

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'; INSISTING THAT UNITED STATES CONGRESSIONAL
REPRESENTATIVES ADDRESS THE CLOSURE OF ESSENTIAL SERVICES AT THE
CROWNPOINT HEALTH CARE FACILITY, AN INDIAN HEALTH SERVICE
OPERATION

WHEREAS:

- A. The Health, Education and Human Services Committee (HEHSC) is a Navajo Nation Council standing committee has the authority to review and recommend resolutions relating to health. 2 N.N.C. §§ 400(A), 401 (B)(6)(a) (2012); see also CO-45-12.
- 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 e.g. Indian Health Service (IHS) to provide the most efficient delivery of services to the Navajo Nation. 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 United States of America. Treaty of 1850, Sept. 24, 1850, 9 Stat. 974 and Treaty of 1868, Aug. 12, 1868, 15 Stat. 667.
- D. Recently, the Crownpoint Health Care Facility closed its emergency room, in-patient services and obstetrics care unit due to a purported lack of medical personnel.
- E. The Crownpoint Health Care Facility serves a population of 20,000 Navajo people, and annually treats about 5,500 patients in its emergency room alone. See Crownpoint Medical Center statistics attached as Exhibit A.

- F. Navajo Area IHS Director John Hubbard blames the closure on a lack of qualified personnel to operate the facility. See Press Release dated June 16, 2015 attached as Exhibit B.
- G. On August 12, 1868, the United States of America proclaimed the Treaty between the United States of America and the Navajo Tribe of Indians, forever binding the two parties in a trust relationship.
- H. Dating back to the 1800s, the Supreme Court has recognized the federal trust relationship between Indian tribes and the United States government: "[Indian tribes] relations to the United States resemble that of a ward to his guardian." *Cherokee Nation v. State of Ga.*, 30 U.S. 1, 2 (1831).
- I. In more recent years, the Supreme Court has clarified that the Government assumes Indian trust responsibilities only to the extent it expressly accepts those responsibilities by statute. *United States v. Jicarilla Apache Nation*, 131 S. Ct. 2313, 2325 (2011).
- J. The Government has expressly accepted trust responsibilities in the area of ensuring adequate healthcare for Indian tribes as set forth in the Indian Health Care Improvement Act (IHCIA), where Congress declared "that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy." 25 U.S.C. § 1602(1).
- K. The IHCIA was permanently reauthorized as part of the passage of the Patient Protection and Affordable Care Act on March 23, 2010. See IHS Press Release attached as Exhibit C.
- L. In the "Findings" portion of the Act, Congress states "Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people." 25 U.S.C. § 1601(1).

- M. Congress further found that "A major national goal of the United States is to provide the resources, processes, and structure that will enable Indian tribes and tribal members to obtain the quantity and quality of health care services and opportunities that will eradicate the health disparities between Indians and the general population of the United States." 25 U.S.C. § 1601(2).
- N. As part of the IHCIA, a Section was enacted particularly related to Indian Health Professional Personnel for the purpose of "... assur[ing] an adequate supply of health professionals to the Service, Indian tribes, tribal organizations, and urban Indian organizations involved in the provision of health care to Indian people." 25 U.S.C. § 1611.
- O. With the closure of essential facilities at the Crownpoint Health Care Facility, the United States is in breach of its fiduciary responsibilities to provide adequate healthcare to the Navajo people as required not only by historical precedence but also statutorily by the IHCIA.
- P. As the unmet health needs of the Navajo People are already severe without the addition of the closure of essential services in isolated areas, such as emergency room care, the Navajo Nation urges Congressional Representatives to meet with IHS and tribal representatives to address the closure of these services at Crownpoint Health Care Facility.

