RESOLUTION OF THE
NAABIK'ÍYÁTI' STANDING COMMITTEE
24th NAVAJO NATION COUNCIL -- Third Year, 2021

AN ACTION RELATING TO THE HEALTH, EDUCATION AND HUMAN SERVICES AND NAABIK'ÍYÁTI' COMMITTEES; APPROVING AND SUPPORTING THE NAVAJO DEPARTMENT OF HEALTH'S WRITTEN COMMENTS TO THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES FOR REGIONS VI, VIII AND IX TRIBAL CONSULTATION TO ADDRESS ISSUES AND CONCERNS THAT AFFECT DELIVERY OF HEALTH CARE AND PUBLIC HEALTH SERVICES ON THE NAVAJO NATION

BE IT ENACTED:

SECTION ONE. AUTHORITY

A. The Health, Education and Human Services Committee is a standing committee of the Navajo Nation Council and is empowered to represent the Navajo Nation at local, state and federal levels in coordination with the President of the Navajo Nation and the Naabik'íyáti' Committee on proposed legislation, funding and other actions affecting health, environmental health, social services, education, veteran's services, employment, training and labor. 2 N.N.C. §§ 400(A), 401(B)(7).

B. The Naabik'íyáti' Committee is a standing committee of the Navajo Nation Council and empowered to coordinate all federal, county, and state programs with other standing committees and branches of the Navajo Nation government to provide the most efficient delivery of services to the Navajo Nation. 2 N.N.C. §§ 700(A), 701(A)(4).

SECTION TWO. FINDINGS

A. The Navajo Department of Health (NDOH) produced written comments for the U.S. Department of Health and Human Services (HHS) Regions VI, VIII and IX in response to HHS plan to strengthen HHS' Tribal Consultation Policy attached as **Exhibit A.**

B. NDOH's written comments present the health issues and concerns that affect the delivery of health care and public health services on the Navajo Nation.

C. On January 26, 2021, the President of the United States issued a Presidential Memorandum on tribal consultation and strengthening Nation-to-Nation relationships that requires HHS

to submit a detailed plan for implementing Executive Order 13175, which charges all executive departments and agencies to engage in regular, meaningful, and robust consultation with Tribal officials in the development of federal policies that have Tribal implications.

D. Executive Order 13175 was issued on November 6, 2000 by the President of the United States which established regular and meaningful consultation and collaboration with tribal officials in the development of Federal policies that have tribal implications, to strengthen the United States government-to-government relationships with Indian tribes, and to reduce the imposition of unfunded mandates upon Indian tribes.

E. On November 5, 2009, the President of the United States issued a Presidential Memorandum (Tribal Consultation) that required each agency to prepare and periodically update a detailed plan of action to implement the policies and directives of Executive Order 13175.

F. HHS convened a special workgroup of the Secretary's Tribal Advisory Committee (STAC) which comprises of Tribal leaders and federal officials, who will work collaboratively to review the written comments submitted to HHS to strengthen HHS's Tribal Consultation Policy. *See* **Exhibit B.**

G. NDOH's written comments to HHS were reviewed by the Navajo Nation Department of Justice and deemed legally sufficient. *See* **Exhibit C.**

SECTION THREE. APPROVAL

A. The Navajo Nation hereby supports Navajo Department of Health's written comments to the U.S. Department of Health and Human Services Regions VI, VIII and IX which present the health issues and concerns that affect the delivery of health care and public health services on the Navajo Nation.

CERTIFICATION

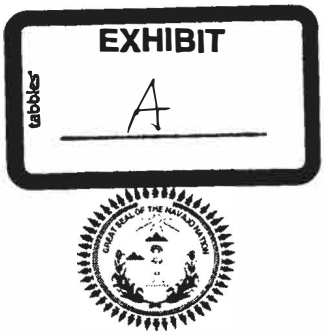
I, hereby certify that the foregoing resolution was duly considered by the Naabik'íyáti' Committee of the 24th Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona), at which a quorum was present and that the same was passed by a vote of 20 in Favor, and 00 Opposed, on this 31th day of August 2021.

Honorable Seth Damon, Chairman
Naabik'íyáti' Committee

Sept 2, 2021
Date

Motion: Honorable Paul Begay, Jr.
Second: Honorable Jimmy Yellowhair

Chairman Seth Damon not voting



The Navajo Nation

Written Comments for
U.S. Department of Health and Human Services
Regions VI, VIII and IX Tribal Consultation Sessions

EXECUTIVE SUMMARY

The Navajo Nation is the largest federally recognized tribe in the United States. The Navajo Nation is predominately rural land encompassing over 27,000 square miles across multi-jurisdictional boundaries in Arizona, New Mexico, and Utah. The area comprises of thirteen counties with a registered enrollment of over 350,000 members. The Navajo Nation has a total estimated resident population of 173,667. The Navajo Nation also extends into three U.S. Department of Health and Human Services' regions including Region VI, Region VIII and Region IX.

In 1868, a Treaty was agreed to and signed between the United States and the Navajo leaders (headsmen), promising education, agricultural assistance, and to improve wellbeing of the Navajo people. And in 1921, the Synder Act was passed which allowed the authorization of funds to address health care for American Indians.

The economy of the Navajo Nation is hindered in more than in one way, for instance there are factors such as high rate of unemployment, poverty, and limited infrastructure. The Navajo Nation is adversely affected by poverty rates of 43%, with one-third of households with annual income levels below $15,000 and therefore they suffer from high rates of health disparities. The Navajo Nation population is largely under 18 years of age and this population accounts for one-third (33%) of all tribal members.

