS ACCOUNTABLE RETROACTIVELY BY IMPOSING PUNITIVE MEASURES AND PROSECUTION, AND EVALUATING AND MONITORING FOR EFFICIENCY AND ASSURANCE.

**WHEREAS:**

1. The Diné Medicine Men Association, Inc. (Diné Bi Nahagá Yee Da'ahóta') is a non-profit organization incorporated with the Navajo Nation Business Regulatory and has been in existence since the early 1970's; and
2. Diné traditional medicine people always have the commitment to teach, preserve, and protect the welfare of the Diné people as well as the welfare of the Diné Nation through providing exceptional protocol of the traditional knowledge of the distinctive oral philosophy of indigenous way of life based on the Diné Infinite Oral Sacred Philosophy of the Spiritual Belief foundation. Hence, it always has been the moral principle that guided the ceremonial sacred songs and prayers interwoven with intellectual oral planning and teaching with dignity and integrity which is still the effectual foundation of Diné Life Way since time immemorial; and
3. We reaffirm to protect the sacred duty, by virtue of the Holy People, and to continue supporting the Fundamental Laws of the Diné, Title 1, general provisions; Chapter 1. The Foundation of the Diné, Diné Law and Diné Government § 1. Diné Bi Beehaz'aanii Bitse Silei - Declaration of the Foundation of Diné Law;
4. The Dine Medicine Men Association approves to support prevention of crime and violence as they have become an serious epidemic and a public health and safety crisis on the Navajo reservation; and
5. The Dine Medicine Men Association acknowledges the current lack of trauma informed care, services, and environment so that the victims of crime receive no support and advocacy, are re-victimized by blaming, shaming, and accusing thus continually triggered and traumatized by the offender, public, and tribal, county, state, and federal governments, including the Bureau of Indian Affairs and the Department of Justice, and;
6. The Dine Medicine Men Association agrees that currently the perpetrators and offenders are not prosecuted, not held accountable and penalized, do not pay restitution to the victim, and are



allowed to remain in the community where they continue their deviance, aggression, and criminal activity, thereby re-traumatizing their victims and causing the public harm.

7. This resolution and reports shall be reported to the United Nations Permanent Forum of Indigenous Peoples; Section 56, Consistent with articles 7 and 30 Of the UN Declaration; and

8. Additionally, Sexual and gender-based violence increases in settings of conflict. Sexual violence has also been used systematically as a weapon of war against indigenous women. In the light of the particular risks and vulnerabilities of indigenous women and girls relating to sexual and gender-based violence, the Permanent Forum recommends that Governments, local authorities, specialized agencies of the United Nations system and civil society collaborate with indigenous peoples to establish multi-sectoral and holistic approaches to combat the various forms of violence against women and girls.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. The Dine Medicine Men Association membership hereby approves supporting, funding and enacting that all representatives, staff, and contractors of the tribal, federal, state, and county take proactive steps supporting victims and implementing the friends of NAUHZCASVFFV recommendations by: securing funds to amend and enforce the laws to protect and support the victims of crime; providing trauma informed care and services; eliminating re-traumatization of the victims; holding offenders and perpetrators accountable retroactively by imposing punitive measures and prosecution; and evaluating and monitoring for efficiency and assurance.

#### CERTIFICATION

We, hereby, certify that the foregoing resolution was duly considered by the Dine Medicine Men Association at a duly called meeting in Gallup, McKinley County, NM, at which a quorum of Chapter membership was present and that the same was passed by a vote of 14 in favor, 0 opposed and 1 abstained this 10th day of September 2017.

Motion by: Oscar Detsoi Seconded by: Tommy Pine

 Date: 09/21/2017  
Mr. Kenneth Maryboy, President

## **Resolution of the Diné Hataalii Association Inc., (DHA)**

### **A RESOLUTION**

SUPPORTING, FUNDING, AND ENACTING THAT ALL REPRESENTATIVES, STAFF, AND CONTRACTORS OF THE TRIBAL, FEDERAL, STATE, AND COUNTY GOVERNMENTS TAKE PROACTIVE STEPS SUPPORTING VICTIMS AND IMPLEMENTING THE FRIENDS OF NAVAJO, APACHE, UTE, HOPI, AND ZUNI COALITION AGAINST SEXUAL ASSAULT AND FAMILY VIOLENCE (NAUHZCASAFV) RECOMMENDATIONS BY: SECURING FUNDS TO AMEND AND ENFORCE THE LAWS TO PROTECT AND SUPPORT THE VICTIMS OF CRIME; PROVIDING TRAUMA INFORMED CARE AND SERVICES; ELIMINATING RE-TRAUMATIZATION OF VICTIMS; HOLDING OFFENDERS AND PERPETRATORS ACCOUNTABLE RETROACTIVELY BY IMPOSING PUNITIVE MEASURES AND PROSECUTION, AND EVALUATING AND MONITORING FOR EFFICIENCY AND ASSURANCE

Res. No. DHA R17-29-10d

### **WHEREAS:**

1. The Diné Hataalii Association, Inc., is a unique, authentic, and distinguished “grassroots” Dine-based non-profit 501 (c) (3) organization certified by the Business Regulatory Department under the Navajo Division of Economic Development and is structured and comprised of Executive Board of Directors and twenty-four (24) regional directors who are medicine men and women who serve six (6) Navajo regions, reservation-wide. They are: Crownpoint, Fort Defiance, Chinle, Tuba City, Shiprock, and Utah Aneth Extension; AND
2. The Diné Hataalii Association, Inc., is representative of the medicine people and regarded by the Diné people as qualified to speak with authority on matters on cultural importance, traditional knowledge, ancestral wisdom, intellectual property rights, Diné astronomy, protocol, Diné language, history, customs, and related matters: AND
3. The Diné Hataalii Association, Inc., is incorporated under the Navajo Nation Commerce and has been in existence since 1970. The association is composed of renowned knowledge holders, spiritual healers, (Hataalii’s, Chanters, Singers, Traditional Practitioners, etc.) professors, cultural educators, and community leaders: AND
4. Diné Hataalii Association (DHA) recognizes the significance of the preservation and use of Diné Ceremonial healing interventions and for the physical, mental, emotional, and social health and wellbeing of present and future generations of Diné: AND
5. The Diné Hataalii Association DHA approves to support prevention of crime and violence as incidences of crime have become a serious epidemic and a public health and safety crisis on the Navajo reservation; and,
4. Diné Hataalii Association (DHA acknowledges the current lack of trauma informed care, services, and environment so that the victims of crime receive no support and advocacy, are

re-victimized by blaming, shaming, and accusing thus continually triggered and traumatized by the offender, public, and tribal, county, state, and federal governments, including the Bureau of Indian Affairs and the Department of Justice, and,

5. Diné Hataalii Association (DHA. agrees that currently the perpetrators and offenders are not prosecuted, not held accountable and penalized, do not pay restitution to the victim, and are allowed to remain in the community where they continue their deviance, aggression, and criminal activity, thereby re-traumatizing their victims and causing the public harm.

**NOW, THEREFORE BE IT RESOLVED THAT:**

1. The Diné Medicine Men Association hereby approves supporting, funding and enacting that all representatives, staff, and contractors of the tribal, federal, state, and county take proactive steps supporting victims and implementing the friends of NAUHZCASAFV recommendations by: securing funds to amend and enforce the laws to protect and support the victims of crime; providing trauma informed care and services; eliminating re-traumatization of the victims; holding offenders and perpetrators accountable retroactively by imposing punitive measures and prosecution; and evaluating and monitoring for efficiency and assurance.

Res. No. DHA R17-29-10d

**CERTIFICATION**

We hereby certify that the foregoing resolution was duly considered by the Dine Hataalii Association, Inc., at a duly called meeting at the *residence of Lee Louis in Heurfano, New Mexico*, at which a quorum was present and that same was passed by a vote of 15 in favor, 0 opposed and 0 abstained on October 29, 2017.

Motioned: Anthony Lee Seconded: Thompson Billy

The image shows two handwritten signatures in black ink. The signature on the left is 'Dr. David Johns' and the signature on the right is 'Lorenzo Max'.

Dr. David Johns, DHA President

Mr. Lorenzo Max, DHA Vice-President



**RESOLUTION  
OF THE  
EASTERN NAVAJO AGENCY COUNCIL  
THE NAVAJO NATION**

**No. ENAC-06/17-009**

**SUPPORTING AND APROVING ALL REPRESENTATIVES, STAFF, AND CONTRACTORS OF THE NAVAJO NATION TAKE PROACTIVE STEPS BY FIRST SUPPORTING THE VICTIM IMPLEMENTING OF THE FRIENDS OF NAVAJO, APACHE, HOPI, ZUNI, AND UTE COALITION AGAINST SEXUAL ASSAULT AND FAMILY VIOLENCE (NAHZUCASAFV) RECOMMENDATIONS TO CHANGE AND ENFORCE THE LAWS TO PROTECT AND SUPPORT THE VICTIMS OF CRIME, TO PROVIDE TRAUMA INFORMED CARE AND SERVICES, AND NOT TO RE-TRAUMATIZE THE VICTIMS; AND TO PENALIZE THE OFFENDERS AND PERPETRATORS TO HOLD THEM ACCOUNTABLE**

**WHEREAS:**

1. The Eastern Navajo Agency Council is established under the Legislative Branch of the Navajo Nation and certified by Resolution IGRS-251-01; and
2. Pursuant to 26 N.N.C. Section 103 (D) (4), the Eastern Navajo Agency Council, a consortium of elected Chapter Officials representing thirty-one (31) certified Navajo Nation Chapters, agree to address and undertake common goals and interests for the benefit of the Eastern Navajo Agency Chapters; and
3. Pursuant 2 N.N.C SECTION: 4028; the Eastern Navajo Agency Council is vested with government authority to review all matters affecting the community to make most appropriate recommendations when necessary to the Navajo Nation, County, State, Federal and other local agencies; and
4. The Eastern Navajo Agency Council approves to support prevention of crime and violence as they have become an serious epidemic and a public health and safety crisis on the Navajo reservation; AND,
5. The Eastern Navajo Agency Council approves the victims of crime and violence on the Navajo Nation are continually not supported, are not provided advocacy, and are re-traumatized and re-victimized by the offender, public, and system; AND,
6. The Eastern Navajo Agency Council agrees that the perpetrators and offenders are not prosecuted, not held accountable and penalized, do not pay restitution to the victim, and allowed to remain in the community where they continue their deviance, aggression, and criminal activity, thereby re-traumatizing their victims and causing the public harm.


**NOW, THEREFORE BE IT RESOLVED THAT:**


1. The Eastern Navajo Agency Council hereby supports and approves all representatives, staff, and contractors of the Navajo Nation take proactive steps by first supporting the victim implementing of the Friends of Navajo, Apache, Hopi, Zuni, and Ute Coalition Against Sexual Assault and Family Violence (NAHZUCASAFV) recommendations to change and enforce the laws to protect and support the victims of crime, to provide trauma informed care and services, and not to re-traumatize the victims; and to penalize the offenders and perpetrators to hold them accountable.

**CERTIFICATION**

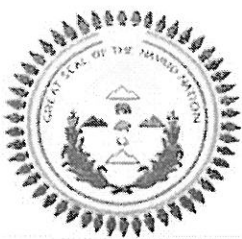
I hereby certify that the foregoing resolution was approved by the Eastern Navajo Agency Council at a duly called meeting at Baca/Prewitt Chapter, Navajo Nation, New Mexico, at which a quorum was present and the same was passed by a vote of 52 in favor, 00 opposed, 01 abstained, this 3<sup>rd</sup> day of June 2017.