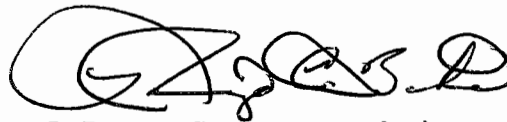
NOW, THEREFORE, BE IT RESOLVED:

- A. On behalf of the Navajo People in need of urgent care, the Navajo Nation insists that United States Congressional Representatives address the closure of the emergency room, in-patient services and the obstetrics unit at the Crownpoint Health Care Facility by coordinating the Indian Health Service officials and personnel to re-open the aforementioned services as quickly as possible.
- B. The Navajo Nation insists that United States Congressional Representatives meet with Indian Health Service officials and personnel to address how the closures, such as the one at Crownpoint Health Care Facility, will be averted in the future as this action has endangered the lives of many Navajo People.

- C. The Navajo Nation hereby authorizes the Navajo Nation President, the Navajo Nation Speaker, and their designees, to advocate for the re-opening of the affected services at Crownpoint Health Care Facility.
- D. Requesting the United States Congressional Representatives and Navajo Area Indian Health Services to authorize and conduct an Internal Assessment of the Crownpoint Healthcare Facility Operations immediately.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Naabik'iyáti' Committee of the 23rd 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 12 in favor and 0 opposed, this 17th day of August, 2015.

A handwritten signature in black ink, appearing to read 'LoRenzo C. Bates', written in a cursive style.

LoRenzo C. Bates, Chairperson
Naabik'iyáti' Committee

Motion : Honorable Jonathan Perry
Second : Honorable Nelson S. BeGaye

U.S. Department of Health and Human Services

Indian Health Service



Crownpoint Health Care Facility



Address

Crownpoint Service Unit
P.O. Box 358
Hwy Junction 57, Rt9
Crownpoint, NM 87313
Phone: 505-786-5291
FAX: 505-786-5840
Crownpoint Web Site

The Crownpoint Health Care Facility serves a population of 20,000 Navajo people. The staff consists of primary care physicians, physician assistants, and nurse practitioners, at a 32 bed hospital. The daily inpatient load is nine; daily outpatient visits are 151; annual OB cases are 275; and annual ER cases number about 5,500.

Physicians find they have ample opportunities to practice all the skills they trained for in residency, in multi-specialty, but non-departmental setting with continuous back up from colleagues and excellent nursing support in all areas of the hospital. There are no major surgeries performed on-site. However, based on training, our physicians perform a full spectrum of outpatient invasive and non-invasive procedures.

Crownpoint is located in Northwest New Mexico, on the Eastern edge of the Navajo Reservation, only a few hours drive North to the Southern Rockies, or East to Albuquerque and Santa Fe. World Class skiing is close and the area has superb hiking and fishing opportunities.

Indian Health Service (HQ) - The Reyes Building, 801 Thompson Avenue, Rockville MD, 20852

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23RD NAVAJO NATION COUNCIL OFFICE OF THE SPEAKER

FOR IMMEDIATE RELEASE

June 16, 2015

MEDIA CONTACTS

Jared Touchin (928) 221-9253

Jolene Holgate (928) 380-4174

nnlb.communications@gmail.com

Officials meet to discuss closure of Crownpoint Medical Center

WINDOW ROCK – Council Delegate Leonard Tsosie (Baca/Prewitt, Casamero Lake, Counselor, Littlewater, Ojo Encino, Pueblo Pintado, Torreon, Whitehorse Lake) on Monday, met with officials from Navajo Area Indian Health Services, Crownpoint Chapter, Thoreau Chapter, and community members to discuss how to resolve the recent closure of the emergency room, in-patient services, and obstetrics care unit at the Crownpoint Medical Center due to lack of medical personnel.

Delegate Tsosie said community members from Crownpoint and surrounding communities have reached out to their elected officials to raise concerns over the closure and its impact on those who rely on the services provided by the medical center.

"We need to resolve this once and for all. It's become a life or death situation for the people out there," said Delegate Tsosie, referencing a previous closure that occurred over two years ago.

Crownpoint Chapter President Rita Capitan said she has received many complaints for years from community members who question the medical center administration's ability to operate and maintain adequate medical services.

"I've heard that it's due to a housing shortage, but some staff say that's not true and that it's the administration," stated Capitan, who also informed officials that the Crownpoint Chapter approved a resolution calling for Anslem Roanhorse to be reassigned from his current position as the Chief Executive Officer for the Crownpoint Medical Center.