Over the years, the Navajo Nation has provided concerns that have been identified to seek ways to improve its health care system. In coordination with the local Navajo Area Indian Health Service (NAIHS), the Navajo Nation had made significant strides in certain areas of healthcare and public health services.

However, there are yet many challenges that remain and we are thankful for the process of Tribal Consultation to be an avenue to present and document needs. These written comments were prepared for submission to the U.S. Department of Health and Human Services for Regions VI, VIII and IX. The purpose of these comments is to present the health issues and concerns that affect the delivery of health care and public health services on the Navajo Nation.

I. Navajo Nation Department of Health

The Navajo Nation Department of Health is designated as the lead health agency for the Navajo Nation and is responsible for the provision of high quality, comprehensive, and culturally appropriate healthcare and public health services to the Navajo people. The Navajo Health Care System is structured in such a way that it coordinates with the Navajo Area Indian Health Service (NAIHS), tribal organizations that operate facilities under 638 contracts and compacts and urban Indian health organizations. Over the time, the Department of Health has coordinated with the Department of Health and Human Service to express health related needs to help improve the quality of life for the population. The Tribal Consultation process has been an excellent way to communicate our concerns and issues.

We also would like to express appreciation to the Biden/Harris Administration's priority issuance of a Presidential Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships[1] that has directed Federal agencies to consult with Tribes before developing a detailed plan of action the Federal government will take to implement the policies and directives of Executive Order 13175. The Navajo Nation is grateful for the commitment to honoring the federal trust responsibility and respecting the process of doing business with Tribes on a government-to-government basis.

a. COVID-19

The COVID-19 pandemic has had a resonating impact worldwide, including here on the Navajo Nation. In addition, COVID-19 has resulted in intensifying the need for other infrastructural development such as access to water and sanitation. These are vital components of the healthcare delivery system which are often overlooked. Although, the pandemic is now coming into some form of control, there continues to be other public health challenges that affect the Navajo people. The Navajo Nation remains vigilant in monitoring any new cases and ensuring prevention education stays a priority. The need for distributing personal protective equipment and cleaning supplies for children, adults, families, and the essential workforce continues to be a priority. In addition, the continued support from local, state, and federal agencies was a large piece of the success in mitigating and controlling COVID-19. It is recommended that the support be sustained as this is regarded as a novel disease and that there are needs and gaps that need to be met in order to reduce the transmission of COVID-19 or any variant.

Recommendations:

- Increase the Public Health Emergency Preparedness (PHEP) funding from CDC to effectively respond to any future pandemic of this magnitude.
- Increase capacity with Indian Health Service's public health emergency response at IHS headquarters, area offices and service units so that IHS has the capacity to partner with Tribal communities.
- Provide education and training to Tribal Governments on best practice with responding to a national public health emergency.

[1] https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/26/memorandum-on-tribal-consultation- and-strengthening-nation-to-nation-relationships/.

- Amend the funding eligibility criteria to accommodate and support Tribal Nations with large populations Present CDC funding eligibility criteria does not favor Tribal Nation that have large resident and citizen populations such as the Navajo Nation.
- Establish and organize a standardized mechanism for national coordination with FEMA, DHHS, IHS, and other concerned federal agencies, states and Tribes to respond to national public health emergencies. The states of New Mexico, Utah, and Arizona have different communication and decision-making protocols when interacting with the Navajo Nation.

b. Centers for Disease Control and Prevention – Increase Colorectal Cancer

The Navajo Department of Health receives limited funding to provide breast and cervical cancer screening services. Cancer is the second leading cause of death for both Navajo genders age-adjusted (103.45/100,000) according to the Navajo Nation Mortality Report, 2006-2009. The Cancer Among the Navajo 2005-2013 Report indicates that colorectal cancer is the second most commonly diagnosed cancer (by count) among Navajo people (245 per 100,000). The diagnosed cancer is mostly in the regional stage (33.2 vs. 31.3) whereas most non-Hispanic whites are localized stage diagnosis (39.2 vs. 31.3). In 2015, statistics show that colorectal screening percentages range between 35.7% and 44.1% for Navajo people which is below the Healthy People target of 70.5 or the 80% by 18 goal of the National Colorectal Cancer Roundtable. The Centers for Disease Control and Prevention has a National Colorectal Cancer Control Program that currently funds 2 tribal organizations out of 35 awarded grantees. This component of cancer control is woefully underfunded on a national scale but most particularly for Indian Country.

With no funding dedicated to colorectal cancer, there can be no infrastructure to support education, patient navigation, or screening. There will also be a lack of culturally appropriate materials or translations at the community level to a rural population that speak mainly the Navajo language. With the lack of a dedicated health office to improve access and implement evidence-based interventions, screening rates will remain low in comparison to non-Natives and National screening rate targets. Access to data is critical to address the cancer morbidity and mortality on the Navajo Nation.

Recommendations:

- Make funding available for colorectal cancer screening to tribal programs to increase awareness, navigation, and screening rates.
- Provide technical support to programs to implement evidence-based interventions at the health system or clinic levels.
- Grant access and linkage to existing cancer registries and data sources from federal and state agencies to generate appropriate grants or reports which will serve to help strengthen the goal of reducing the impact of cancer among the Navajo population.

c. Indian Health Service - Support for Health Care Facility Construction

The FY 2021 IHS Annual Facilities Planning (Five–Year Plan) lists the national construction projects; three of these are Navajo projects, Gallup, NM, Pueblo Pintado, NM, and Bodaway

Gap, AZ. The Pueblo Pintado project has received full construction funding and is now moving into the architectural and engineering (A/E) design phase.

The Bodaway-Gap Health Center Phase II Site Selection Evaluation Report (SSER) is underway. In FY2020, this project received $42.3 million for construction. Once the Phase II Site Selection Evaluation Report is approved, the (A/E) design will begin along with finalizing the land acquisition process. Thereafter, the construction of the facility will follow. To date, the project has received $80.7 million, approximately $70.5 million is needed to complete the project.