Moved by: Jay DeGroat, Mariano Lake Chapter  
Seconded: David Lee, Tseyatoh Chapter

  
President, Jamie Henio

ATTEST:  
  
W. Wanda Arviso, Secretary





# NORTHERN NAVAJO AGENCY COUNCIL RESOLUTION

NNAC-15-061717

**SUPPORTING AND APPROVING THAT ALL REPRESENTATIVES, STAFF, AND CONTRACTORS OF THE NAVAJO NATION TAKE PROACTIVE STEPS BY FIRST SUPPORTING THE VICTIM AND IMPLEMENTATION OF THE FRIENDS OF NAVAJO, APACHE, HOPI, ZUNI, AND UTE COALITION AGAINST SEXUAL ASSAULT AND FAMILY VIOLENCE (NAHZCASAFV) RECOMMENDATIONS TO CHANGE AND ENFORCE THE LAWS TO PROTECT AND SUPPORT THE VICTIMS OF CRIME, TO PROVIDE TRAUMA INFORMED CARE AND SERVICES, TO ELIMINATE RE-TRAUMATIZATION OF THE VICTIMS; AND TO PENALIZE THE OFFENDERS AND PERPETRATORS BY HOLDING THEM ACCOUNTABLE**

## **WHEREAS:**

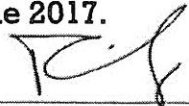
1. Pursuant to IGRD-269-05, the Northern Navajo Agency Council is a recognized political subdivision of the Navajo Nation and has the authority to advocate and make appropriate recommendations on behalf of the 20 Northern Navajo Agency chapters to the Navajo Nation Government, Federal, State, and Local entities for appropriate action; and
2. The Northern Navajo Agency Council is aware of the issues regarding the prevention of crime and violence that appear to have become an epidemic and a public health and safety crisis on the Navajo Nation; and
3. The Northern Navajo Agency Council has been informed that the victims of crime and violence on the Navajo Nation are continually not supported, are not provided advocacy, and are re-traumatized and re-victimized by the offender, public, and system; and
4. That presently, the perpetrators and offenders are not prosecuted, not held accountable and penalized, do not pay restitution to the victim, and allowed to remain in the community where they continue their deviance, aggression, and criminal activities thereby re-traumatizing their victims and causing the public harm.

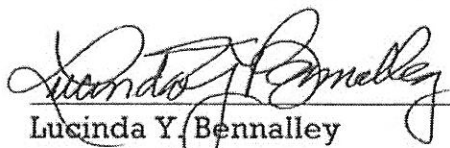
## **NOW THEREFORE BE IT RESOLVED THAT:**


1. The Northern Navajo Agency Supports the victim of violent crime by providing trauma informed services by supporting the implementation of the Friends of NAHZCASAFV recommendations to change and enforce the laws to protect and support the victims of crime, to encourage others to provide trauma informed care and services, and not to re-traumatize the victims, and to penalize the offenders and perpetrators to hold them accountable

## **CERTIFICATION**

We hereby certify that this resolution was duly considered at a duly called Northern Navajo Agency Council meeting in Cove, Arizona (Navajo Nation) at which a quorum was present and a motion was made by David John and seconded by Daron Yellowhorse and the same was passed by a vote of 42 in favor, 0 opposed, and 1 abstained, this 17<sup>th</sup> day of June 2017.

  
Rick Nez  
Chairperson

  
Lucinda Y. Bennalley  
Vice Chairperson

  
Dr. J. Kaibah Begay  
Secretary

RESOLUTION OF THE  
CHINLE AGENCY COUNCIL  
Resolution No: CAC-07/17-02

**SUPPORTING AND APROVING ALL REPRESENTATIVES, STAFF, AND CONTRACTORS OF THE NAVAJO NATION TAKE PROACTIVE STEPS BY FIRST SUPPORTING THE VICTIM IMPLEMENTING OF THE FRIENDS OF NAVAJO, APACHE, HOPI, ZUNI, AND UTE COALITION AGAINST SEXUAL ASSAULT AND FAMILY VIOLENCE (NAHZUCASAFV) RECOMMENDATIONS TO CHANGE AND ENFORCE THE LAWS TO PROTECT AND SUPPORT THE VICTIMS OF CRIME, TO PROVIDE TRAUMA INFORMED CARE AND SERVICES, TO ELIMINATE RE-TRAUMATIZATION OF THE VICTIMS; AND TO PENALIZE THE OFFENDERS AND PERPETRATORS BY HOLDING THEM ACCOUNTABLE.**

WHEREAS:

1. The Chinle Navajo Agency Council is a consortium of duly elected Chapter Officials of sixteen (16) chapters of the Navajo Nation with vested interest to advocate, promote and support common goals and interest of the respective chapters/organizations; AND
2. Per the 2 N.N.C. SECTION ; 4028; the Chinle Navajo Agency Council is vested with the government authority to review all matters affecting the community and to make most appropriate recommendations when necessary to the Navajo Nation, County, State, Federal and other local agencies for beneficial to the organizations; AND
3. Pursuant to Navajo Tribal Council Resolution CAP-34-98, the Navajo Nation Council enacted the Navajo Tribal Code Title 26, Local Governance Act "LGA" which recognizes governance at a local level, LGA promotes local autonomy with a desired outcome of improving community decision making, excelling and flourishing communities, enable local Navajo leaders to guide the community toward a prosperous future and improving the supremacy and sovereignty of the Navajo Nation and concurrently governing with responsibility and accountability to the local citizens; which all the chapters in Chinle Navajo Agency have met and are recognized a local governing bodies; AND
4. The Chinle Navajo Agency Council approves to support prevention of crime and violence as they have become an serious epidemic and a public health and safety crisis on the Navajo reservation; AND,
5. The Chinle Navajo Agency Council approves that currently the victims of crime and violence on the Navajo Nation are continually not supported, are not provided advocacy, and are re-traumatized and re-victimized by the offender, public, and system; AND,



6. The Chinle Navajo Agency Council agrees that currently the perpetrators and offenders are not prosecuted, not held accountable and penalized, do not pay restitution to the victim, and allowed to remain in the community where they continue their deviance, aggression, and criminal activity, thereby re-traumatizing their victims and causing the public harm.

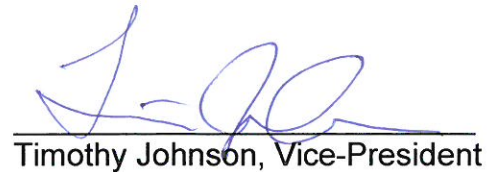
NOW, THEREFORE, BE IT RESOLVED THAT:

1. Chinle Navajo Agency Council membership hereby takes a proactive step by first supporting the victim by providing trauma informed services by supporting the implementation of the Friends of NAHZCASAFV recommendations to change and enforce the laws to protect and support the victims of crime, to encourage others to provide trauma informed care and services, and not to re-traumatize the victims; and to penalize the offenders and perpetrators to hold them accountable.

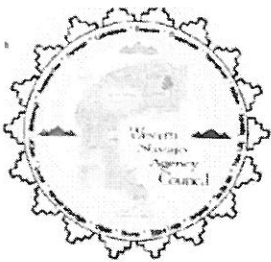
### CERTIFICATION

I hereby certify that the foregoing resolution was considered at a duly called Chinle Agency Council meeting at the Diné College, Tsaile, Navajo Nation, Arizona at which a quorum was present and the same time passed by a vote of 88 in favor 0 opposed and 2 abstained on this 8<sup>th</sup> Day of July, 2017.

  
Zane James, President

  
Timothy Johnson, Vice-President

  
Valencia Edgewater, Secretary



# WESTERN NAVAJO AGENCY COUNCIL

HANK STEVENS  
President

JERRY WILLIAMS  
Vice-President

SARAH SLIM  
Secretary



## RESOLUTION OF THE WESTERN NAVAJO AGENCY COUNCIL RESOLUTION NO.: WNAC17-06-INB

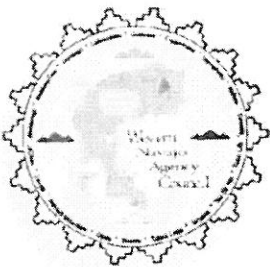
SUPPORTING AND APROVING THE ALL REPRESENTATIVES, STAFF, AND CONTRACTORS OF THE NAVAJO NATION TAKE PROACTIVE STEPS BY FIRST SUPPORTING THE VICTIM IMPLEMENTING OF THE FRIENDS OF NAVAJO, APACHE, HOPI, ZUNI, AND UTE COALITION AGAINST SEXUAL ASSAULT AND FAMILY VIOLENCE (NAHZUCASAFV) RECOMMENDATIONS TO CHANGE AND ENFORCE THE LAWS TO PROTECT AND SUPPORT THE VICTIMS OF CRIME, TO PROVIDE TRAUMA INFORMED CARE AND SERVICES, TO ELIMINATE RE-TRAUMATIZATION OF THE VICTIMS; AND TO PENALIZE THE OFFENDERS AND PERPETRATORS BY HOLDING THEM ACCOUNTABLE.

### WHEREAS:

1. The Western Navajo Agency (WNA) Council is a consortium of duly elected Chapter Officials of (18) chapters of the Navajo Nation with vested interest to advocate, promote and support common goals and interest of the respective chapters/organizations; AND
2. Per the 2 N.N.C. SECTION ; 4028; the Western Navajo Agency Council is vested with the government authority to review all matters affecting the community and to make most appropriate recommendations when necessary to the Navajo Nation, County, State, Federal and other local agencies for beneficial to the organizations; AND
3. Pursuant to Navajo Tribal Council Resolution CAP-34-98, the Navajo Nation Council enacted the Navajo Tribal Code Title 26, Local Governance Act "LGA" which recognizes governance at a local level, LGA promotes local anatomy with a desired outcome of improving community decision making, excelling and flourishing communities, enable local Navajo leaders to guide the community toward a prosperous future and improving the supremacy and sovereignty of the Nation and concurrently governing with responsibility and accountability to the local citizens; which all the chapters in Wester Navajo Agency have met and are recognized a local governing bodies; AND
4. The Western Navajo Agency Council approves to support prevention of crime and violence as they have become an serious epidemic and a public health and safety crisis on the Navajo reservation; AND

### WESTERN NAVAJO AGENCY COUNCIL CHAPTERS

BIRDSPRINGS/TSIDII TO'II ~ BODAWAY/GAP ~ CAMERON ~ CHILCHINBETO ~ COALMINE CANYON  
COPPERMINE ~ DENNEHOTSO ~ INSCRIPTION HOUSE/TS'AH BII'KIN ~ KAIBETO/RAI'BII TO ~ KAYENTALECHEE ~  
LEUPP ~ NAVAJO MOUNTAIN ~ OLJATO ~ SHONTO ~ TOLANI LAKE ~ TONANEESEDICI ~ TONALEA



# WESTERN NAVAJO AGENCY COUNCIL

HANK STEVENS  
President

JERRY WILLIAMS  
Vice-President

SARAH SLIM  
Secretary



5. The WNA Council approves that currently the victims of crime and violence on the Navajo Nation are continually not supported, are not provided advocacy, and are re-traumatized and re-victimized by the offender, public, and system; AND,
6. The WNA Council agrees that currently the perpetrators and offenders are not prosecuted, not held accountable and penalized, do not pay restitution to the victim, and allowed to remain in the community where they continue their deviance, aggression, and criminal activity, thereby re-traumatizing their victims and causing the public harm.

## NOW, THEREOFRE, BE IT RESOLVED THAT:

1. The Western Navajo Agency Council membership hereby, takes a proactive step by first supporting the victim by providing trauma informed services buy supporting the implementation of the Friends of NAHZCASAFV recommendations to change and enforce the laws to protect and support the victims of crime, to encourage others to provide trauma informed care and services, and not to re-traumatize the victims; and to penalize the offenders and perpetrators to hold them accountable.

## CERTIFICATION

We, hereby certify that the foregoing resolution was duly considered by the Western Agency Council at a duly called meeting at Kaibeto Boarding School, Kaibeto (Navajo Nation), Arizona, at which a quorum was present and that the same resolution was passed by a vote of 32 in favor, 0 Opposed, 2 Abstained on this 17<sup>th</sup> day of June 2017.