Crownpoint Community Land Use Planning Committee member Leonard Perry, said healthcare services as well as public safety are essential to the projects that CLUP members have been planning for such as a hotel, wellness center, and an Indian market.

Navajo Area IHS director John Hubbard, acknowledged that IHS officials should have communicated more effectively with the public and provided referral information for community members to seek treatment at other facilities, adding that their top priority is now to reopen the emergency room services at the facility as soon as possible.

Hubbard emphasized the challenges in recruiting and maintaining qualified doctors and nurses and said it is a nationwide problem. Additionally, he said many doctors and nurses leave the Navajo Nation for higher paying jobs in cities.



Delegate Tsosie recommended that the officials meet with the Navajo Housing Authority to develop high-quality housing for medical personnel near the medical center in Crownpoint. He also recommended that gas vouchers be provided to community members to travel to other hospitals until the facility reopens completely.

Hubbard said the Crownpoint Medical Center has undergone a formal review process and is awaiting the final report to better understand the areas of need and improvement. He added that the top priority is to reopen the entire facility as soon as possible and also to improve the management of the facility.

Hubbard is tentatively scheduled to provide an update report to the Navajo Nation Council's Naabik'iyátí' Committee on June 25.

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U.S. Department of Health and Human Services



Indian Health Service

INDIAN HEALTH SERVICE

PRESS RELEASE

03/27/2010

FOR IMMEDIATE RELEASE

Contact: (301) 443-3593, newsroom@ihs.gov

Indian Health Care Improvement Act Made Permanent

The Indian Health Care Improvement Act (IHCIA), the cornerstone legal authority for the provision of health care to American Indians and Alaska Natives, was made permanent when President Obama signed the bill on March 23, as part of the Patient Protection and Affordable Care Act. The authorization of appropriations for the IHCIA had expired in 2000, and while various versions of the bill were considered by Congress since then, the act now has no expiration date.

"We are grateful to President Obama for his unwavering and longstanding support for the enactment of the Indian Healthcare Improvement Act, which is critical to modernizing and improving the health care we provide to American Indians and Alaska Natives," said HHS Secretary Kathleen Sebelius. "This administration is intent on honoring the obligations of our government-to-government relationship with American Indian tribes, including the promise of adequate health care."

"Since 2000, tribes and tribal organization have been strongly advocating for the updating and reenacting of the IHCIA," said Dr. Yvette Roubideaux, director of the Indian Health Service (IHS). "The provision of health care services to American Indians and Alaska Natives is a key component of the federal government's trust responsibility, and the updating and permanent authorization of the IHCIA helps to fulfill this responsibility."

The version of the IHCIA signed into law on Tuesday differs in several respects from the original version passed by Congress in 1976. It includes many major changes and improvements to facilitate the delivery of health care services, such as:

- Enhancement of the authorities of the IHS Director, including the responsibility to facilitate advocacy and promote consultation on matters relating to Indian health within the Department of Health and Human Services.
- Provides authorization for hospice, assisted living, long-term, and home- and community-based care.
- Extends the ability to recover costs from third parties to tribally operated facilities.
- Updates current law regarding collection of reimbursements from Medicare, Medicaid, and CHIP (Children's Health Insurance Program) by Indian health facilities.
- Allows tribes and tribal organizations to purchase health benefits coverage for IHS beneficiaries.

- Authorizes IHS to enter into arrangements with the Departments of Veterans Affairs and Defense to share medical facilities and services.
- Allows a tribe or tribal organization carrying out a program under the Indian Self-Determination and Education Assistance Act and an urban Indian organization carrying out a program under Title V of IHCA to purchase coverage for its employees from the Federal Employees Health Benefits Program.
- Authorizes the establishment of a Community Health Representative program for urban Indian organizations to train and employ Indians to provide health care services.
- Directs the IHS to establish comprehensive behavioral health, prevention, and treatment programs for Indians.