The replacement of the Gallup Indian Medical Center is estimated to cost $552 million. This project has received $2 million in FY2019 for pre-planning and in FY2022 it is proposed to receive an estimated amount of $70 million to begin the A/E design of the facility. The Phase II (SSER) process is being accomplished under Tribal Acquisition with a Title I Contract between the Navajo Nation and the Indian Health Service.

According to the 2021 Annual Facilities Planning estimates, the expected cost of the two projects is approximately $703.2 million. In addition, other projects may require expansion, renovation, replacement, and/or new construction. The Navajo Nation has submitted a priority list, which identified the top five specialized health care facilities to the Indian Health Service for possible future funding.

The unpredictable funding levels for health care facilities often delay the construction of needed facilities. The delay then results in higher construction costs, often doubling the cost of a project over a 10 - 15 year period; which is generally the lifespan of a project. The Navajo Nation continues to experience health disparities and so the construction of modernized facilities are essential to the healthcare delivery system. Several projects are scheduled to serve areas that are in remote locations where there are virtually no access to services. Thus, funding for healthcare facility projects will improve access to quality health care for people of the Navajo Nation.

Recommendations:

- Request the Congress to appropriate funding (an estimated $703.2 million) for the Navajo health facilities (Gallup and Bodaway Gap) that remain on the IHS Construction Priority list to elevate the quality of healthcare and increase access to care.
- The Navajo Nation requests the U.S. Congress to support health care facilities construction including infrastructure development to provide improved healthcare to the Navajo people.

d. Substance Abuse and Mental Health Services Administration (SAMHSA) - Support and Funding to Address the Impact of Covid-19 and its Aftermath as it Relates to Co-Occurring Disorders and the Necessity for Detox Services and Crisis Response

The impact of the Covid-19 pandemic reflects the multifaceted struggles of the Navajo and Native American population in the United States. Arrazola et al. (2020) indicated American Indians/Alaska Natives (AI/ANs) experience a greater incidence of Covid-19 than among non-Hispanic Whites and reported "cumulative incidence of laboratory-confirmed Covid-19 cases among AI/AN persons was 3.5 times that among White persons."

At previous Tribal Consultations, the Navajo Nation expressed that the social, behavioral health and mental health/co-occurring disorder disparities continue to affect the Navajo population. More recently, added complexities as a result of Covid-19 have strained the Navajo Nation systems of care with Indian Health Services, 638 Contracted Health Care Corporation hospitals and clinics, and the Navajo Nation Department of Health programs by creating a greater need to address substance use, mental health and co-occurring disorder issues in a culturally responsive and spiritual-based manner to address the diverse needs of the Navajo people.

In addition, the Navajo Department of Behavioral and Mental Health Services (DBMHS) is tasked and committed to exploring how to develop a detox facility on Navajo to address substance use, mental health and co-occurring issues.

Previous position paper maintains the need to collaborate with Indian Health Service and other Federal, State and Navajo Nation resources with legislation such as memoranda of understanding or agreement which would allow individuals to receive medical detox services. Overall, the development of a detox facility will also increase of the levels of care for substance use and co-occurring treatment services.

There is also a high priority to continue to organize a network of culturally responsive Crisis Response Teams (CRT). Strategic planning is necessary with all key stakeholders on Navajo to propose a plan designed to sustain a fully operational CRT program. A Crisis Response Program will enable trained and certified teams of providers to respond to a variety of behavioral and mental health issues.

Recommendations:

- The Navajo Nation requests support and funding to address the devastating impact of Covid-19 and its aftermath as it relates to co-occurring disorders among Native American communities including the Navajo Nation and the necessity for detox services and crisis response team services.
- The Navajo Nation recommends the State and Federal programs collaborate with the Navajo Division of Behavioral and Mental Health Services (DBMHS) to allow the use of all resources to address the behavioral health, mental health and co-occurring issues in a holistic and cultural manner while continuing to explore avenues for current and future funding; and to sustain recruitment and retention of personnel and program initiatives to decrease the socioeconomic effects of Covid-19 on the Navajo Nation.

e. Indian Health Service – Funding Support for the Health Education Program

The Navajo Nation Health Education Program serves 110 Navajo communities throughout the Navajo Area and is 100% federally contracted through Public Law 93-638 since July 1988. Program data from the calendar year 2019 shows that Health Educators conducted approximately 32,372 community health education outreach; 14,030 school health education; 4,087 employee worksite health education; and 1,413 patient health education services, for a cumulative total of 51,902 individuals served. In addition, the program's use of mass communication (e.g. radio, Facebook, Instagram, text messaging, and mobile applications) in rural areas have reached

88,027 individuals. There are 28.5 Health Education staff serving the Navajo Nation. Since 1981, Health Educators have been the front line staff to respond to public health and emergency preparedness, respond to communicable disease outbreaks, and mitigate or delay the onset of diseases.

In recent years, there have been proposed elimination of the Health Education Program. This presents a concern relating to the care and health of the Navajo people. An elimination of the program will disrupt prevention services provided in substance abuse and injury prevention, immunizations, emergency preparedness, chronic and communicable diseases to all ages including high-risk individuals. If there is no Health Education Program, the Navajo people will continue to be affected by increased hospitalizations, increased patient visits and treatment, and will receive less preventive care and be delayed in care resulting in serious illness or other health problems, for example, hospitalization with costly treatment and prolonged rehabilitation services.

