

RESOLUTION OF THE  
NAABIK'ÍYÁTI' COMMITTEE OF THE  
NAVAJO NATION COUNCIL

23rd NAVAJO NATION COUNCIL -- First Year, 2015

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND  
NAABIK'ÍYÁTI' COMMITTEES; APPROVING THE NAVAJO NATION DEPARTMENT  
OF HEALTH'S RECOMMENDATIONS TO INDIAN HEALTH SERVICE FOR THE TOP  
FIVE IDENTIFIED NEEDS FOR HEALTH CARE FACILITIES OVER THE NEXT  
TEN YEARS

SECTION ONE. FINDINGS

- A. The Health, Education and Human Services Committee exercises oversight over the Navajo Nation Department of Health. 2 N.N.C. § 401(C)(1).
- B. The Navajo Nation established the Naabik'íyáti' Committee as a Navajo Nation Council standing committee and as such empowered Naabik'íyáti' Committee to coordinate all federal programs, i.e. Indian Health Service ("IHS"), to provide efficient services to Navajo members. 2 N.N.C. §§ 164 (A)(9), 700 (A), 701 (A)(4) (2012); see also CO-45-12.
- C. The Navajo Nation has a government-to-government relationship with the Federal government.
- D. The Indian Health Service is an agency within the U.S. Department of Health and Human Services, and is responsible for providing health services to American Indians and Alaska Natives.
- E. The Navajo Nation Department of Health ensures that quality comprehensive and culturally relevant health care and public health services are provided on the Navajo Nation. See CO-50-14.
- F. The Department of Health received a letter dated April 8, 2015 from the Robert G. McSwain, Acting Director of Indian Health Service, requesting an identification of "the top five healthcare facility needs from existing and recently authorized facility types over the next ten years." See Letter attached as Exhibit A.

- G. The Office of Planning, Research and Evaluation, under the supervisory authority of the Department of Health, has identified the following five areas as the top five priorities for healthcare facilities over the next ten years:
- a. Multi-Purpose Facilities to serve Veteran's (Transitional Living Facilities)
  - b. Inpatient Hospice Care
  - c. Nursing Home/Assisted Living Facilities
  - d. Water and Sanitation Construction (Facilities)
  - e. Maintenance and Improvement Funding
- H. The Department of Health recommends that the Navajo Nation consider the priorities set forth in a draft letter addressed to the Health, Education and Human Services Committee and adopt those priorities for subsequent submission to IHS to be included in a report due to the United States Congress in early 2016. See Letter from Office of Planning, Research and Evaluation attached as Exhibit B; see also Letter of Priorities attached as Exhibit C and Letter of Support from Winslow Indian Health Care Center attached as Exhibit D.

## SECTION TWO. APPROVAL OF RECOMMENDATIONS

The Navajo Nation hereby supports the recommendations of the Department of Health, and the President of the Navajo Nation as set forth in the President's Letter of Support as Exhibit C.

## CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Naabik'íyáti' Committee of the 23<sup>rd</sup> 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 13 in favor, 0 oppose, this 25<sup>th</sup> day of June, 2015.



LoRenzo Bates, Chairperson  
Naabik'íyáti' Committee

Motion: Honorable Seth Damon  
Second: Honorable Davis Filfred



APR 8 2015



Dear Tribal Leader:

The Indian Health Care Improvement Act includes a requirement for the Indian Health Service (IHS) to provide a report to Congress that describes the comprehensive, national, ranked list of all health care facilities' needs, including specialized health care facilities (such as long-term care, substance abuse treatment, dialysis facilities, psychiatric facilities, etc.), wellness centers, and staff quarters. This report is due to the Senate Indian Affairs Committee and the House Natural Resources Sub-Committee on Indian, Insular and Native American Affairs in early 2016.