The IHS provides a comprehensive health service delivery system for approximately 1.9 million of the nation's estimated 3.3 million American Indians and Alaska Natives.

Statement by the President on the Reauthorization of the IHCA:

Earlier today, I signed into law the Patient Protection and Affordable Care Act, the health insurance reform bill passed by Congress. In addition to reducing our deficit, making health care affordable for tens of millions of Americans, and enacting some of the toughest insurance reforms in history, this bill also permanently reauthorizes the Indian Health Care Improvement Act, which was first approved by Congress in 1976. As a Senator, I co-sponsored this Act back in 2007 because I believe it is unacceptable that Native American communities still face gaping health care disparities. Our responsibility to provide health services to American Indians and Alaska Natives derives from the nation-to-nation relationship between the federal and tribal governments. And today, with this bill, we have taken a critical step in fulfilling that responsibility by modernizing the Indian health care system and improving access to health care for American Indians and Alaska Natives.

This statement is available at <http://www.whitehouse.gov/the-press-office/statement-president-reauthorization-indian-health-care-improvement-act>.

Indian Health Service (HQ) - The Reyes Building, 801 Thompson Avenue, Rockville MD, 20852

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LEGISLATIVE SUMMARY SHEET

Tracking No. 0245-16

DATE: July 15, 2015

TITLE OF RESOLUTION: AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND NAABIK'ÍYÁTI'; INSISTING THAT UNITED STATES CONGRESSIONAL REPRESENTATIVES ADDRESS THE CLOSURE OF ESSENTIAL SERVICES AT THE CROWNPOINT HEALTH CARE FACILITY, AN INDIAN HEALTH SERVICE OPERATION

PURPOSE: This resolution, if approved, will urge Congressional Representatives to work with Indian Health Service officials and personnel to re-open the emergency room, in-patient services and obstetrics care unit at the Crownpoint Health Care Facility. This resolution also asserts that the United States Government is violating its statutory duty to provide adequate health care to the Navajo People as required by the Indian Health Care Improvement Act.

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.

5-DAY BILL HOLD PERIOD: None
Website Posting Time/Date: 5:14pm 7/17/15
Posting End Date: 7/22/2015
Eligible for Action: 7/23/2015

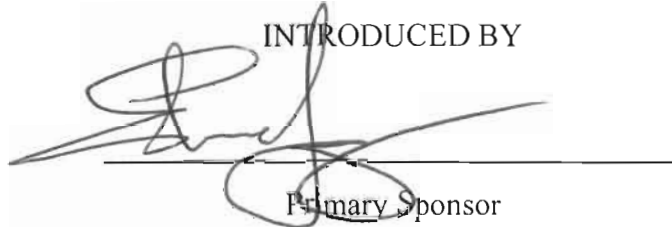
Health, Education & Human Services Committee

THENCE

Naa'bik'iyáti' Committee

PROPOSED STANDING COMMITTEE RESOLUTION
23rd NAVAJO NATION COUNCIL—FIRST YEAR, 2015

INTRODUCED BY



Primary Sponsor

TRACKING NO. 0245-15

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND
NAABIK'ÍYÁTI'; INSISTING THAT UNITED STATES CONGRESSIONAL
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- D. Recently, the Crownpoint Health Care Facility closed its emergency room, in-patient services and obstetrics care unit due to a purported lack of medical personnel.