The Navajo Nation is already challenged with morbidity and mortality due to chronic diseases, suicide, and intentional injuries resulting in death and/or disability. These health disparities must be addressed through the provision of prevention education. Sustained and enhanced federal investments in this initiative are essential to the delivery of high quality, improved, coordinated, and cost-effective prevention to the Navajo population.

To ensure the Navajo Nation is prepared to meet the preventive healthcare needs of its growing population, we request continued investment in the Health Education Program which is an integral component of primary, secondary and tertiary prevention, as well as, bridging primary care with community health outreach and education.

Recommendations:

- The Navajo Nation requests for increased funding for the Health Education Program to provide prevention and education services in communities. Presently, with the degree of health disparities the Navajo Nation urges to expand the Health Education Program and not to propose elimination or discontinuation.
- Most of the Indian Health Areas are underfunded as demonstrated during the Covid-19 pandemic. Consequently, we request a funding increase for this line item in the amount of $32.9 million in FY 2022.
- The Navajo Nation recommends the Navajo Area IHS and all 638 health care facilities to document on the RPMS and/or the electronic health system by Navajo health education staff to report performance analysis and impact.
- The Navajo Nation requests funding to allow for HIV and Hepatitis C outreach, and for high impact prevention tools (testing kits), and program supplies, and travel associated with implementing HIV and Hepatitis C campaigns and staff development/training opportunities; and to design and deliver appropriate services to prevent HIV and Hepatitis C transmission.

f. Indian Health Service - Navajo HIV Budget Shortfall (2008-2021)

The Navajo Nation HIV Prevention Program (NHPP) has operated with three HIV health educators charged with providing prevention education and HIV screening to Navajo individuals residing within a land base of nearly 26,649 square miles, where approximately 8,900 square miles is covered per Health Educator. Presently, this is the only tribal program on Navajo Nation that conducts HIV screening, education, counseling and referrals.

Between 2014 and 2017, NHPP had exceeded targeted benchmarks in HIV screening and education by reaching 17,000 Navajo youth. The mission of the NHPP is to incorporate culturally appropriate HIV/AIDS education, screening and testing, linkage to care, and treatment in accordance to the 2011 Navajo Nation AIDS Act.

Over the past years, the NHPP base funding has remained stagnant with no increase. The current base amount of $173,242 is inadequate as it used to cover the salaries of three health educators for approximately 11 months, with no operational costs for staff development and trainings, or travel costs. As a result, tribal shares are utilized to offset the unmet balance in personnel salary. There is no guarantee that the tribal shares will be available for use each federal fiscal year.

As the population of Navajo Nation grows, community health needs change as health disparities increase. Evidence suggests that socioeconomic status and health conditions place American Indians at greatest risk for contracting HIV. Other factors that place American Indians at risk include poverty, high rates of sexually transmitted diseases, individuals being unaware of HIV status, substance abuse, violence, stigma, and denial. Since 1987, the Navajo Nation has seen a steady increase in new cases of HIV infection.

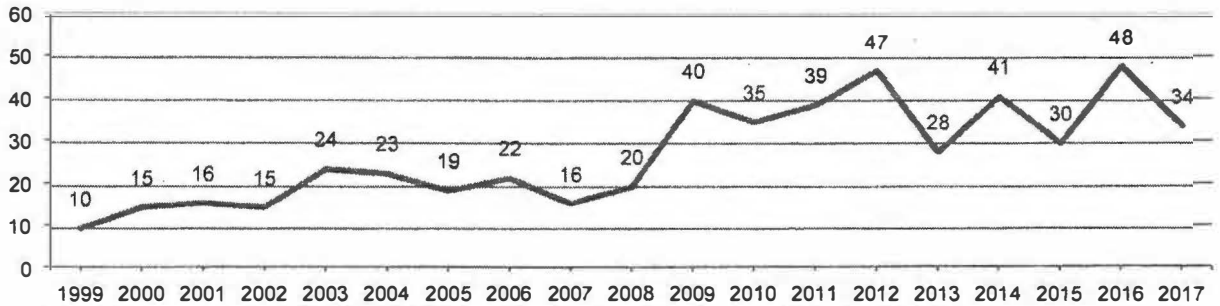
Additionally, incidence of HIV/AIDS on NAIHS in recent years were 16.1, 12.2, and 19.7 per 100,000 in 2014, 2015, and 2016, respectively. To address this issue of HIV, additional funding is needed to support the hiring of additional HIV Health Educators, personnel training, and operational costs, screening, testing and outreach activities, HIV surveillance, HIV and Hepatitis C testing kits, and for the technical assistance with the development, implementation, and monitoring of social marketing campaigns on web-based and mobile platforms.

Recommendations:

- The Navajo Nation requests an increase in funding to employ five full-time HIV health educators over a five-year period to accommodate the rise in HIV cases on Navajo Nation.
- The Navajo Nation requests operational funding to purchase HIV and Hepatitis C testing kits, program supplies, and for allocation to cover travel associated with program service deliverables and staff development, training, and professional membership.
- The Navajo Nation requests funding to design and implement services to evade HIV transmissions resulting from anonymous sexual encounters through online and mobile dating apps.

g. Indian Health Service - Support for HIV as a Public Health Concern

In 2018, the Indian Health Service (IHS) reported that Navajos had the highest HIV diagnosis rate of 13.9 per 100,000[2]. According to the latest IHS HIV surveillance data, HIV diagnosis among AI/AN population increased 8.2% among those in the 13-24 years, and 13.8% among those in the 35-44 age groups, with the latter having the highest percent increase among all age groups from 2014-2018. Evidence suggests that socioeconomic status, health conditions, and being unaware of HIV status place American Indians at greater risk for contracting HIV. The factors that place American Indians at greatest risk include poverty, high rates of sexually transmitted diseases, substance abuse, violence, stigma, and denial. Such factors among Navajos intensify HIV prevention efforts. Below is a chart Table which shows new NAIHS HIV cases since 1999 - 2017.



