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THE NAVAJO NATION

United Nations Permanent Forum on the Rights of Indigenous Peoples Statement of the Navajo Nation Council

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My name is Lawrence T. Morgan, Speaker of the Navajo Nation Council. My clans are Black Streaked Wood and People of the Meadow. The Navajo Nation is recognized by the United States Government under several treaties. The most notable one is the Treaty of 1868.

The Navajo Nation is an area of approximately 27,000 square miles. There are only six hospitals. The average space between these facilities is often 50 miles or more. This means that injuries and illnesses that might not be life threatening in urban areas and in some non-Indian rural areas can be catastrophic on the Navajo Nation. All too often we hear of babies being born in vehicles while en-route, elders succumbing to cardiac arrests while waiting for paramedics to arrive and auto accidents resulting in multiple deaths because the lack of infrastructure impeded the ability to call for help. The distance to the nearest health facility is too far to be able to make a difference in saving lives. It is also not unusual for those needing dialysis for kidney ailments to travel three or four hours several times a week because this life-saving equipment simply does not exist closer to home.

As a result of United States policies and many related factors, such as lack of economic development, poor sanitation and inadequate housing, Navajos and other Native Americans suffer the highest rates of Type 2 or adult onset diabetes, alcoholism,

substance abuse, depression, domestic violence and other mental illnesses, cardiovascular disease, cancer, dental disease and communicable diseases in the nation. Many of our people live without the benefit of electricity, running water or sanitation. This lack of infrastructure along with unpaved roads contributes to a disproportionately high rate of illness, accidents and accidental deaths.

Native Americans and Alaska Natives through Treaties, Executive Orders and legislation have the right to federally funded healthcare at 100%. This healthcare is delivered through the Indian Health Service (IHS), an extremely under-funded agency of the United States government, receiving funding through the Department of the Interior and administered through the United States Department of Health and Human Services. While it has limited funds, it is the largest public health agency in the United States, operating at an approximately 15 billion dollar deficit.

Indian Health Service is challenged with delivery of critical care; but too often, chronic conditions become critical because the mechanisms for health maintenance and preventative healthcare are not funded. Catastrophic health conditions are often the result of chronic conditions left untreated until they result in health events that require emergency personnel and emergency procedures.

The information I share with you is the tip of the giant iceberg of multiple needs inflicted on all Native Americans in the United States. However, I believe there are several solutions to the health issues that plague the Native American community that can be supported by the Permanent Forum organization.

In conclusion I offer the following recommendations for the Permanent Form to support:

1. At the top of this list is supporting the Navajo Nation in making budget for Indian health care a mandatory funding measure as opposed to discretionary line item funded in a needs-based formula as opposed to an unrealistic 4% that barely keeps up with inflation.
2. Another solution is to reauthorize the Indian Health Care Improvement Act to reflect tribal needs and preferences. Improving the sanitation and infrastructure in our nation's Native communities would do much to influence health status. As it is, the discussion of emergency responses in homeland security situations is practically moot in Indian Country as emergency personnel can barely handle day-to-day functions, let alone the needs that would be created in a homeland security crisis. Building more hospitals and outpatient facilities on tribal lands with not only medical facilities, but programs for health maintenance would ensure less crisis care and more care for chronic conditions. This includes assisting urban Natives by creating more IHS urban clinics to serve the needs of Indigenous Americans who for economic reasons, cannot live on tribal lands and receive healthcare through tribal mechanisms.
3. Finally, the move to consolidate parts of the IHS into the Department of Health and Human Services must be adjusted to reflect the wishes of the Native community. Healthcare in Indian Country is already inadequate. Burying IHS into this bureaucracy can only serve to weaken Indian health delivery rather than to strengthen it.

It is through an enhanced budget for an Indian Health Service truly reflective of Native needs and preferences along with more facilities and providers delivering quality healthcare and health education that the status of Indian health will be improved and our people will return to the healthy ways of our ancestors. I thank you for listening.