- 1 E. The Crownpoint Health Care Facility serves a population of 20,000 Navajo people,
2 and annually treats about 5,500 patients in its emergency room alone. *See*
3 Crownpoint Medical Center statistics attached as Exhibit A.
- 4 F. Navajo Area IHS Director John Hubbard blames the closure on a lack of qualified
5 personnel to operate the facility. *See* Press Release dated June 16, 2015 attached as
6 Exhibit B.
- 7 G. On August 12, 1868, the United States of America proclaimed the Treaty between
8 the United States of America and the Navajo Tribe of Indians, forever binding the
9 two parties in a trust relationship.
- 10 H. Dating back to the 1800s, the Supreme Court has recognized the federal trust
11 relationship between Indian tribes and the United States government: “[Indian tribes]
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13 Nation v. State of Ga., 30 U.S. 1, 2 (1831).
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16 responsibilities by statute. United States v. Jicarilla Apache Nation, 131 S. Ct. 2313,
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19 adequate healthcare for Indian tribes as set forth in the Indian Health Care
20 Improvement Act (IHCIA), where Congress declared “that it is the policy of this
21 Nation, in fulfillment of its special trust responsibilities and legal obligations to
22 Indians to ensure the highest possible health status for Indians and urban Indians and
23 to provide all resources necessary to effect that policy.” 25 U.S.C. § 1602(1).
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25 Protection and Affordable Care Act on March 23, 2010. *See* IHS Press Release
26 attached as Exhibit C.
- 27 L. In the “Findings” portion of the Act, Congress states “Federal health services to
28 maintain and improve the health of the Indians are consonant with and required by
29 the Federal Government's historical and unique legal relationship with, and resulting
30 responsibility to, the American Indian people.” 25 U.S.C. § 1601(1).

1 M. Congress further found that “A major national goal of the United States is to provide
2 the resources, processes, and structure that will enable Indian tribes and tribal
3 members to obtain the quantity and quality of health care services and opportunities
4 that will eradicate the health disparities between Indians and the general population
5 of the United States.” 25 U.S.C. § 1601(2).

6 N. As part of the IHCIA, a Section was enacted particularly related to Indian Health
7 Professional Personnel for the purpose of “... assur[ing] an adequate supply of
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11 O. With the closure of essential facilities at the Crownpoint Health Care Facility, the
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15 P. As the unmet health needs of the Navajo People are already severe without the
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U.S. Department of Health and Human Services

Indian Health Service



Crownpoint Health Care Facility



Address

Crownpoint Service Unit
P.O. Box 358
Hwy Junction 57, Rt9
Crownpoint, NM 87313
Phone: 505-786-5291
FAX: 505-786-5840
Crownpoint Web Site

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23RD NAVAJO NATION COUNCIL OFFICE OF THE SPEAKER

FOR IMMEDIATE RELEASE

June 16, 2015

MEDIA CONTACTS

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Jolene Holgate (928) 380-4174

nnlb.communications@gmail.com

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U.S. Department of Health and Human Services



Indian Health Service

INDIAN HEALTH SERVICE

PRESS RELEASE

03/27/2010

FOR IMMEDIATE RELEASE

Contact: (301) 443-3593, newsroom@ihs.gov

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"Since 2000, tribes and tribal organization have been strongly advocating for the updating and reenacting of the IHCIA," said Dr. Yvette Roubideaux, director of the Indian Health Service (IHS). "The provision of health care services to American Indians and Alaska Natives is a key component of the federal government's trust responsibility, and the updating and permanent authorization of the IHCIA helps to fulfill this responsibility."

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- Authorizes IHS to enter into arrangements with the Departments of Veterans Affairs and Defense to share medical facilities and services.
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- Directs the IHS to establish comprehensive behavioral health, prevention, and treatment programs for Indians.

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Statement by the President on the Reauthorization of the IHCIA:

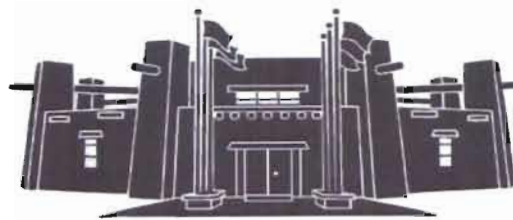
Earlier today, I signed into law the Patient Protection and Affordable Care Act, the health insurance reform bill passed by Congress. In addition to reducing our deficit, making health care affordable for tens of millions of Americans, and enacting some of the toughest insurance reforms in history, this bill also permanently reauthorizes the Indian Health Care Improvement Act, which was first approved by Congress in 1976. As a Senator, I co-sponsored this Act back in 2007 because I believe it is unacceptable that Native American communities still face gaping health care disparities. Our responsibility to provide health services to American Indians and Alaska Natives derives from the nation-to-nation relationship between the federal and tribal governments. And today, with this bill, we have taken a critical step in fulfilling that responsibility by modernizing the Indian health care system and improving access to health care for American Indians and Alaska Natives.