Source: Jonathan Iralu, MD, FACP, NAIHS and Dr. Joyanna Wendt, Epidemiologist, NAIHS

Infection with human immunodeficiency virus (HIV) is a serious health event which has affected Navajos since 1987. The CDC (2014) reported that the undiagnosed rate for AI/AN living with HIV is around 18%, while the national undiagnosed rate is at 13%[3]. These findings suggest that AI/AN are unaware of their HIV status and do not routinely get tested for HIV. Interestingly, the CDC (2020) also reported that AI/AN had the lowest viral suppression rates. According to CDC (2020),an AI/AN individual who get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting HIV to HIV-negative sex partners[4]. The NAIHS (2019) found that alcohol use is a major barrier to HIV care and survival of Navajo people infected with HIV. Given the rate of diagnosed HIV infection, the rate of adolescents and adults, and the documented risk factors, it is imperative that individuals be educated so that they may identify and utilize effective intervention/prevention methods which promotes HIV testing and early diagnosis.

Recommendations:

[2] Indian Health Service. (2018). Summary HIV Trends among AI/AN in 2014-2018 and HIV Care Outcome in 2018. Retrieved from https://www.cdc.gov/hiv/group/racialethnic/aian/index.html

[3] Centers for Disease Control and Prevention. (2014). STDs in racial and ethnic minorities. 2013 sexually transmitted disease surveillance. Retrieved from http://www.cdc.gov/std/stats13/minoritities.htm

[4] Centers for Disease Control and Prevention. (2020). HIV and American Indians/Alaska Natives. Retrieved from http://www.cdc.gov/std/stats13/minoritities.htm

- The Navajo Nation requests funds to further the goals of the HIV National Strategic Plan (2021-2025) and the Navajo Nation HIV/AIDS Act by implementing high-impact prevention approaches to service design and implementation.
- The Navajo Nation requests the Secretary of Health and Human Services and the Office of National AIDS Policy (ONAP) convene a discussion session annually on issues of HIV prevention in tribal communities with concerned and engaged community partners on the Navajo reservation.
- The Navajo Nation requests that ONAP work with CDC to fund a HIV capacity building assistance provider to assist tribes and Native community-based organizations with the implementation of public health strategies and evidence-based prevention interventions.
- The Navajo Nation recommends funding for youth-based prevention activities, including development of education programs as a means of HIV prevention.

h. Indian Health Service - Special Diabetes Program for Indians (SDPI)

The Navajo Special Diabetes Program (NSDP) remains a critical program to address the diabetes epidemic on the Navajo Nation. NSDP funding allows for the initial appropriation and subsequent reauthorization efforts of the Navajo Nation and it is used to provide culturally appropriate community-based prevention through education on nutrition, physical activities, blood glucose and cholesterol screenings and promoting healthy lifestyle practices.

According to an October 2010 press release by the Centers for Disease Control and Prevention, as many as 1 in 3 U.S. adults could have diabetes by the year 2050, if current trends continue. On the Navajo Nation, one in four Navajos have been diagnosed with diabetes mellitus. This health issue is complicated by the fact that many individuals with sedentary lifestyle often become obese or overweight. For 1999-2001, Navajo Area IHS ranked diabetes as the 4th leading cause of death, while it was the 6th leading cause of death for the U.S. Low income seems to be associated with a higher prevalence of diabetes and its related complications.

American Indians and Alaska Natives (AI/AN) continue to be impacted by underfunding for health and infrastructure that continues to compound the impacts of COVID-19. This present a major concern as one of the underlying health conditions that could lead to COVID-19 is diabetes. Prevention efforts including social distancing and increased hand-washing are particularly challenging to maintain across the Navajo Nation, due to the 30-40% of households that have no access to running water or electricity, widespread food insecurity, a large number of multi-generational families living together in one household, and the contagious variants of the virus that continues to spread.

Although health indicators are implemented across the Navajo Nation, the unchanging funds for diabetes prevention tends to be a concern as both the diabetes prevalence rate and mortality rate continue to increase. The burden of health care cost, especially for diabetes, will rise at more than 8.2% per year. Delivering services to help American Indian communities cope with the pandemic will require more funding, particularly in the form of investments in health care, housing, broadband access, and sanitation.

Recommendations:

- The Navajo Nation continues to support a permanent reauthorization of the SDPI for an additional 5 years beginning FY 2022 through FY 2026 with an increased appropriation at $250 million per year. The cost of living and national gross domestic product continues to increase which requires hiring additional staff to implement SDPI objectives.
- The Navajo Nation recommends a large portion of the proposed $50 million increase to support SDPI community-based diabetes prevention services.
- The Navajo Nation recommends re-evaluation of the funding mechanism, by allowing tribes to receive funds through the self-determination and self-governance system.

i. Indian Health Service - Increased Funding in FY 2022 to Maintain the Navajo Community Health Representative (CHR) Program and to Establish the Navajo Infectious Disease Control Program.

The employees of the CHR Program are highly trained, standardized workforce with a comprehensive scope of practice outlined by the Indian Health Service (IHS) and enhanced by the Navajo Nation Department of Health. The CHR workforce roles and competencies span both the IHS and nationally recognized Community Health Worker (CHW) core roles and competencies. This program provides culturally appropriate health education and information, conducts outreach, provides direct service, care coordination, case management and systems navigation, and participates in evaluation and research. The CHR/Outreach program is a primary prevention public health program and CHRs act as liaisons in meeting the health care needs of communities. The CHR program also includes Tuberculosis Control (TB) and Sexually Transmitted Disease (STD) Prevention Programs.