Motion by: Martha Tate Second by: Anije Cody

## PRESIDING

Hank Stevens  
Hank Stevens, President  
WNA Council

## WESTERN NAVAJO AGENCY COUNCIL CHAPTERS

BIRDSPRING/TSIDII TO'II ~ BODAWAY/GAP ~ CAMERON ~ CHILCHINBETO ~ COALMINE CANYON  
COPPERMINE ~ DENNEHOTSO ~ INSCRIPTION HOUSE/TS'AH BII'KIN ~ KAIBETO/KAIBII TO ~ RAYENTALECHEE ~  
LEUPP ~ NAVAJO MOUNTAIN ~ OIJJATO ~ SHONTO ~ TOLANI LAKE ~ TONANEESDIEI ~ TONALEA



FORT DEFIANCE AGENCY COUNCIL  
NAVAJO NATION

Linda Youvella, President  
Lorenzo Curley, Vice President  
Francis Lester, Secretary  
(Host), Sergeant-At-Arm



District 17 Council  
District 18 Council  
District 07 Council  
Chapter President

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**RESOLUTION OF THE FORT DEFIANCE AGENCY COUNCIL**

Resolution No. FDAC-17-07-007

**SUPPORTING, RECOMMENDING AND REQUESTING ALL REPRESENTATIVES, STAFF, AND CONTRACTORS OF THE NAVAJO NATION TAKE PROACTIVE STEPS BY FIRST SUPPORTING THE VICTIM IMPLEMENTING OF THE FRIENDS OF NAVAJO, APACHE, HOPI, ZUNI, AND UTE COALITION AGAINST SEXUAL ASSAULT AND FAMILY VIOLENCE (NAHZUCASAFV) RECOMMENDATIONS TO CHANGE AND ENFORCE THE LAWS TO PROTECT AND SUPPORT THE VICTIMS OF CRIME, TO PROVIDE TRAUMA INFORMED CARE AND SERVICES, TO ELIMINATE RE-TRAUMATIZATION OF THE VICTIMS; AND TO PENALIZE THE OFFENDERS AND PERPETRATORS BY HOLDING THEM ACCOUNTABLE.**

**WHEREAS:**

1. The Fort Defiance Agency Council is a consortium of duly elected Chapter Officials of twenty-eight (28) certified/non-certified Navajo Nation Chapter that advocate, promote, and support common goals and interest of the respective Chapters; and
2. The Fort Defiance Agency Council is comprised of elected officials from twenty-eight (28) Navajo Nation Chapters within the Fort Defiance Agency and has the responsibility and authority to address matters and projects that will benefit the 28 chapters of the Fort Defiance Agency of the Navajo Nation; and
3. Pursuant to 26 N.N.C.; The Fort Defiance Agency Council is duly recognized as certified Agency Council of the Navajo Nation Government, Listed at 11 N.N.C. Part 1, Section 10 and
4. Pursuant to 26 N.N.C.; The Fort Defiance Agency Council is vested with the authority to review and adhere to all matters relating and affecting the Twenty-eight (28) Navajo Communities and chapters at which this council is made of; and make appropriate actions when need be; and
5. The Fort Defiance Agency Council supports prevention of crime and violence as they have become an serious epidemic and a public health and safety crisis on the Navajo reservation; and,
6. The Fort Defiance Agency Council approves that currently the victims of crime and violence on the Navajo Nation are continually not supported, are not provided advocacy, and are re-traumatized and re-victimized by the offender, public, and system; and

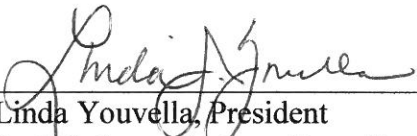
7. The Fort Defiance Agency Council agrees that currently the perpetrators and offenders are not prosecuted, not held accountable and penalized, do not pay restitution to the victim, and allowed to remain in the community where they continue their deviance, aggression, and criminal activity, thereby re-traumatizing their victims and causing the public harm.

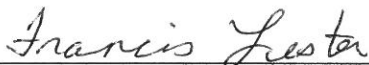
**NOW, THEREFORE, BE IT RESOLVED THAT:**

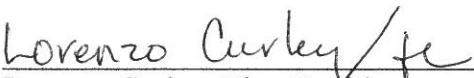
1. Fort Defiance Agency Council membership hereby supports, recommends and requests to takes a proactive step by first supporting the victim by providing trauma informed services by supporting the implementation of the Friends of NAHZCASAFV recommendations to change and enforce the laws to protect and support the victims of crime, to encourage others to provide trauma informed care and services, and not to re-traumatize the victims; and to penalize the offenders and perpetrators to hold them accountable.

**CERTIFICATION**

We, hereby certify that the foregoing resolution was duly considered by and moved for adoption by Berdie Redhouse, Second by Harrison Plummer, thoroughly discussed and adopted by a vote of 14 in favor, 00 opposed and 02 abstained at a duly called meeting at Ganado Chapter, the NAVAJO NATION, Ganado, Arizona on this 08<sup>th</sup> day of July 2017.

  
\_\_\_\_\_  
Linda Youvella, President  
Fort Defiance Agency Council

  
\_\_\_\_\_  
Francis K. Lester, Secretary  
Fort Defiance Agency Council

  
\_\_\_\_\_  
Lorenzo Curley, Vice-President  
Fort Defiance Agency Council

# Utah Navajo Health System, Inc.

## Resolution two #03202019

**SUPPORTING, FUNDING, AND ENACTING THAT ALL REPRESENTATIVES, STAFF, AND CONTRACTORS OF THE TRIBAL, FEDERAL, STATE, CITY, AND COUNTY GOVERNMENTS TAKE PROACTIVE STEPS SUPPORTING VICTIMS AND IMPLEMENTING THE FRIENDS OF NAVAJO, APACHE, UTE, HOPI, AND ZUNI COALITION AGAINST SEXUAL ASSAULT AND FAMILY VIOLENCE (NAUHZCASAFV) RECOMMENDATIONS BY: SECURING FUNDS TO AMEND AND ENFORCE THE LAWS TO PROTECT AND SUPPORT THE VICTIMS OF CRIME; PROVIDING TRAUMA INFORMED CARE AND SERVICES; ELIMINATING RE-TRAUMATIZATION OF VICTIMS; HOLDING OFFENDERS AND PERPETRATORS ACCOUNTABLE RETROACTIVELY BY IMPOSING PUNITIVE MEASURES AND PROSECUTION, AND EVALUATING AND MONITORING FOR EFFICIENCY AND ASSURANCE**

### WHEREAS:

1. The Utah Navajo Health System Board of Director's is recognized as a tribal organization of the Navajo Nation and is a 501(c)3, private non-profit, Indian owned and operated corporation duly incorporated in the State of Utah, and is 638 designated, and
2. The Utah Navajo Health System's primary responsibility is to ensure accessible and adequate health care for the residents of the "Utah strip" of the Navajo Nation; and
3. UNHS has authority to enact and rescind resolutions through its board of directors and,
4. The Indian Self-Determination Act (Public Law 93-638) was enacted by the United States Congress and Self-Governance Act Initiatives entitle and support Navajo Indians in initiating plans and making decisions, recommendations, requests and etc.; and
5. UNHS support prevention of crime and violence as they have become an serious epidemic and a public health and safety crisis on the Navajo reservation; and
6. UNHS acknowledges the current lack of trauma informed care, services, and environment so that the victims of crime receive no support and advocacy, are re-victimized by blaming, shaming, and accusing thus continually triggered and traumatized by the offender, public, and tribal, county, state, and federal governments, including the Bureau of Indian Affairs and the Department of Justice; and

# Utah Navajo Health System, Inc.

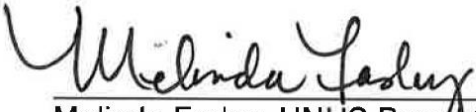
7. UNHS agrees that currently the perpetrators and offenders are not prosecuted, not held accountable and penalized, do not pay restitution to the victim, and are allowed to remain in the community where they continue their deviance, aggression, and criminal activity, thereby re-traumatizing their victims and causing the public harm.

NOW THEREFORE BE IT RESOLVED THAT:

1. The Utah Navajo Health System, Inc. (UNHS) membership hereby approves supporting, funding and enacting that all representatives, staff, and contractors of the tribal, federal, state, and county take proactive steps supporting victims and implementing the findings of NAUHZCASFV recommendations by: securing funds to amend and enforce the laws to protect and support the victims of crime; providing trauma informed care and services; eliminating re-traumatization of the victims; holding offenders and perpetrators accountable retroactively by imposing punitive measures and prosecution; and evaluating and monitoring for efficiency and assurance.

## CERTIFICATION

We, hereby certify that the foregoing resolution was duly considered by the Utah Navajo Health System Board of Directors at a duly called meeting in Montezuma Creek, UT at which a quorum was present and the same was approved this 20th day of March 2019.

  
Melinda Farley, UNHS Board Chair



February 26, 2021

RE: Legislation No: 0024-21

Winslow Indian Health Care Center would like to offer a few edits and suggestions regarding the Navajo Nation 2021 Federal Priorities that is being presented in Legislation No. 0024-21. Our suggestions and edits are below listed in red.

5) NAVAJO AREA INDIAN HEALTH SERVICE

- a) primary care, **secondary care, and tertiary care**
- e) **funding issues in annual/biannual/multiyear budget; funding agreement**
- i) Navajo elders **and tele-psychiatry (adults and youth);**

15) BROADBAND AND TELECOMMUNICATIONS

- f) to better address Tribal needs, **i.e. USAC emphasis for Rural Health**

16) VETERANS AFFAIRS

- e) **Utilization of Veterans Affairs/Tribal Reimbursement Agreements (MOU) to receive reimbursement from the Veterans Affairs for direct care services**

Thank you.

Virgil L. Davis  
Chief Operating Officer

*Hózhóǫ́jí dóó k'ě*





**TUBA CITY REGIONAL HEALTH CARE CORPORATION**

167 North Main Street, P.O. Box 600

Tuba City, Arizona 86045-0600

[www.tchealth.org](http://www.tchealth.org)

February 28, 2021

VIA EMAIL to [comments@navajo-nsn.gov](mailto:comments@navajo-nsn.gov)

Executive Director  
Office of Legislative Services  
P. O. Box 3390  
Window Rock, AZ 86515

**Re: Comments on Legislation No. 0024-2021: An Action Relating to Naabik'iyáti' Committee; Approving and Adopting the 2021 Federal Legislative Priorities of the Navajo Nation**

Dear Sir or Madam:

The Tuba City Regional Health Care Corporation ("TCRHCC") appreciates this opportunity to provide its comments on Legislation No. 0024-2021: *An Action Relating to Naabik'iyáti' Committee; Approving and Adopting the 2021 Federal Legislative Priorities of the Navajo Nation* (the "Legislation"). As set forth further below, TCRHCC respectfully requests that Exhibit "A" to the Legislation be revised by the Navajo Nation Council to include those additional critical items identified by TCRHCC below that it urges should be part of the Navajo Nation's Federal Legislative Priorities for 2021.

**Background of TCRHCC**

TCRHCC is authorized by the Navajo Nation Council as a tribal healthcare organization pursuant to the Indian Self Determination and Education Assistance Act, P.L. 93-638, as amended (the "ISDEAA"). Pursuant to its Compact with the Indian Health Service ("IHS"), TCRHCC operates the former Navajo Area IHS Tuba City Indian Medical Center, and multiple satellite facilities and clinics, providing services to IHS beneficiaries in TCRHCC's service area within the Western Navajo Agency and Coconino County, including the Cameron, Bodaway/Gap, Coalmine Canyon, Kaibeto, LeChee, Coppermine, Tonalea, and To'Naneez'Dizi Chapters of the Navajo Nation, the Hopi Village of Moenkopi, and the San Juan Southern Paiute Tribe. TCRHCC operates a Level III Trauma Center and American Association of Diabetes Educators (AADE) Accredited Program with a primary patient service population of nearly 36,000, and also serves as a Medical Referral Center for over 100,000 patients across the Navajo Nation, including for IHS beneficiaries from the Hopi and San Juan Southern Paiutes tribes. TCRHCC is the largest referral center serving the Navajo Nation. TCRHCC is committed to identifying, strengthening, and developing health and supportive services and strategies for the benefit of the communities it serves.

TCRHCC holds current Accreditations by The Joint Commission on Accreditation for Hospital, Laboratory, Patient Centered Medical Home and Home Health Services and provides comprehensive healthcare services including inpatient/outpatient health services, emergency services; dental and ophthalmology services; orthopedics; OB/GYN; oral surgery; limited urological procedures, pediatric, rheumatology, neurology, dermatology, podiatry, rehabilitative and mental health services, and, most recently in its one-of-a-kind oncology center located on Native American lands, world-class cancer treatment. TCRHCC's staff of medical providers includes surgeons, general medical officers, internal medicine, psychiatrists, pediatricians, family practice physicians, obstetricians, ENT specialists, orthopedic surgeons, and urologists. Dental staff includes general dentists, endodontists, oral and maxillofacial surgeons, pediatric dentists, dental assistants and hygienists. The nursing staff includes registered nurses, licensed practical nurses, certified medical and nursing assistants, community health nurses, nurse practitioners, nurse midwives, and Certified Registered Nurse Anesthetists.

The COVID-19 Pandemic has severely highlighted the health disparities present in our communities. TCRHCC transferred 246 patients to tertiary Hospitals in Southern Arizona (see Exh. 1, Slide 5 "Transfers, etc."). TCRHCC is the regional referral center for Western Navajo Nation, which includes the transfers from Kayenta Health Center, Kayenta, AZ, and the Hopi Health Care Center on the Hopi Nation. The chronic underfunding of health services makes combatting already present health disparities insurmountable without funding Health Priorities in which "health" is 50% of Social Determinants of Health structure. It is uncertain whether we will continue to live with the presence of the COVID-19 virus and if it will ever completely be eradicated.