This statement is available at <http://www.whitehouse.gov/the-press-office/statement-president-reauthorization-indian-health-care-improvement-act>.

Indian Health Service (HQ) - The Reyes Building, 801 Thompson Avenue, Rockville MD, 20852

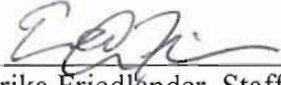
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MEMORANDUM

TO: Honorable Edmund Yazzie
Navajo Nation Council

FROM: 
Erika Friedlander, Staff Attorney
Office of Legislative Counsel

DATE: July 15, 2015

SUBJECT: AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND NAABIK'ÍYÁTI'; INSISTING THAT UNITED STATES CONGRESSIONAL REPRESENTATIVES ADDRESS THE CLOSURE OF ESSENTIAL SERVICES AT THE CROWNPOINT HEALTH CARE FACILITY, AN INDIAN HEALTH SERVICE OPERATION

Pursuant to your request, attached is the above-referenced proposed resolution and associated legislative summary sheet. Based on existing law and review of the documents submitted, the resolution as drafted is legally sufficient. However, as with all legislation, it is subject to review by the courts in the event of a challenge.

Please review the proposed resolution to ensure it is drafted to your satisfaction. If this proposed resolution is acceptable to you, please sign it where it indicates "Prime Sponsor", and submit it to the Office of Legislative Services for the assignment of a tracking number and referral to the Speaker.

If the proposed resolution is unacceptable to you, or if you have further questions, please contact me at the Office of Legislative Counsel and advise me of changes you would like made to the proposed resolution. You may contact me at (928) 871-7166. Thank you.

THE NAVAJO NATION
LEGISLATIVE BRANCH
INTERNET PUBLIC REVIEW PUBLICATION



LEGISLATION NO: _0245-15_____ SPONSOR: Edmund Yazzie

TITLE: An Action Relating To Health, Education and Human Services and Naa'bik'iyati'; Insisting That The United States Congressional Representatives Address the Closure of Essential Services at the Crownpoint Health Care Facility, an Indian Health Service Operation

Date posted: July 17, 2015 at 5:16pm

Digital comments may be e-mailed to 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) 871-7590

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.: 0245-15

SPONSOR: Honorable Edmund Yazzie

TITLE: An Action Relating To Health, Education and Human Services and Naa'bik'iyati'; Insisting That The United States Congressional Representatives Address the Closure of Essential Services at the Crownpoint Health Care Facility, an Indian Health Service Operation.

Posted: July 17, 2015 at 5:16 pm

5 DAY Comment Period Ended: July 22, 2015

Digital Comments received: *No comments received.*



Policy Analyst
Office of Legislative Services

7/23/15 9:41am

Date/Time

COMMITTEE REPORT


THE HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE OF THE NAVAJO NATION COUNCIL to whom has been assigned;

LEGISLATION NO. 0245-15

AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES, NAABIK'IYATI'; INSISTING THAT UNITED STATES CONGRESSIONAL REPRESENTATIVES ADDRESS THE CLOSURE OF ESSENTIAL SERVICES AT THE CROWNPOINT HEALTH CARE FACILITY, AN INDIAN HEALTH SERVICE OPERATION

Has had under consideration and report the same with the recommendation that it PASSED with no amendment and no directive;

And therefore referred the same to the NAABIK'IYATI COMMITTEE OF THE NAVAJO NATION COUNCIL



Honorable Jonathan L. Hale, Chairperson
Health, Education and Human Services Committee

Dated: July 29, 2015

Main Motion

Motion: by: Honorable Norman M. Begay

Seconded by: Honorable Amber Kanazbah Crotty

Vote: 3 in favor: 0 Opposed and 1 Abstain