Navajo CHRs have cultural, traditional and linguistic experience and knowledge coupled with professional education, training, and certification to meet the unique needs of Native American communities. Staff are the front line first responders in public heath emergencies and responsible for self-initiation of community assessment, communicate degree of impact with the health emergencies staff, and implement community response in accordance with the incident considering high risk clients as a priority.

Attempts have been made in the past to defund the CHR program, however, the program is critical to the Navajo Nation in meeting the health needs of communities and in keeping infectious diseases (TB and STD) to a minimum and preventing outbreaks. Infectious outbreak has high potential therefore technicians are needed to respond to TB and STD treatments and conduct case management. CHRs are also vital to assist the high-risk clienteles to provide bathing, personal care, cooking, feeding, and assuring medications are available to them.

In early March 2020, the Covid-19 pandemic greatly impacted the Navajo Nation in that it was third in the United States to be impacted per capita. The situation called for agencies such as FEMA, National Guards and others were called in to provide epidemiological aid with the hope to curtail the impact. As in other cases, the CHRs were assigned to the Incident Command to assist with emergency response in addressing the Covid-19 pandemic. Given their skills and unique ability to speak in the Navajo Nation gave the CHR's the credibility to translate information from the English language to Navajo to benefit non-English speaking people.

Recommendations:

- The Navajo Nation requests increased funding for the CHR/Outreach program in FY2022 to sustain operations and to ensure high risk clients will continue to receive preventive health screenings, medication management, and other in-home necessary services.
- Increased funding will provide the support needed for the CHR/Outreach program to expand the program with Community Health Aide Program (CHAP) and it will enable planning and implementing the CHAP training and certification program.
- The Navajo Nation also recommends increased funding to allow for the establishment of a Navajo Infectious Disease Control Program. The funding would provide additional staffing for the TB and STD program to provide disease intervention services and awareness and prevention of infectious diseases.
- The Navajo Nation recommends support for the CHR/Outreach program to improve healthcare delivery by allowing CHR staff to enter patient health data into the RPMS/EHR.

j. Agency for Toxic Substances and Disease Registry (ATSDR) - RECA Filing Deadline Discrepancy

Uranium mining has brought many forms of diseases and ill health conditions that have lasting impacts. In addition to toxic exposures to cancer-causing radon, Navajo uranium miners also suffered exposures to other dangerous materials, including uranium itself (a heavy metal), radium, arsenic, and silica, as well as acids and organic solvents used in the uranium-removal process. Uranium itself (that is, the radioactive decay products aside) is known to cause kidney damage and birth defects. Radium is known to cause bone cancer, nasal cancers and leukemia. Silica exposure causes lung cancer. Arsenic targets the blood, kidneys, central nervous system, the digestive system, and the skin. It can cause neurotoxicity as well as cancers of the lung, skin and liver.

Heavy metals have been recognized for decades as causing many health problems. There are 23 recognized heavy metals. Examples of heavy metals include: cadmium, chromium, cobalt, copper, iron, lead, and mercury, in addition to the uranium, arsenic and vanadium known to be present in the uranium mining process. Heavy metals have been known to cause: damage to mental and central nervous function; damage to blood composition, lungs, kidneys, liver and other vital organs; and cancer. Uranium mining on the Navajo Nation brought with it a long list of negative health consequences that former Navajo miners and their families continue to suffer decades after the close of the last uranium mine. Consequently, we are standing on the premise that RECA benefits eligibility be fully evaluated to determine whether it can be extended for the Navajo Nation.

The Navajo Uranium Workers Program (NUWP) is a program under the Navajo Nation Department of Health within the Executive Branch of the Navajo Nation. NUWP is responsible for providing eligible clients with information and education about the benefits and enrollment process pertaining to the Radiation Exposure Compensation Act (RECA).

In determining the actions to take or recommend, NUWP draws on the foundation of U.S. RECA Act and the statutes written and described therein. The current RECA Act will expire on July 10, 2022 along with all its components and Federal Trust Fund.

In reviewing the RECA Act, there are two deadlines that appear to be in conflict with one another. The two issues were brought before the U.S. Department of Justice which noted the argument appears relevant. However, there are no conditions provided at the U.S. Federal level to accommodate any form of adjustment and therefore, intake processing institutions may have to set their own deadline to avoid future claim disqualifications.

There are two excerpts from the RECA Act that conflict with one another: SEC.3. TRUST FUND -(d) TERMINATION -*The Fund shall terminate 22 years after the date of the enactment of the Radiation Exposure Compensation Act Amendments of 2000 [July 10, 2000]. If all of the amounts in the Fund have not been expended by the end of that 22-year period, investments of amounts in the Fund shall be liquidated and receipts thereof deposited in the Fund and all funds remaining in the Fund shall be deposited in the miscellaneous receipts account in the Treasury.*

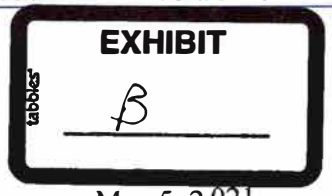
SEC. 8. LIMITATIONS ON CLAIMS- (a) IN GENERAL. - *A claim to which this Act applies shall be barred unless the claim is filed within 22 years after the date of the enactment of the Radiation Exposure Compensation Act Amendments of 2000 [July 10, 2000].*

Discrepancy Description:
The Trust Fund will expire on July 10, 2022, the same day "A Claim" could still be filed. The question is if a claim is filed on July 10, 2022 and deemed eligible for compensation later, would the claimant be compensated when the Trust Fund has expired?