For TCRHCC to continue to upgrade a 47-year-old hospital facility is absurd (see Exh. 1, Slide 10 "Projects"), but necessary due to bureaucratic processes which underfund critical health facility infrastructure in vast rural communities such as the Tuba City Service Area.

**Recommended Amendments and Additions to Exhibit "A" to the Legislation**

Respectfully, TCRHCC urges that Section 5 of the Priorities titled "Navajo Area Indian Health Service" be retitled to reflect principles of Navajo Nation sovereignty and self determination, including that a significant portion of the healthcare services funded through IHS go to tribal healthcare organizations, like TCRHCC, operating on behalf of the Navajo Nation pursuant to the ISDEAA. In addition, some of the bullet points under that Section refer to funding sources that could be alternative to IHS funding. We therefore suggest that Section 5 be retitled generally as "Healthcare Funding to the Navajo Nation," and that particular priorities for funding to "Navajo Area IHS" be clarified to also expressly include "ISDEAA tribal healthcare organizations serving the Navajo Nation."<sup>1</sup>

Under Section 5, TCRHCC requests that the Navajo Nation add the following as a *critical* federal priority for healthcare funding:

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<sup>1</sup> For example, "(f) increase funding for behavioral and mental health services for the Navajo Area IHS" should be amended to read "(f) increase funding for behavioral and mental health services for the Navajo Area IHS and ISDEAA tribal healthcare organizations serving the Navajo Nation."



**“Placement of a new 600,000 Square Foot Tuba City Inpatient Hospital and Clinic Facility, and new staff quarters, on the National IHS Facility Construction Priority List, and potentially also seeking such finding as an earmark under other appropriate federal infrastructure legislation to be considered by Congress and the Biden/Harris administration, to be designed, constructed, and managed by the Tuba City Regional Health Care Corporation.”** The current TCRHCC Regional Hospital and Clinic Facility space and housing is based on populations and service data of IHS *from the late 1960s*. As shown in the data in slides in composite Exhibit “1,” including the number of patient days experienced by TCRHCC, and the number of patient referrals from other parts of the Navajo Nation and from the Hopi and Southern Paiute tribes, TCRHCC needs at least *double to triple* the amount of total square feet (to 600,000 square feet) to meet present patient care demands. *Id.* Moreover, its current facilities are over 50 years old, requiring constant upkeep and funding to just meet a minimum level of service to its patients. TCRHCC should qualify for a replacement hospital where the Gallup IHS facility, also an aged facility with significant patient days, has already been placed on the National IHS Facility Construction Priority List. The new hospital facility would be a modern, 600,000 square foot, 73 bed inpatient, integrated hospital and regional health system, with a Regional Trauma Level III Critical Care System, Primary and Specialty Care Services, Comprehensive Cancer Treatment and Prevention Programs, Diabetes Treatment and Prevention, Dental Services, Regional Joint Replacement Program, and a Staff Housing unit expansion.

Under Section 5, and also under Section 21 “Abandoned Uranium Mines,” TCRHCC urges that the Navajo Nation add the following as a federal priority for healthcare funding:

**“Funding for cancer prevention and treatment at the Tuba City Regional Hospital Oncology Center related to the legacy of federally approved uranium mining on the Navajo Nation, including, if available, funding from federal uranium settlements with other responsible parties.”** It is a settled matter that the Federal government is largely responsible for the legacy of uranium related cancers on the Navajo caused by the history of uranium mining and the toxic waste left behind.<sup>2</sup> Since opening its Oncology Center, TCRHCC has collected first-hand data showing clusters of cancers related to uranium exposure. Funding for healthcare costs for cancer prevention and treatment related to uranium exposure should be made a major federal priority under the Biden-Harris administration and by our Congressional representatives.

Under both Section 5 and Section 10 “Housing,” TCRHCC requests that the following additional priority be added in the best interest of our Navajo elders:

**“Funding for a 60 Resident Long Term Care Elder Group Facility (including for 30 residents requiring skilled nursing level care) in Tuba City, Navajo Nation (Arizona), to be constructed, and managed by the Tuba City Regional Health Care Corporation.”** There are

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<sup>2</sup> The History of Uranium Mining and the Navajo People, Doug Brugge, PhD, MS and Rob Goble, PhD (Sept. 2002), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222290/>.

at least 350 Navajo elders residing in elder group homes off the reservation and over half of these elders are in Phoenix, which is over 200 miles one way from Tuba City and farther away for others from their communities. As of 2012, the TCRHCC Case Management Department reported that an average of eight (8) elders were placed into off-reservation elder group homes – away from their communities, *Diné Bikeyah*, and their families – each month because a similar facility is not available on the Navajo Nation.

Finally, TCRHCC requests that the following be added as a priority to Section 10, to be included in funding for TDHEs, including Navajo Housing Authority, from appropriate federal funding sources:

**“Funding for essential staff housing for Tuba City Regional Hospital.”** In order to attract and keep competent and skilled healthcare providers, essential to TCRHCC’s mission to meet the needs of its Navajo patients and other IHS beneficiaries, TCRHCC must be provided additional funding for local staff housing. This critical need should be added to the Navajo Nation’s housing needs as a federal priority.

Thank you for your consideration and the opportunity to comment on Legislation No. 0024-2021. Resolutions in support of TCRHCC’s request by its governing Board of Directors are attached hereto as composite Exhibit “2.”

Sincerely,

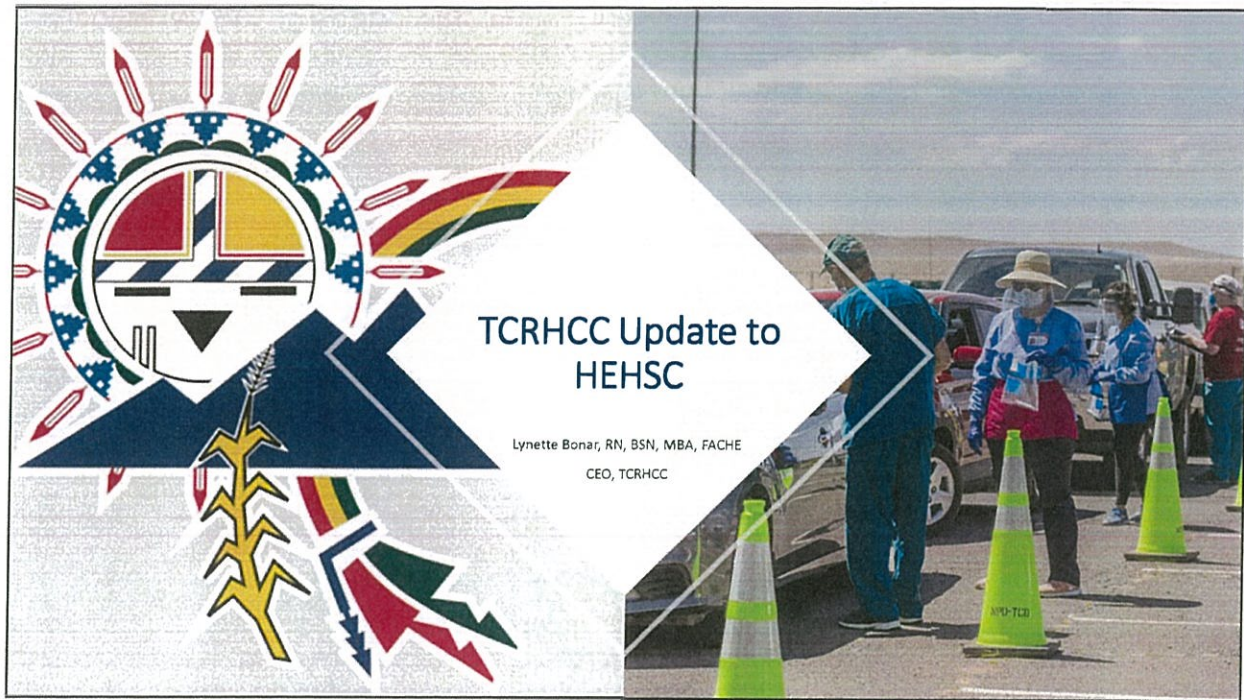
A handwritten signature in black ink, reading "Lynette Bonar". The signature is fluid and cursive, with the first name "Lynette" being more prominent than the last name "Bonar".

Lynette Bonar  
Chief Executive Officer  
Tuba City Regional Health Care Corporation

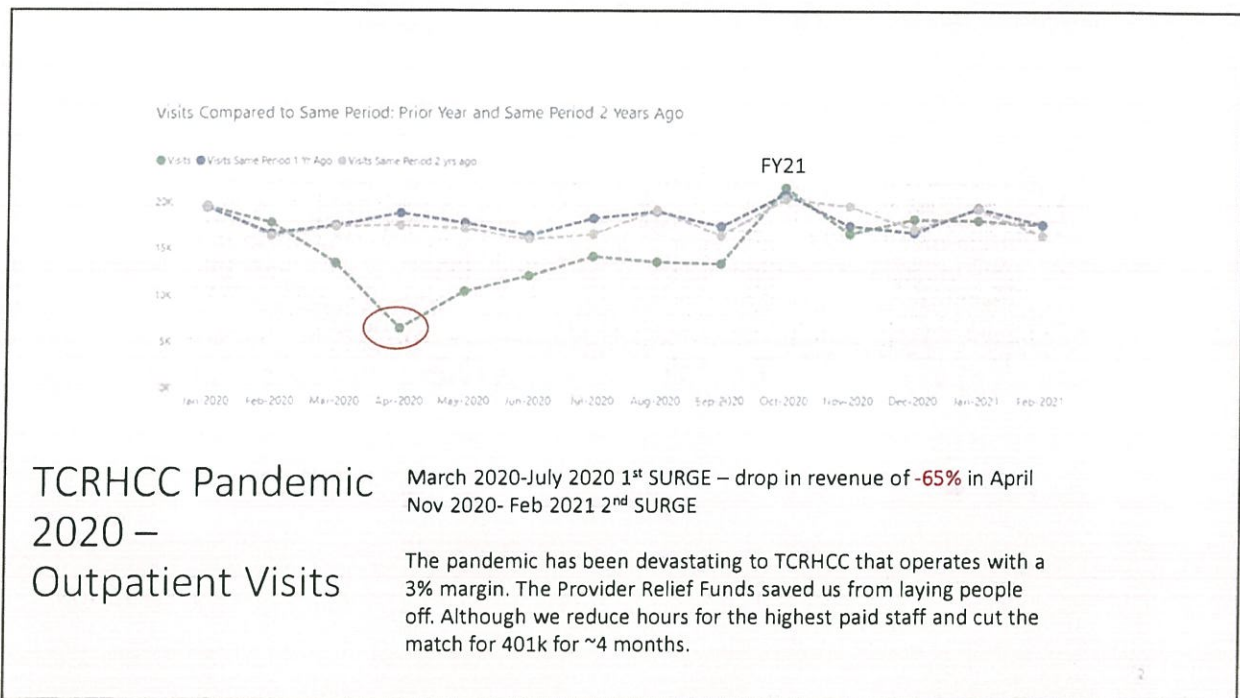
c: TCRHCC Board of Directors



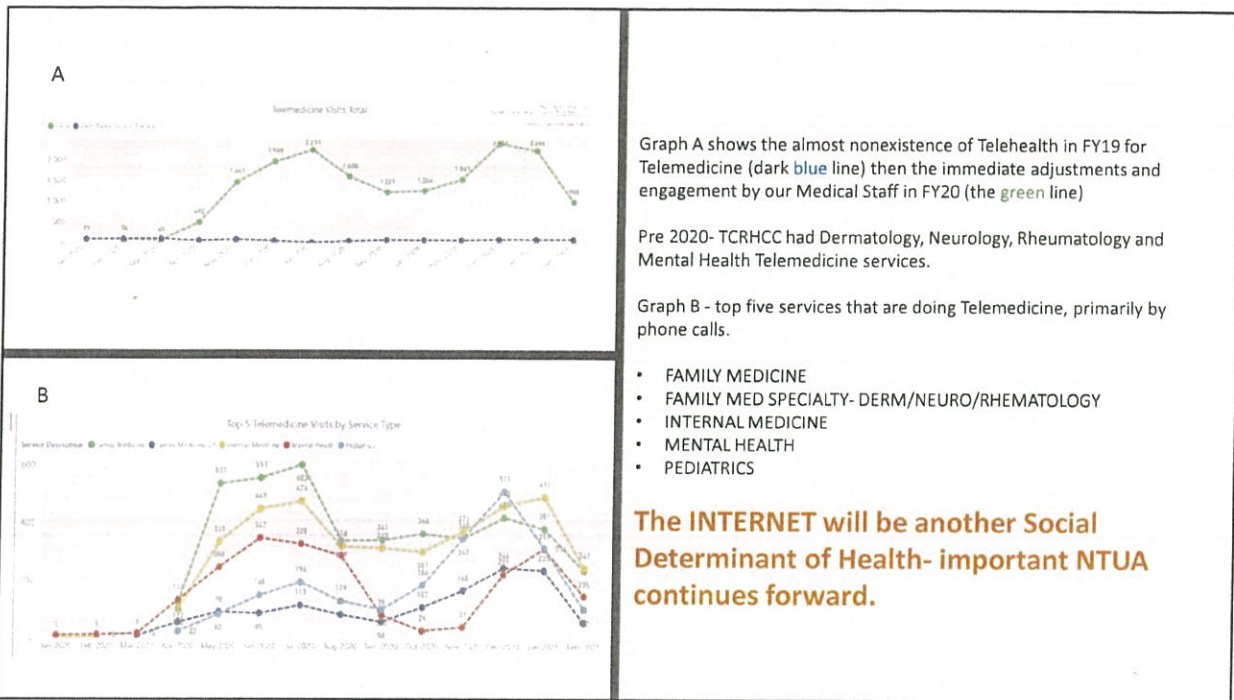
# "EXHIBIT 1"