The Facilities Appropriation Advisory Board (FAAB) has recommended that tribal leaders identify the top five health care facility needs from existing and recently authorized facility types over the next ten years. The data will be used to prioritize the agency's efforts to develop planning criteria, operational principles, and guidelines for newly authorized facilities that will be added to future IHS Area Master Plans. This data will have no impact on the existing, congressionally endorsed, Health Care Facilities Construction Priority list.

I am requesting your input in identifying your Tribe's top five health care facilities construction needs from the enclosed list page in rank order. Number one represents your highest priority. Please provide this information by June 1, 2015 by e-mail to [consultation@ihs.gov](mailto:consultation@ihs.gov) with a subject line of "FAAB" or by postal mail to:

Robert G. McSwain  
Acting Director, Indian Health Service  
801 Thompson Avenue, Suite 440  
Rockville, MD 20852

Thank you for your input on this very important program.

Sincerely,

/Robert G. McSwain/

Robert G. McSwain  
Acting Director

Enclosure



THE NAVAJO NATION

RUSSELL BEGAYE PRESIDENT  
JONATHAN NEZ VICE PRESIDENT



MEMORANDUM

TO: Ramona Antone-Nez, Acting Executive Director  
Navajo Department of Health

FROM: *[Signature]* 5-26-15  
S.M. Etsitty-Haskie, Acting Program Manager  
Office of Planning, Research and Evaluation  
Navajo Department of Health

SUBJECT: Top Five Navajo Nation Health Care Facilities/New Authorities

Date: May 26, 2015

This office has sent email communication to follow up on a draft letter identifying potential health care facilities for the Navajo Nation. The draft letter is to go to the Chairperson of the Health, Education and Human Services Committee for appropriate action. The draft letter was transmitted via email on May 11, 2015; however to date there has been no response.

As indicated before, there is a set timeline for the submittal of the priorities to the Indian Health Service Headquarters on Monday, June 1, 2015; however, because of the newly installed Navajo Leadership, an extension was granted specifically for the Navajo Nation to June 15, 2015. After this date, the Indian Health Service will aggregate the data nationally and begin working on an official report that will be submitted to the Congress.

It is critical that a decision be made as quickly as possible with regard to this matter. Please let me know if you have questions. Attached is another copy of the draft letter. Thank you for your immediate attention to this matter.

ATTACHMENT

cc: Charlotte Francis, NDOH  
Beverly Martinez, Legislative Advisor, HEHSC  
Capt. Brian K. Johnson, NAIHS  
File



May 11, 2015

The Honorable Jonathan Hale  
Chairperson  
& Honorable Members of the  
Health, Education and Human Services Committee  
The Navajo Nation Council  
Window Rock, AZ 86515

Dear Honorable Hale and Members of the HEHSC:

This document is in response to the Dear Tribal Leader Letter dated April 8, 2015 regarding the identification of "the top five health care facilities needs from existing and recently authorized facility types over the next ten years."

At the recent meeting of the Health, Education and Human Services Committee (HEHSC) of the Navajo Nation Council on May 6, 2015; it was suggested that a draft of the Navajo Nation's top priorities for five health care facilities be developed for review and submittal.

In reviewing this subject matter, the Office of Planning, Research and Evaluation under the Navajo Department of Health reviewed materials that were submitted during the recent 2015 Navajo Regional Tribal Consultation. Thus, it found that the HEHSC had approved an issue paper which supports the establishment of the **"Multi-Purpose Facilities to serve Veterans"** on the Navajo Nation. The issue paper indicates that multi-purpose residential style shelters are needed to help identified homeless veterans to access services at a transitional shelter.

Another facility need that was referenced at the Tribal Consultation session in April 2015 pertains to **"Inpatient Hospice Care"** to serve terminally ill patients (specifically cancer patients); as Cancer has become the second leading cause of death on the Navajo Nation. At the Consultation session, it was brought up that many families of Cancer patients are currently going off the reservation to attend to their ill family members or relatives. It was expressed that having an Inpatient Hospice Care facility on the Navajo Nation would serve to alleviate hardship on patients and their families. This type of facility would offer support, care and comfort to patients who are terminally ill who are at the final stage of life.