Recommendation:

- The Navajo Nation recommends an extension and appropriate funding to allow Navajo beneficiaries to file their claims. The circumstances surrounding Navajo clients are such that it is a difficult and arduous process to secure records to support a claim. Therefore to remedy the matter, consideration for an extension along with funding is respectfully requested to allow more Navajo uranium workers and/or their families to file claims.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary
Washington, D.C. 20201



May 5, 2021

Dear Tribal Leader:

On January 26th, President Biden issued a Presidential Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships that requires the Department of Health and Human Services (HHS) submit a detailed plan for implementing Executive Order 13175, which charges all executive departments and agencies to engage in *regular, meaningful, and robust* consultation with Tribal officials in the development of federal policies that have Tribal implications.

On March 2nd, we initiated Tribal Consultation on President Biden's Presidential Memorandum. The HHS sought recommendations and feedback on how the Department can improve its policies and practices to better engage with Indian Country through meaningful consultation. Tribes were given the opportunity to provide their recommendations and feedback in two ways: through attending one of the six regional virtual Tribal consultation sessions; and/or by providing written feedback to the Department by March 26, 2021.

To assist in garnering feedback and recommendations, the Department invited Tribal leaders to answer four questions during the Tribal Consultation sessions. We received 38 written comments from Tribes and Tribal organizations in response to our consultation. On April 5th, we sent out a summary report from our six regional sessions, summarizing the themes and general comments we received during our Tribal Consultation (Attachment 1). We want to assure you that the consultations held in March are by no means the end of this process, and it is our hope that they will serve as the beginnings to an ongoing dialogue that promotes and fosters robust open discussion, communication, and engagement.

As mentioned during our consultations, we will convene a special workgroup of the Secretary's Tribal Advisory Committee (STAC), comprising Tribal leaders and federal officials, who will work collaboratively to review the written comments received and develop a plan to strengthen our HHS Tribal Consultation Policy. Once a plan is developed by the workgroup, we will share it with Tribal leaders and initiate Tribal consultation this fall for their review of what is developed, with the intent of having an updated plan and policy by the first quarter of 2022.

Additionally, this summer we will host our Regional Tribal Consultations, where we will continue to engage with you in strengthening our Tribal Consultation Policy. These sessions provide Tribes opportunities to focus on regional specific issues with their respective regional HHS counterparts, and also provides an opportunity for Tribal Leaders to consult with HHS headquarters leadership on issues at the national level.

Please see below for the dates of each respective consultation session, a link to register for the event in advance, and the Regional Contact(s):

- May 25, 2021: **Regions 7 & 8**
  https://www.zoomgov.com/meeting/register/vJIsfu2gqDgpHA7ZYBtZwBYNuLtKURACtmE
  - Contact: Kit Wagar; Kit.Wagar@hhs.gov (Region 7)
  - Contact: Elsa Ramirez; Elsa.Ramirez@hhs.gov (Region 8)

- May 26, 2021: **Head Start Tri-Regional Meeting for 6, 7, & 8**
  https://www.zoomgov.com/meeting/register/vJIsd-GqqzwjHazdKmUZVtFrj1Ut3wlAQso

- May 27, 2021: **Region 6**
  https://www.zoomgov.com/meeting/register/vJIsdOCtrTMuH2DXGZNV-Q-KMnkGZbLmcX8
  - Contact: Julia Lothrop; Julia.Lothrop@hhs.gov

- June 9, 2021: **Region 4**
  https://www.zoomgov.com/meeting/register/vJIsf-igrzsjEusvUTT93Gdc1BbyYL0uC6k
  - Contact: Natalia Cales; Natalia.Cales@hhs.gov

- June 14 – 16, 2021: **Region 10**
  https://www.zoomgov.com/meeting/register/vJIscOqrrjwuE1FopJTydmaFmqiuZTABI_s
  - Contact: Priya Helweg; Priya.Helweg@hhs.gov

- June 22, 2021: **Region 2**
  https://www.zoomgov.com/meeting/register/vJIsdeCvqjMvGKbhHPxKAZJN0CP7wqNqWlA
  - Contact: Sean Hightower; Sean.Hightower@hhs.gov

- June 29, 2021: **Region 3**
  https://www.zoomgov.com/meeting/register/vJIsfuitpzItHSKQvNmmTZrYX5PW9lswfMo
  - Contact: Melissa Herd; Melissa.Herd@hhs.gov

- July 21 – 22, 2021: **Region 5**
  https://www.zoomgov.com/meeting/register/vJItduuurzgiGO90M4liEf75OXfaul5zLCY
  - Contact: Sam Gabuzzi; Sam.Gabuzzi@hhs.gov

- July 27, 2021: **Region 1**
  https://www.zoomgov.com/meeting/register/vJIscuugqTIsHnUWRonprwUgGjND0pgUUKU
  - Contact: Paul Jacobsen; Paul.Jacobsen@hhs.gov

- August 9 – 12, 2021: **Region 9**
  https://www.zoomgov.com/meeting/register/vJIsdOyppjsuGpV6VYabm6IYwGDbaQVQvvY
  - Contact: Schuyler Hall; Schuyler.Hall@hhs.gov

Tribes will have an opportunity to schedule individual one-on-one consultations through their Regional Offices, who will reach out to provide additional information on how to schedule a one-on-one session

for their region, but Tribes can also contact the individual identified above for their region to receive additional information on scheduling a one-on-one session. Additionally, if Tribes cannot attend their respective regional consultation or have specific concerns they would like raised, they can submit written testimony to consultation@hhs.gov by Friday, September 3, 2021.

We thank you for your continued partnership and support. We take our commitment to honoring the nation-to-nation relationship with Indian Tribes very seriously and look forward to continue working with you.