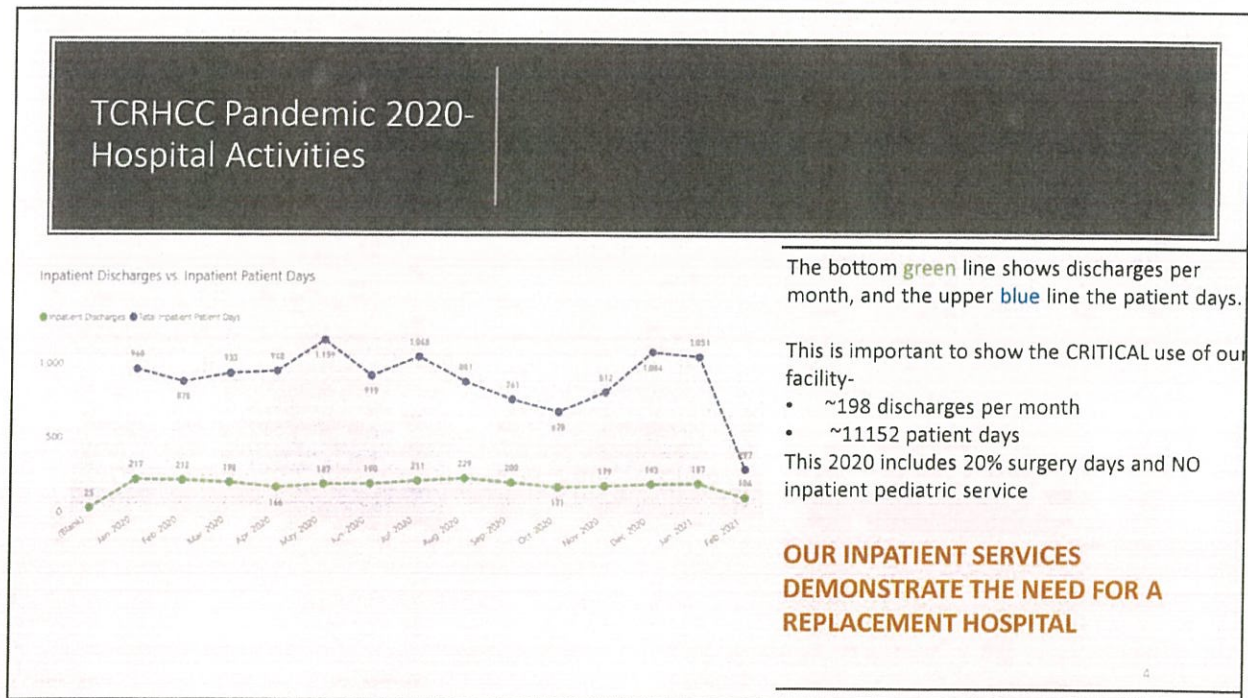
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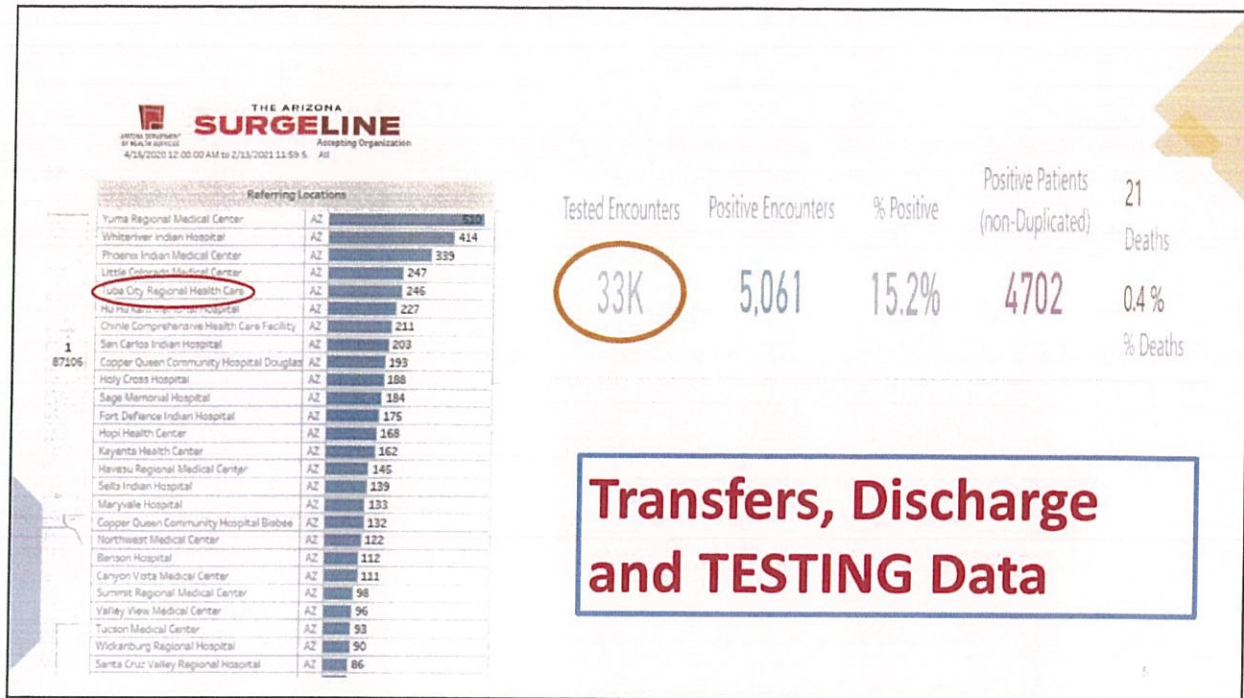


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**TCRHCC Today-Vaccination Priority**

**• BLITZES AND APPOINTMENTS**

Coronavirus 19/COVID-19 Vaccination Information

COVID-19 Vaccine Schedule

1ST DOSE EVENT	1ST DOSE EVENT	1ST DOSE EVENT	1ST DOSE EVENT
WEDNESDAY, FEBRUARY 24	TUESDAY, MARCH 02	FRIDAY, MARCH 05	SATURDAY, MARCH 06
9:00 AM - 3:00 PM Kalbeto Independent Living Center Campus Kalbeto, Arizona	9:00 AM - 3:00 PM LeChee Health Facility LeChee, Arizona	9:00 AM - 3:00 PM Cameron Chapter House Cameron, Arizona	9:00 AM - 3:00 PM Sacred Peaks Health Center Flagstaff, Arizona
MODERNA VACCINE	PFIZER VACCINE	PFIZER VACCINE	MODERNA VACCINE
WHO CAN GET THE VACCINE - Anyone 18+ older	WHO CAN GET THE VACCINE - Anyone 18+ older (Minors must be accompanied by a parent or guardian)	WHO CAN GET THE VACCINE - Anyone 18+ older (Minors must be accompanied by a parent or guardian)	WHO CAN GET THE VACCINE - Anyone 18+ older
RETURN for 2ND DOSE Moderna Vaccine	RETURN for 2ND DOSE Pfizer Vaccine	RETURN for 2ND DOSE Pfizer Vaccine	RETURN for 2ND DOSE Moderna Vaccine
WEDNESDAY, MARCH 24	TUESDAY, MARCH 23	FRIDAY, MARCH 26	SATURDAY, APRIL 03
9:00 AM - 3:00 PM Kalbeto Independent Living Center Campus	9:00 AM - 3:00 PM LeChee Health Facility LeChee, Arizona	9:00 AM - 3:00 PM Cameron Chapter House Cameron, Arizona	9:00 AM - 3:00 PM Sacred Peaks Health Center Flagstaff, Arizona

Inventory - Doses by Lot #

Product	Doses Given
Moderna COVID-19 Vaccine	5279
Pfizer COVID-19 Vaccine	8050
<b>Total</b>	<b>13329</b>

6



The pandemic has led many to think that access to the Internet may become another SDoH

Figure 1

### Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social Integration	Health Coverage
Income	Transportation	Language	Access to Healthy Options	Support Systems	Provider Availability
Expenses	Safety	Early Childhood Education		Community Engagement	Provide Linguistic and Cultural Competency
Debt	Parks	Vocational Training		Discrimination	Quality of Care
Medical Bills	Walkability	Higher Education		Stress	
Support	Zip Code/Geography				

**Health Outcomes**  
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



7

### Pandemic Magnifies Health Disparities

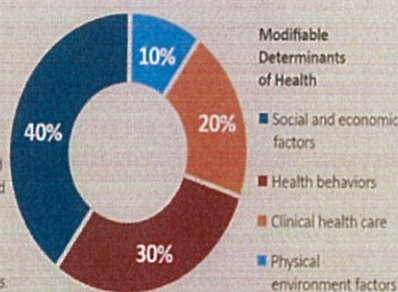
A community action plan needs to occur to address our health disparities at all levels-

- HEALTH
- EMPLOYMENT
- HOUSING
- SAFE NEIGHBORHOODS
- FOOD/WATER
- EDUCATION

### What Affects Health?

Researchers at the University of Wisconsin Population Health Institute estimated the percentage of people's health—including length and quality of life—that is affected by factors that can be changed or modified (i.e., excluding genetics).

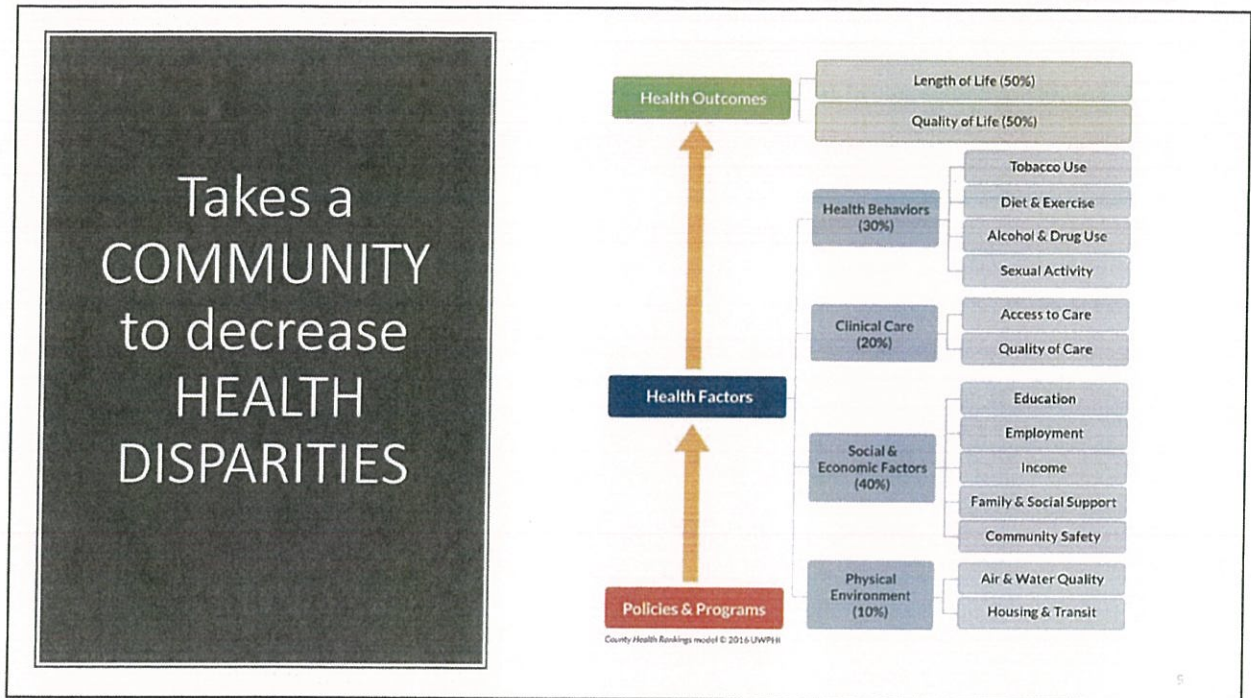
Source: Park, H., Roubal, A.M., Javadi, A., Gemmisa, K.P., and Catlin, B.B., 2015.