Further study may have to be done to determine whether this type of care would be provided in a setting that is associated with an assisted living or skilled nursing center. If such a facility is deemed necessary, it would have to have a support structure such as hospice professionals who would be responsible for giving counseling and care to the patient. Other professionals that may be required are registered nurses, dietitians, social works, therapists, etc., in order to meet the needs of the patient and family.

Additionally, over the years there has been a strong emphasis to have adequate **"Nursing Homes"** addressed on the Navajo Nation. At present there is one Nursing Home that is



centrally located on Navajo. However, this facility has long outlived its usefulness and may need replacement. On the other hand, there is also talk about “**Assisted Living Facilities**” to serve the older population. Of course, these facilities may require some kind of accreditation or authorization to operate. It will also call for staffing, equipment and operating funds.

Concurrently, the OPRE also reviewed the Navajo Area Priorities for FY2017, which was formulated at the meeting to address the 2017 Budget Formulation process. This particular document identifies priorities that are facilities related and they are as listed as follows:

- Healthcare Facilities Construction (For the benefit of this report; the new list of priorities excludes Healthcare Facilities as these are already in progress). However, the request does allow for certain Outpatient Ambulatory Facilities that may not be on the current Indian Health Service Construction Priority List. It also identifies specialty care centers related to “Podiatry, Urology, Ophthalmology, Orthopedics, Cardiology, Chemotherapy (which could be related to the Inpatient Hospice Care facility), Dermatology and Otolaryngology. There is also Dialysis Centers that could be regarded as a specialty care. This cluster of facilities could also include outpatient clinics to treat issues related to behavioral/mental health/social services/alcohol and substance abuse.
- Another priority that was identified as part of the 2017 Budget Formulation process was “**Water and Sanitation Construction**” due to the tremendous backlog of sanitation facilities construction overall across Indian Country and specifically the Navajo Nation, water and sanitation construction was listed as priority #2. In addition, a disparity exists whereas 9% of Indian homes lack access to safe water in comparison to only 1% of the U.S. general population.
- Finally, “**Maintenance and Improvement**” (M&I) was also cited as priority #5. M&I funds are need to improve and support the delivery of health care and preventive health services and to maintain interests in real property. At its Meeting of November 12, 2014, the FAAB voted to draft a letter to the National Budget Formulation group to support increasing FY2017 M&I funding. This letter has yet to be finalized for additional action.

Based on the above narrative, it is recommended that the Navajo Nation consider its priorities for new authorities as follows, in no particular order:

- Multi-Purpose Facilities to serve Veterans (Transitional Living Facilities)
- Inpatient Hospice Care
- Nursing Home/Assisted Living Facilities
- Water and Sanitation Construction (Facilities)
- Maintenance and Improvement (M&I) Funding

There may be other priorities which are not listed here; this priority list is entirely up to the Navajo Nation Government and its leaders. Please consider these recommendations for

further action. The list of Navajo Nation Priorities will be due to the Indian Health Service Headquarters on June 1, 2015.

If you have questions or desire additional information, please contact the Office of Planning, Research and Evaluation, Navajo Department of Health (Contact: Sylvia Etsitty-Haskie at email address: [sylvia.etsitty@nndoh.org](mailto:sylvia.etsitty@nndoh.org). You may also contact Captain Brian K. Johnson of the Navajo Area Indian Health Service at email address: [Brian.Johnson@ihs.gov](mailto:Brian.Johnson@ihs.gov).

Thank you for your immediate attention to this important matter.

Sincerely,

Executive Director  
Navajo Department of Health

Copy: Honorable Member of the HEHSC  
Office of the Navajo Nation President/Vice President  
S. Etsitty-Haskie, OPRE/NDOH  
Brian K. Johnson, NAIHS  
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