Sincerely,

Marvin B. Figueroa -S Digitally signed by Marvin B. Figueroa -S
Date: 2021.05.05 14:28:46 -04'00'

Marvin B. Figueroa
Director
Office of Intergovernmental and External Affairs

Document No. 016396 Date Issued: 05/07/2021

EXECUTIVE OFFICIAL REVIEW

Title of Document: Draft NDOH Program Issue Papers for DHTC Contact Name: DEPARTMENT OF HEALTH-ADMIN

Program/Division: DEPARTMENT OF HEALTH

Email: MicheleMorris@navajo-nsn.gov Phone Number: 871-6758

			Sufficient	Insufficient
☐	**Business Site Lease**			
	1. Division: _____	Date: _____	☐	☐
	2. Office of the Controller: _____	Date: _____	☐	☐
	(only if Procurement Clearance is not issued within 30 days of the initiation of the E.O. review)			
	3. Office of the Attorney General: _____	Date: _____	☐	☐
☐	**Business and Industrial Development Financing, Veteran Loans, (i.e. Loan, Loan Guarantee and Investment) or Delegation of Approving and/or Management Authority of Leasing transactions**			
	1. Division: _____	Date: _____	☐	☐
	2. Office of the Attorney General: _____	Date: _____	☐	☐
☐	**Fund Management Plan, Expenditure Plans, Carry Over Requests, Budget Modifications**			
	1. Office of Management and Budget: _____	Date: _____	☐	☐
	2. Office of the Controller: _____	Date: _____	☐	☐
	3. Office of the Attorney General: _____	Date: _____	☐	☐
☐	**Navajo Housing Authority Request for Release of Funds**			
	1. NNEPA: _____	Date: _____	☐	☐
	2. Office of the Attorney General: _____	Date: _____	☐	☐
☐	**Lease Purchase Agreements**			
	1. Office of the Controller: _____	Date: _____	☐	☐
	(recommendation only)			
	2. Office of the Attorney General: _____	Date: _____	☐	☐
☐	**Grant Applications**			
	1. Office of Management and Budget: _____	Date: _____	☐	☐
	2. Office of the Controller: _____	Date: _____	☐	☐
	3. Office of the Attorney General: _____	Date: _____	☐	☐
☐	**Five Management Plan of the Local Governance Act, Delegation of an Approving Authority from a Standing Committee, Local Ordinances (Local Government Units), or Plans of Operation/Division Policies Requiring Committee Approval**			
	1. Division: _____	Date: _____	☐	☐
	2. Office of the Attorney General: _____	Date: _____	☐	☐
☐	**Relinquishment of Navajo Membership**			
	1. Land Department: _____	Date: _____	☐	☐
	2. Elections: _____	Date: _____	☐	☐
	3. Office of the Attorney General: _____	Date: _____	☐	☐

☐ **Land Withdrawal or Relinquishment for Commercial Purposes**

			Sufficient	Insufficient
1. Division:		Date:	☐	☐
2. Office of the Attorney General:		Date:	☐	☐

☐ **Land Withdrawals for Non-Commercial Purposes, General Land Leases and Resource Leases**

1. NLD		Date:	☐	☐
2. F&W		Date:	☐	☐
3. HPD		Date:	☐	☐
4. Minerals		Date:	☐	☐
5. NNEPA		Date:	☐	☐
6. DNR		Date:	☐	☐
7. DOJ		Date:	☐	☐

☐ **Rights of Way**

1. NLD		Date:	☐	☐
2. F&W		Date:	☐	☐
3. HPD		Date:	☐	☐
4. Minerals		Date:	☐	☐
5. NNEPA		Date:	☐	☐
6. Office of the Attorney General:		Date:	☐	☐
7. OPVP		Date:	☐	☐

☐ **Oil and Gas Prospecting Permits, Drilling and Exploration Permits, Mining Permit, Mining Lease**

1. Minerals		Date:	☐	☐
2. OPVP		Date:	☐	☐
3. NLD		Date:	☐	☐

☐ **Assignment of Mineral Lease**

1. Minerals		Date:	☐	☐
2. DNR		Date:	☐	☐
3. DOJ		Date:	☐	☐

☐ **ROW (where there has been no delegation of authority to the Navajo Land Department to grant the Nation's consent to a ROW)**

1. NLD		Date:	☐	☐
2. F&W		Date:	☐	☐
3. HPD		Date:	☐	☐
4. Minerals		Date:	☐	☐
5. NNEPA		Date:	☐	☐
6. DNR		Date:	☐	☐
7. DOJ		Date:	☐	☐
8. OPVP		Date:	☐	☐

☑ **OTHER:** EXECUTIVE REVIEW

1. NDOH	Valerie Jones Delegated	Date:	5/7/21	☒	☐
2. NDOT		Date:	8/5/21	☒	☐
3. OPVP		Date:	8-6-21	☒	☐
4.		Date:		☐	☐
5.		Date:		☐	☐

Pursuant to 2 N.N.C. § 164 and Executive Order Number 07-2013

NAVAJO NATION

1063 8/31/2021

Naa'bik'iyati' Committee Special Meeting 06:30:53 PM

Amd# to Amd# Consent Agenda Items PASSED

MOT Begay, P

SEC Yellowhair

Yeas : 20 **Nays : 0** **Excused : 1** **Not Voting : 2**

Yea : 20

Begay, E	Crotty	Nez, R	Tso, D
Begay, K	Daniels	Slater, C	Tso, E
Begay, P	Freeland, M	Smith	Walker, T
Brown	Halona, P	Stewart, W	Wauneka, E
Charles-Newton	James, V	Tso, C	Yellowhair

Nay : 0

Excused : 1

Yazzie

Not Voting : 2

Tso, O Henio, J

Presiding Speaker: Damon