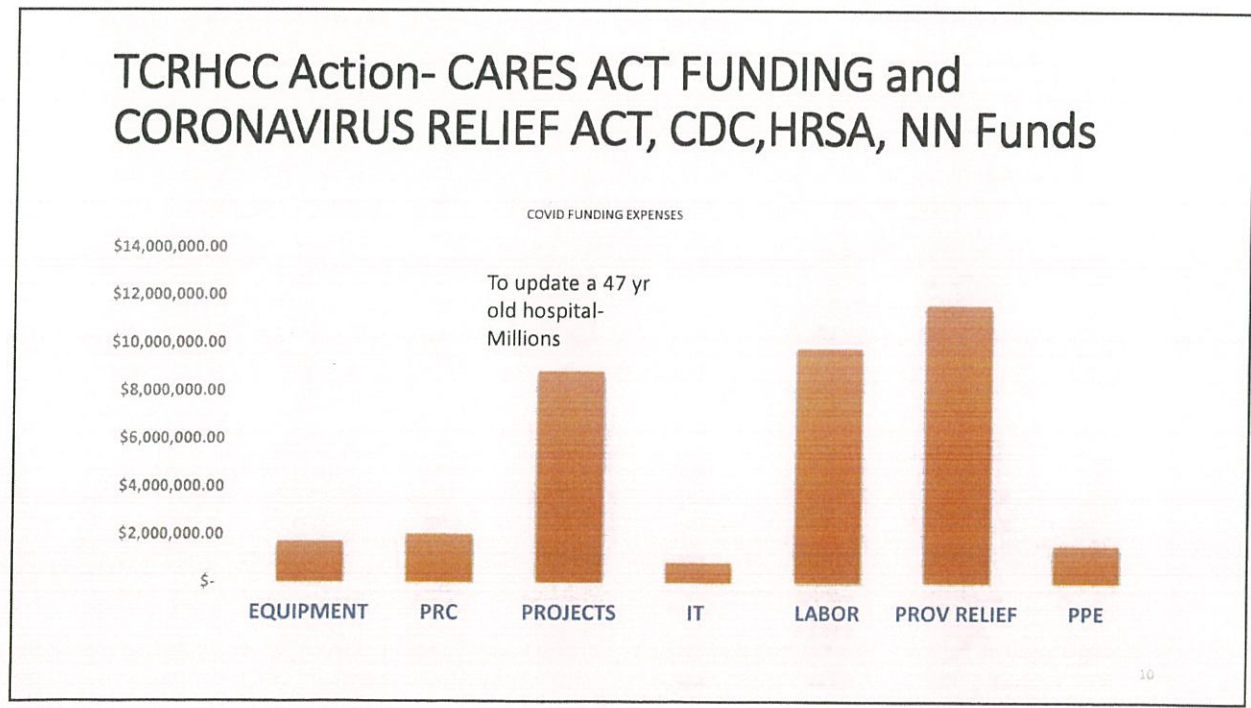
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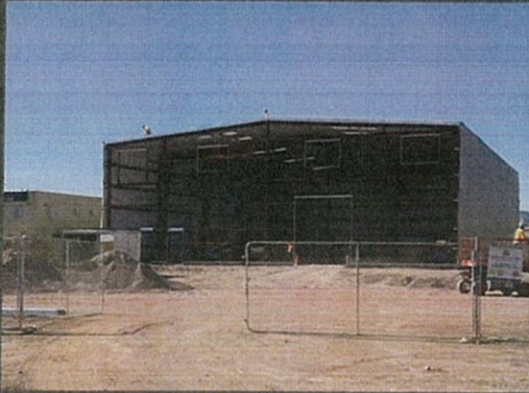




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# Cameron Warehouse & ER Negative Pressure Rooms



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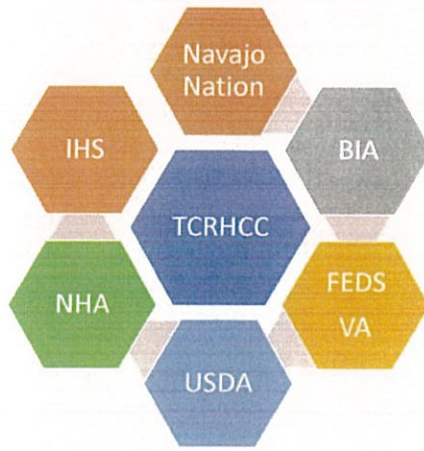
## TCRHCC Master Plan

	Land	Program Plan	A/E	Construction	<b>JOBS</b> Staff	Sq Ft
* Long Term Care	X	X	970,000 <b>FUNDED</b>	50,000,000	80	72000
* Replacement Facility	<b>NEED LAND</b>		6,000,000	600,000,000	100	600000
ER Expansion	X	X	95,000	6,000,000	0	6100
* 3 Story Mod Bldg- Comprehensive Surg/Rehab		<b>DENIED BY I.H.S. IN 2019</b>				
	X	X	900,000	13,000,000	15	42000
* Housing- 36 Unit	X	X	700,000	7,000,000	4	
<b>I.H.S.</b> Echo Cliffs Hlth Facility	X		1,520,000	152,000,000	40	124000
Laundry	X	X	77,000	1,500,000	10	2700
			<b>10,262,000</b>	<b>829,500,000</b>	<b>249</b>	

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## TCRHCC Partners



Western Navajo Health- TCRHCC

Needs:

Replacement Health Facility- Hospital and Clinics - **RESOLUTION**

Elder Care- Long Term Care- **RESOLUTION**

Outpatient Behavioral Health- local and accessible **RESOLUTION**

Staff Housing- **Will create Resolution to Support Funding and Direct NHA to support Essential Staff Housing**

Inpatient Alcohol and Drug Abuse- if new replacement hospital built, old TCRHCC inpatient could be used for treatment

- From March 26, 2020 (Two prior Resolutions were done by TCRHCC, 2012 & 2015, directed to I.H.S.)
- REQUESTING SUPPORT FROM THE NAVAJO NATION HEALTH, EDUCATION, HUMAN SERVICES COMMITTEE FOR THE FY2023 BUDGET FORMULATION PRIORITIES NEW INPATIENT REPLACEMENT HOSPITAL AND CLINIC FACILITY AND STAFF QUARTERS FOR TUBA CITY REGIONAL HEALTH CARE CORPORATION ON THE INDIAN HEALTH SERVICE NATIONAL PRIORITY CONSTRUCTION LIST
- From December 10, 2015:
- SUPPORTS AND APPROVES THE PROPOSAL TO THE NAVAJO HOUSING AUTHORITY FOR FUNDING FOR THE CONSTRUCTION OF THE LONG-TERM CARE ELDER GROUP FACILITY IN TUBA CITY
- From November 12, 2019:
- REQUESTING THE SUPPORT & APPROVAL OF THE HEALTH EDUCATION HUMAN SERVICES COMMITTEE FOR TCRHCC TO ADD OUTPATIENT BEHAVIORAL HEALTH SERVICES TO OUR TITLE V FUNDING AGREEMENT IN AN ADDENDUM TO THE INDIAN HEALTH SERVICES

13

13

## References

- Disparities in Health and Health Care: Five Key Questions and Answers, KFF, March 2020 Disparities in Health and Health Care: Five Key Questions and Answers | KFF February 23, 2021.
- Magnan, S. 2017. Social Determinants of Health 101 for Health Care: Five Plus Five. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201710c>
- Park H, Roubal AM, Jovaag A, Gennuso KP, Catlin BB. Relative Contributions of a Set of Health Factors to Selected Health Outcomes. *Am J Prev Med*. 2015 Dec;49(6):961-9. doi: 10.1016/j.amepre.2015.07.016. PMID: 26590942.

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# "EXHIBIT 2"



## TUBA CITY REGIONAL HEALTH CARE CORPORATION

167 North Main Street, PO Box 600  
Tuba City, AZ 86045-0600

TCRHCC 3-3-2020

### **RESOLUTION OF THE TUBA CITY REGIONAL HEALTH CARE CORPORATION BOARD OF DIRECTORS**

#### **REQUESTING SUPPORT FROM THE NAVAJO NATION HEALTH, EDUCATION, HUMAN SERVICES COMMITTEE FOR THE FY2023 BUDGET FORMULATION PRIORITIES NEW INPATIENT REPLACEMENT HOSPITAL AND CLINIC FACILITY AND STAFF QUARTERS FOR TUBA CITY REGIONAL HEALTH CARE CORPORATION ON THE INDIAN HEALTH SERVICE NATIONAL PRIORITY CONSTRUCTION LIST**

#### **WHEREAS:**

1. Pursuant to Navajo Nation Council Resolution CJY-33-10 (July 21, 2010) and Naabik'iyáti Committee Resolution NABID 96-18 (Dec. 27, 2018), TCRHCC is authorized and designated as a "Tribal Organization" for the purpose of managing and operating contracts with the Indian Health Service ("IHS") under the Indian Self-Determination and Education Assistance Act, Public Law 93-638, as amended ("ISDEAA"); *and*
2. Tuba City Regional Health Care Corporation (TCRHCC), a non-profit, 501(c)3, tribal organization as defined in the Indian Self-Determination Act, Public Law 93-638; *and*
3. The TCRHCC service area within the Western Navajo Agency and Coconino County communities including: Cameron, Bodaway/Gap, Coalmine Canyon, Kaibeto, LeChee, Coppermine, Tonalea, and To'Naneez'Dizi Chapters, and including the Hopi Village of Moenkopi and the San Juan Southern Paiutes of Tuba City, *and*
4. The TCRHCC Board of Directors recognizes that, because of the constantly changing sources of funding in the health care field, within I.H.S. funding, TCRHCC needs advocacy at this National Level in order to ensure the critical health care services it provides through the Title V compact of TCRHCC and assure availability of services to communities of TCRHCC; *and*
5. The TCRHCC Board of Directors has made requests prior to 2012 for a New Inpatient Hospital and Clinic Facility and Staff Quarters on the National I.H.S. Facility Construction Priority List and, now that the majority of other construction priorities on the current FY2021 Annual Facilities Planning dated 02/10/2020 are completed or in process, this is the right time to again propose this request for the update I.H.S. Five Year Plan; *and*
6. The TCRHCC Regional Hospital and Clinic Facility space and housing is based on populations and service data from the late 1960's I.H.S. space requirements, the Facility



needs at least double to triple the amount of total square feet to meet present patient care demands, *and*

7. The TCRHCC Board of Directors recognizes the dire need to develop and provide the following critical patient health care priorities, which are directly related to the need for a new TCRHCC Inpatient Replacement Hospital and Clinic Facility and in accordance with TCRHCC's mission through a modern, integrated hospital and regional health system; the priority is as follows:

- i. Regional Trauma Level III Critical Care System
- ii. Primary and Specialty Care Services
- iii. Comprehensive Cancer Treatment and Prevention Programs
- iv. Diabetes Treatment and Prevention
- v. Dental Services
- vi. Regional Joint Replacement Program
- vii. Staff Housing Unit Expansion
- viii. TCRHCC Inpatient 73 Bed Replacement Hospital Facility

**THEREFORE, BE IT RESOLVED, THAT:**

The TCRHCC Board of Directors:

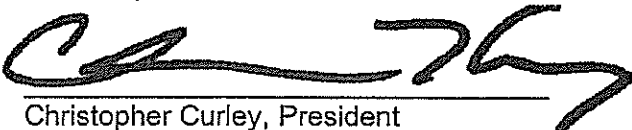
1. Supports and recommends to the Health Education Human Services Committee to advocate to the Navajo Nation President Jonathan Nez and then Indian Health Services for the FY2023 Indian Health Services Budget Formulation Priorities.
2. Supports the urgent need for a New Inpatient Replacement Hospital and Clinic Facility and its addition to the I.H.S. Construction Priority List.
3. Supports and advocates for the TCRHCC health care community services as stated above to continue providing quality patient care as a Regional Medical Center for the Tuba City Service Area.

**CERTIFICATION**

We, hereby, verify that the foregoing resolution was duly considered at a duly called meeting of the Tuba City Regional Health Care Corporation's Board of Director's meeting at Tuba City, Arizona at which a quorum was present and that the same was passed by a vote of 5 in favor, 0 opposed, 0 abstained, this 26th day of March 2020. Chair presiding, and not voting.

Motion by: Leila McCabe

Second by: Justice M. Beard



Christopher Curley, President

Tuba City Regional Health Care Corporation Board of Directors



## **TUBA CITY REGIONAL HEALTH CARE CORPORATION**

167 North Main Street, P.O. Box 600  
Tuba City, Arizona 86045-0600  
(928) 283.2501

### **RESOLUTION OF THE TUBA CITY REGIONAL HEALTH CARE CORPORATION BOARD OF DIRECTORS**

**Requesting Support from the Navajo Nation Health, Education, and Human Services Committee, Navajo Area I.H.S. and Navajo Nation Division of Health for the FY2015 Budget Formulation priorities, including the Addition of a New Inpatient Replacement Hospital Facility for Tuba City Regional Health Care Corporation onto the Navajo Nation's Priorities for Health Care Facilities Construction Consistent with the I.H.S. National Priority Construction List**

#### **WHEREAS:**

1. Pursuant to Navajo Nation Council Resolution, CJN-35-05; the Tuba City Regional Health Care Corporation (TCRHCC) is authorized as a tribal organization for the purpose of managing and operating contracts with the Indian Health Service under Public Law 93-638; and
2. The Title V Self Governance; and TCRHCC is a tribal organization as defined in the Indian Self- Determination Act, Public Law 93-638, and operates the former Tuba City Indian Medical Center hospital as a Regional Referral Medical Center within the Navajo Area IHS pursuant to a Public Law 93-638 Tribal V Funding Agreement; and
3. As a Regional Medical Center, TCRHCC is serving more than 75,000 patients from Navajo, Moenkopi Village, and San Juan Southern Paiute communities, along with other members of federally recognized tribes who reside in and around the Western Agency of the Navajo Nation; and
4. The TCRHCC Board of Directors recognizes that, because of the constantly changing sources of funding in the health care field, in I.H.S., in the Center for Medicare/Medicaid Services (CMS) and other payers, the TCRHCC needs vital assistance from the I.H.S. in order to ensure the critical health care services it provides as a Regional Medical Center will remain available to the patients served; and
5. The TCRHCC Board of Directors has made requests for the past SIX (6) years for placement of a New Inpatient Hospital Facility on the National I.H.S. Facility Construction Priority List and, now that all other construction priorities on the current Navajo Nation Health Care Facilities Construction List (CJA-17-1998) are completed or in I.H.S. process, this is the right time to fulfill this request; and
6. The TCRHCC Regional Hospital Facility has space, based on today's I.H.S. space requirements, the Facility needs 535,000 total sq. ft. to meet present patient care demands, which is triple TCRHCC's current available space.

7. The TCRHCC Board of Directors recognizes the dire need to develop and provide the following critical patient health care priorities, which are directly related to the need for a new TCRHCC Inpatient Replacement Hospital Facility and in accordance with TCRHCC's mission through a modern, integrated hospital and regional health system; the priority is as follows:
  1. Regional Trauma Critical Care System and Injury Prevention
  2. Expanded Primary Care Services
  3. Elder Care, Elder Housing and Long Term Care Facility Construction
  4. Comprehensive Cancer Treatment and Prevention Programs
  5. Diabetes Treatment and Prevention Expansion, including End-Stage Renal Disease Services
  6. Dental Services Expansion
  7. Comprehensive Cardiovascular Services Expansion
  8. Orthopedic Services Expansion- Regional Joint Replacement Program
  9. Behavioral Health/Substance Abuse Program Expansion, including Inpatient/Residential facilities
  10. Staff and Community Housing Unit Expansion
  11. TCRHCC Inpatient 90 Bed Replacement Hospital Facility
  12. Veterans Health Care

**NOW THEREFORE BE IT RESOLVED:**

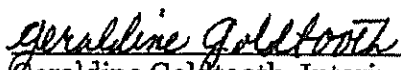
1. The TCRHCC Board of Directors supports and recommends approval of the FY2015 Navajo Area Indian Health Services Budget Formulation Priorities submitted for the IHS Budget Formulation Session on November 13 – 14, 2012 in Flagstaff, Arizona.
2. The TCRHCC Board of Directors supports the urgent need for a New Inpatient Replacement Hospital Facility and its addition to the Navajo Nation and I.H.S. Construction Priority List.
3. The TCRHCC Board of Directors supports the expanded health care priorities as stated above to continue providing quality patient care as a Regional Medical Center for the Service Area.

**CERTIFICATION**

We hereby certify that the forgoing resolution was duly considered by the TCRHCC Board of Directors at a duly called meeting in Tuba City, Arizona, at which a quorum was present and that the same was passed by a vote of 6 in favor, 0 opposed and, 0 abstained, this 29<sup>th</sup> day of October, 2012.

Motion: Franklin Fowler  
Seconded: Dolly Lane

**ACKNOWLEDGEMENT:**

  
\_\_\_\_\_  
Geraldine Goldtooth, Interim President  
TCRHCC Board of Directors





## **TUBA CITY REGIONAL HEALTH CARE CORPORATION**

167 North Main Street, P.O. Box 600

Tuba City, Arizona 86045-600

(928) 283-2784

### **RESOLUTION OF THE TUBA CITY REGIONAL HEALTH CARE CORPORATION BOARD OF DIRECTORS**

#### **SUPPORTS AND APPROVES THE PROPOSAL TO THE NAVAJO HOUSING AUTHORITY FOR FUNDING FOR THE CONSTRUCTION OF THE LONG TERM CARE ELDER GROUP FACILITY IN TUBA CITY**

##### **WHEREAS:**

1. Tuba City Regional Health Care Corporation (TCRHCC), is a 501(c)3, non-profit tribal organization as defined in the Indian Self-Determination Act, Public Law 93-638, maintains operation of the former Navajo Area Indian Health Service (NAIHS) Tuba City Indian Medical Center; *and*
2. Pursuant to Navajo Nation Council Resolution, CJN-35-05 and CJY-33-10; the TCRHCC is authorized as a tribal organization for the purpose of managing and operating contracts with the Indian Health Service Under Public Law 93-638; *and*
3. TCRHCC service area is within the Western Navajo Agency and Coconino County and includes the following communities: Cameron, Bodaway/Gap, Coalmine Canyon, Kaibeto, LeChee, Coppermine, Tonalea, and To'Naneez'Dizi Chapters, and including the Hopi Village of Moenkopi and the San Juan Southern Paiutes; *and*
4. TCRHCC Regional Health System with a primary patient service population of nearly 32,000 also serves as a Medical Referral Center for over 100,000 patients across the Navajo Nation, including Hopi and San Juan Southern Paiutes. TCRHCC is also the largest referral center serving the Navajo Nation; *and*
5. TCRHCC has a need to identify, strengthen and develop future health and supportive services as well as strategies which will benefit the quality of life of community elders, family and child services, and other specialty areas; *and*
6. There are at least 350 elders in Elder Group Homes off the reservation and over half of these elders are in Phoenix, which is over 200 miles one way from Tuba City and farther away for others. As of 2012, TCRHCC Case Management Department reported that an average of 8 elders were placed into off-reservation Elder Group Homes each months because a similar facility is not available; *and*
7. The TCRHCC service area population includes qualified Veterans who should be allowed to age in this home community; *and*
8. Under NHA Program Year 2012, TCRHCC received \$500,000 in grant funds for the Planning and Design phase for this Long Term Care Elder Group Home Facility; *and*



9. TCRHCC will submit a funding application to NHA for the Construction Phase for this 90-bed Long Term Care Elder Group Home facility for Veterans and Elderly.

**THEREFORE, BE IT RESOLVED, THAT:**

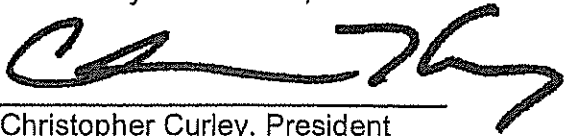
The TCRHCC Board of Directors supports and approves the proposal to the Navajo Housing Authority for funding for the Long Term Care Elder Group Facility in Tuba City.

**CERTIFICATION**

We, hereby, verify that the foregoing resolution was duly considered at a duly called meeting of the Tuba City Regional Health Care Corporation's Board of Director's meeting at Tuba City Regional Health Corporation at which a quorum was present and that the same was passed by a vote of 8 in favor, 0 opposed, and 0 abstained, this 10<sup>th</sup> day of December 2015.

Motion by: Dr. Alan Numkena

Second by: Tincer Nez, Sr.

A handwritten signature in black ink, appearing to read 'C. Curley', is written over a horizontal line.

Christopher Curley, President  
TCRHCC Board of Directors

THE NAVAJO NATION  
LEGISLATIVE BRANCH  
INTERNET PUBLIC REVIEW SUMMARY

LEGISLATION NO.: 0024-21

SPONSOR: Honorable Seth Damon

TITLE: An Action Relating to Naabik'íyáti' Committee; Approving and Adopting the 2021 Federal Legislative Priorities of the Navajo Nation

Posted: February 23, 2021 at 3:22 PM

5 DAY Comment Period Ended: March 1, 2021

Digital Comments received:

Comments Supporting	<i>None</i>
Comments Opposing	<i>None</i>
Comments/Recommendations	1) Elmer Guy, Ph.D.



Legislative Tracking Secretary  
Office of Legislative Services

March 2nd, 2021 9:08 AM

Date/Time

# Legislation 0024-21

Elmer Guy <eguy@navajotech.edu>

Mon 3/1/2021 3:31 PM

To: comments <comments@navajo-nsn.gov>;

Honorable Members of the Navajo Nation Council.  
The following additions are provided for your consideration.  
Please let me know if you have any questions.

Best,

Suggested Amendments or Additions to the Federal Funding Priorities outlined in Legislation 0024-21:

## **Under 4. FARMING AND AGRICULTURE**

Add for Tribal Colleges and Universities (TCU)

Department of Agriculture

Equity funding in educational Land Grant Status Act

1994 Institutions Extension Program (NIFA) at \$12,2540,000.

1994 Institutions Research Program (NIFA) at \$21,500,000.

1994 Institutions Equity Payment at \$8,750,000.

Native American Endowment Payment (NIFA) funding at \$17,000,000.

Consolidated Farm & Rural Development Act, TCU Information Technology Fund at \$24,000,000 and TCU  
Essential Community Facilities at \$10,000,000.

## **Under 8. ENERGY AND DEVELOPMENT - Add for TCUs:**

U.S. Department of Energy

National Nuclear Security Administration funding for the TCU Advanced Manufacturing Network Initiative that facilitates partnerships between tribes, TCU's National Laboratories and industry to create economic and employment opportunities, funding at \$5,000,000.

## **Under 10 HOUSING - Add for TCUs**

Housing for College and University students, staff and faculty.

## **Under Number 14. TRANSPORTATION - Add**

Invite for collaboration for electric vehicle power stations on tribal lands (high speed connectivity required)

## **Under 15. BROADBAND AND TELECOMMUNICATIONS - Add**

Continue Federal Communications Commission (FCC) request to expand and innovate with wireless spectrum on Tribal lands (e.g., use EBS 2.5 GHz on non-terrestrial infrastructure).

## **Under 18. EDUCATION – Add for TCUs**

**US Department of Education, Higher Education Act**

**Tribal Colleges and Universities Strengthening Institutions (HEA Title III Part A)** provides high quality, culturally appropriate higher education opportunities to most rural, isolated, impoverished, and historically underserved areas. The funding allows TCUs to help tribes and rural communities build a skilled Native

workforce in key fields, student support services, safer campus and fiscal management systems. Funding at \$45,000,000.

**Carl Perkins Technical and Career Education Act**

Tribal Postsecondary Career and technical Institutions, provide vitally needed workforce development, job creation education and training programs. Funding at \$15,000,000.

**Indian Education Professional Development.** \$20 million needed to help TCUs and other institutions to address the growing need for AI/AN teachers and administrators.

**Department of Interior for TCUs**

Tribally Controlled Colleges and Universities Assistance Act

Title I, II, III and Contracts, funding at \$93,257,409.

Title V (Tribal career/technical institutions) funding at \$15,000,000. Funds to be distributed using Indian Student Count.

**ADDITIONS**

**Health and Human Services- ACF- Head Start**

TCU-Head Start Partnership Program provides scholarships and stipends for American Indian/Alaskan Natives Head Start teachers and teacher's aides to enroll in TCU early childhood education programs. Funding at \$8,000,000.

**National Science Foundation**

Directorate: Education and Human Resources (EHR) enables TCUs to enhance the quality of their Science, Technology, Engineering and Mathematics (STEM) instructional, research, and outreach initiatives. Funding at \$20,000,000.

--

Elmer J. Guy, Ph.D.

President

Navajo Technical University

505.786.4112 Office

WARNING: External email. Please verify sender before opening attachments or clicking on links.

**THE NAVAJO NATION  
LEGISLATIVE BRANCH  
INTERNET PUBLIC REVIEW SUMMARY**

**LEGISLATION NO.:** 0024-21

**SPONSOR:** Honorable Seth Damon

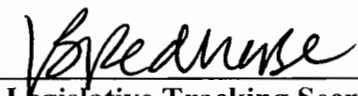
**TITLE:** An Action Relating to Naabik'iyáti' Committee; Approving and Adopting the 2021 Federal Legislative Priorities of the Navajo Nation

**Posted:** February 23, 2021 at 3:22 PM

**5 DAY Comment Period Ended:** March 1, 2021

**Digital Comments received:**

Comments Supporting	1) To'Nanees'Dizi Local Government
Comments Opposing	<i>None</i>
Comments/Recommendations	<i>None</i>



Legislative Tracking Secretary  
Office of Legislative Services

March 10, 2021 2:18pm

Date/Time



## **TO'NANEES'DIZI LOCAL GOVERNMENT**

*"An Enterprise of the Navajo Nation"*

P.O. Box 727, Tuba City, Arizona 86045  
Telephone: 928-283-3284 Fax: 928-283-3288  
<http://www.tonaneesdizi.navajochapters.org>  
Email: [tonaneesdizi@navajochapters.org](mailto:tonaneesdizi@navajochapters.org)

Gerald Keetso, President  
Myra Begay, Vice-President  
Esther Drake-Grass, Secretary/Treasurer  
Steven Arizona, Council Member  
Angelita Williams, Council Member  
Daniel Williams, Grazing Committee Member  
Durann Begay, Executive Manager  
Otto Tso, Council Delegate

Aniidi Legislation # TND-03 01-2021

### **RESOLUTION OF TONANEESDIZI LOCAL GOVERNMENT**

**REQUESTING THAT THE TUBA CITY REGIONAL HEALTH CARE CORPORATION'S REVISIONS TO LEGISLATION No. 0024-2021 BE ADDED TO THE NAVAJO NATION'S 2021 FEDERAL LEGISLATIVE PRIORITIES OF THE NAVAJO NATION AND FOR THE ADDITION OF A NEW REPLACEMENT HOSPITAL AND CLINIC FACILITY WITH STAFF QUARTERS ON THE INDIAN HEALTH SERVICES NATIONAL PRIORITY CONSTRUCTION LIST.**

#### **WHEREAS:**

1. The To'Nanees'Dizi Council of Naat'aanii pursuant to Resolution No. TCDC# TCDC-18-04, is a certified and recognized Chapter by the Navajo Nation Council, vested with the authority and responsibility to provide and address local planning within its community, and
2. Pursuant to 26 N.N.C., Section 1 (B) is vested with the authority to review all matters affecting the community and to make appropriate correction when necessary and make recommendation to the Navajo Nation and other local agencies for appropriate actions, and
3. Navajo Nation has significant challenges and obstacles to developing their local economics, infrastructure, which includes: housing, social services, public safety, educational institutions and health care, and other community priorities, and
4. To'Nanees'Dizi Local Government is aware that this initiative will create positive partnerships and strengthen and improve the health of our community and develop economic development, and
5. Tuba City Regional Health Care Corporation (TCRHCC) serves more than 100,000 patient population from Navajo Nation, Hopi Tribe, and San Juan Southern Paiute communities, along with other members of federally recognized tribes who reside in and around the Western Agency of the Navajo Nation, and
6. TCRHCC needs vital assistance from the I.H.S. in order to ensure the critical health care services it provides as a Regional Medical Center will remain available to the patients served, and
7. The TCRHCC Regional Hospital Facility has space, based on today's I.H.S. space requirements, the Facility needs ~600,000 total sq. ft. to meet present patient care demands, which is triple TCRHCC's current available space, and
8. The To'Nanees'Dizi Local Government is aware of the dire need to develop and provide the following critical patient health care priorities, which are directly related to the need for a modern updated TCRHCC Inpatient Replacement Hospital Facility and in accordance with TCRHCC's mission an integrated hospital and regional health system; the priority is as follows:



**TO'NANEES'DIZI LOCAL GOVERNMENT**

*"An Enterprise of the Navajo Nation"*

P.O. Box 727, Tuba City, Arizona 86045  
Telephone: 928-283-3284 Fax: 928-283-3288  
<http://www.tonaneesdizi.navajochapters.org>  
Email: [tonaneesdizi@navajochapters.org](mailto:tonaneesdizi@navajochapters.org)

Gerald Keetso, President  
Myra Begay, Vice-President  
Esther Drake-Grass, Secretary/Treasurer  
Steven Arzana, Council Member  
Angelita Williams, Council Member  
Daniel Williams, Grazing Committee Member  
Durann Begay, Executive Manager  
Otto Tso, Council Delegate

- a. TCRHCC Inpatient 73 Bed Replacement Hospital Facility
- b. Emergency Service Expansion
- c. Elder Care, Elder Housing and Long-Term Care Facility Construction
- d. Public Health Pandemic Expansion
- e. Comprehensive Cancer Treatment and Prevention Programs
- f. Surgical and Orthopedic Services Expansion with Rehabilitative Services
- g. Behavioral Health/Substance Abuse Program Expansion, including Inpatient/Residential facilities
- h. Staff and Community Housing Unit Expansion
- i. Veteran Administration Health Care partnership

**NOW, THEREFORE, BE IT RESOLVED THAT:**

The To'Nanees'Dizi Local Government fully and strongly supports the needs and initiatives for TCRHCC revision to Legislation No. 0024-2021 be added to the Navajo Nation's 2021 Federal Legislative Priorities and strongly recommend for the addition of a new replacement TCRHCC Hospital and clinic facility with Staff quarters on the Indian Health Services National Priority Construction List.

**\*\*\*\*\* CERTIFICATION \*\*\*\*\***

We hereby certify that the foregoing resolution was duly considered by the To'Nanees'Dizi Local Government, at a duly called regular meeting at the To'Nanees'Dizi Local Government of Tuba City (Navajo Nation), Arizona; at which a quorum was present and that same was passed by a vote of 4 in favor, 0 opposed, and 1 abstained on this 7<sup>th</sup> day of March 2021.

Motioned By: Steve Arzana

Seconded By: Myra Begay

Gerald Keetso  
Gerald Keetso, Chapter President

Myra Begay  
Myra Begay, Chapter Vice President

Esther Drake-Grass  
Esther Drake-Grass, Chapter Secretary/Treasurer

Steven Arzana  
Steven Arzana, Council Member

Angie Williams  
Angie Williams, Council Member

**THE NAVAJO NATION  
LEGISLATIVE BRANCH  
INTERNET PUBLIC REVIEW SUMMARY**

**LEGISLATION NO.: 0024-21**

**SPONSOR: Honorable Seth Damon**

**TITLE: An Action Relating to Naabik'iyáti' Committee; Approving and Adopting the 2021 Federal Legislative Priorities of the Navajo Nation**

**Posted: February 23, 2021 at 3:22 PM**

**5 DAY Comment Period Ended: March 1, 2021**

**Digital Comments received:**

<b>Comments Supporting</b>	<i>None</i>
<b>Comments Opposing</b>	<i>None</i>
<b>Comments/Recommendations</b>	<b>1) San Juan Southern Paiute Tribe</b>

  
\_\_\_\_\_  
**Legislative Tracking Secretary  
Office of Legislative Services**

03/15/21 5:38pm  
**Date/Time**





*San Juan Southern Paiute Tribe*

*Michael N. King*  
*President*

P.O. Box 2950  
50. S. Main Street Suite 102  
Tuba City, Arizona 86045  
Ph. (928)-212-9794 Fax (928) 233-8948  
[www.sanjuanapaiute-nsn.gov](http://www.sanjuanapaiute-nsn.gov)

*Candelora Lefi*  
*Vice President*

March 10, 2021

VIA EMAIL to [comments@navajo-nsn.gov](mailto:comments@navajo-nsn.gov)

Executive Director  
Office of Legislative Services  
P. O. Box 3390  
Window Rock, AZ 86515

**RE: Requesting that the Tuba City Regional Health Care Corporation be added to the Navajo Nation's Priorities for healthcare facilities construction consistent with the Indian Health Service National Priority Construction List**

Dear Sir,

The San Juan Southern Paiute Tribe identifies the importance of this request and the development of partnerships to strengthen and improve the safety of our health care system.

Our hospital, the Tuba City Regional Health Care Corporation (TCRHCC), serves more than 75,000 patients from Navajo, Moenkopi Village and the San Juan Southern Paiute communities, along with other members of federally recognized tribes who reside in and around the Western Agency of the Navajo Nation.

TCRHCC needs vital assistance from the I.H.S. in order to ensure the critical health care services it provides as a Regional Medical Center will remain available to patients served.

TCRHCC has space, based on today's I.H.S. space requirements, the facility needs 535,000 total square feet to meet the present patient care demands, which is triple TCRHCC's current available space.

The San Juan Southern Paiute Tribe is aware of the dire need to develop and provide the following critical patient health care priorities, which are directly related to the need for a new TCRHCC Inpatient Replacement Hospital Facility and in accordance with TCRHCC's mission through a modern, integrated hospital and regional health system; the priority is as follows:

*Carmelita Homer*  
*Southern Council*

*Danlyn James Sr.*  
*Southern Council*

*Mary Lou Boone*  
*At Large Council*

*Nicole Edgewater*  
*Northern Council*

*Richard Graymountain*  
*Northern Council*



*San Juan Southern Paiute Tribe*

*Michael N. King*  
President

P.O. Box 2950  
50. S. Main Street Suite 102  
Tuba City, Arizona 86045  
Ph. (928)-212-9794 Fax (928) 233-8948  
[www.sanjuanapiaute-nsn.gov](http://www.sanjuanapiaute-nsn.gov)

*Candelora Lehi*  
Vice President

1. Regional Trauma Critical Care System and Injury Prevention
2. Expanded Primary Care Services
3. Elder Care, Elder Housing and Long-Term Care Facility Construction
4. Comprehensive Cancer Treatment and Prevention Programs
5. Diabetes Treatment and Prevention Expansion, including End-Stage Renal Disease Services
6. Dental Services Expansion
7. Comprehensive Cardiovascular Services Expansion
8. Orthopedic Services Expansion- Regional Joint Replacement Program
9. Behavioral Health/Substance Abuse Program Expansion, including Inpatient/Residential facilities
10. Staff and Community Housing Unit Expansion
11. TCRHCC Inpatient 90 Bed Replacement Hospital Facility
12. Veterans Health Care

The San Juan Southern Paiute Tribe fully and strongly supports the needs and initiatives for the TCRHCC revision to Legislation 0024-21 be added to the Navajo Nation's Federal Legislative Priorities and strongly recommends for the addition of a new replacement TCRHCC hospital and clinic facility with staff quarters on the Indian Health Services National Priority Construction List.

Sincerely,

*Michael N. King*

Michael N. King, President  
San Juan Southern Paiute Tribe

*Candelora Lehi*

Candelora Lehi, Vice -President  
San Juan Southern Paiute Tribe

*Carmelita Homer*  
Southern Council

*Danlyn James Sr.*  
Southern Council

*Mary Lou Boone*  
At Large Council

*Nicole Edgewater*  
Northern Council

*Richard Graymountain*  
Northern Council