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ARIZONA RURAL HEALTH OFFICE



Photo by Alison M. Hughes

Northern Arizona Rural Health Policy Assembly

Tuba City, Arizona | December 13, 2010

What We Learned and What We Recommend

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Introduction

On December 13, 2010, stakeholders from the regional health care system gathered with members of the public in Tuba City to explore issues that impact health care delivery at the Northern Arizona Rural Health Policy Assembly. This was the third state rural health policy assembly conducted within a year by the Arizona Rural Health Office, following the December 2009 Mojave County assembly in Lake Havasu, and the July 2010 Cochise County in Bisbee. The assembly followed the same format as previous assemblies. Presenters made formal presentations to a panel of health professionals presiding over the assembly. Following the presentations, members of the public were invited to provide their comments as well.

The presentations covered several topics, including (1) Research Ethics and Native Americans, (2) Protections for Native American Women, and (3) Broadband and Rural Reservations. The results of the presentations and public comment are detailed below, including issues raised, recommendations, and presentation summary. This information will be used to shape policy recommendations and/or programmatic solutions in line with the challenges identified through the meeting. This assembly was sponsored by the Arizona Rural Health Office at the University of Arizona Mel and Enid Zuckerman College of Public Health and the Arizona Rural Health Association.

Meeting Attendance

Presiding:

- Fred Hubbard, Executive Director, Arizona Advisory Council on Indian Health Care
- DeAlva Honahnie, Chief Executive Officer, Hopi Health Care Center
- Alison Hughes, Interim Director, Rural Health Office, Mel and Enid Zuckerman College of Public Health
- Genevieve Notah, Associate Director, Office of Program Planning and Evaluation, Navajo Area I.H.S.

Rural Health Office Representatives:

- Alison Hughes, Interim Director
- Agnes Attakai, Director, Health Disparities Outreach & Prevention Education
- Carmen Garcia Downing, Healing Pathways Program

Presenters:

- Beverly Becenti-Pigman, Chairperson, Navajo Nation Human Research Review Board:
The Navajo Nation Health Research Review Board
- Dorma Sahneyah, Executive Director, Hopi Tewa Women's Coalition to End Abuse:
2010 Tribal Law and Order Act – Implications for Justice Systems in Indian Country
- Lynette Goldtooth Begay, Trauma/EMS Coordinator, Board member HOD (Hozhooji Ool Daa, Walking in the Beauty Way; task force for domestic violence and sexual assault), Tuba City Regional Health Care Corporation (TCRHCC)
- Katherine Reusing, Director, Page Regional Domestic Violence Services

- Lorena Halwood, Director, Ama Doo Alchini Bighan, Inc. (ADABI)
- Galen Updike, Manager, Communications Development, Government Information Technology Agency, Broadband Telecommunications
- Walter Phelps, Grants Administrator, Tuba City Regional Health Care Corporation
- Nettie Prack, Program Development, Tuba City Regional Health Care Corporation

Attendees:

- Marie Allen, NCS Apache
- Regina Allison, TCRHCC Board
- Ruth Ami, CHR
- Adella Begay
- Cassandra Bloedel, Navajo Nation EPA, RCRP/Hwy 160 Project
- Kena Chavez, Hopi Tewa Women's Coalition to End Abuse
- Lottie Dallas, Hopi CHR
- Ernestine Dashee, Hopi CHR
- Percy Deal, Hardrock Chapter
- Joquetta DeGroat, UofA National Children's Study
- Davis H. Elmer, Moenkopi Village
- Lena Fowler, Coconino County Supervisor District 5
- Michele Grim, Page Hospital
- Rebecca Joe, Tohdenasshai Shelter Home
- Jon Joshevama, Hopi Guidance Center
- Lori Joshweseoma, Hopi Cancer Support Services
- Violet Leslie, Hopi Cancer Support Services
- Marilyn Masayesva, Hopi Tribe
- Rose Namoki, CHR
- Carroll Onsa, Hopi Telecom, Inc
- Nate Peaches
- Milton Poola, Hopi Tribe
- Gennell Roland, Hopi Cancer Support Services Project
- Loren Sekayumtewa, Hopi
- Germaine Simonson, Pinon Health Care
- Loreal Scott, Coconino County
- Dr. Lula Stago
- Phil Stago Jr
- Bruce Talawyma, Hopi Health Care Center
- Rose Tenakhongva, Hopi Cancer Support Services
- Jesse Thompson, Navajo County Supervisor District II
- Herman Tso, TCRHCC, Kaibeto
- Eddie Watson

Recommendations

Research impacting and/or involving Native Americans

1. Arizona's higher education institutions and their partner organizations should ensure that research that impacts Native Americans should involve American Indian communities not only in the study, but also in the development and dissemination of conclusions.
2. Arizona's higher education institutions and tribal institutions should collaborate and develop partnerships that (1) provide technical assistance to tribal communities to learn about and develop institutional review boards, (2) increase opportunities for American Indian students to become researchers, and (3) recognize and support tribal institutional review boards.

Domestic Violence and Sexual Assault (DV/SA)

- Federal and state policies should include funding to provide technical assistance to implement the Tribal Law and Order Act of July 2010, in order to enhance accountability to the treaty, trust, and Federal statutory obligations represented by this law, and to enable public safety for and work with Tribal justice systems.
- The Indian Health Service should create a DV/SA response system within their health care facilities that includes appropriate training for all health professionals and reaches out to local tribal communities to encourage their involvement in a coordinated response system that produces an environment that prioritizes the safety of victims and respects their confidentiality and control over their life choices.
- Federal and state health agencies should create and fund initiatives that support culturally sensitive, low cost SANE training for rural emergency room employees.
- American Indian tribes should fund programs that recruit and develop Victim Advocate positions within tribal court systems.
- Federal and state governments should increase resources to establish/support for culturally appropriate shelters for families, women and men on rural reservations.

Law Enforcement

1. Higher education institutions/organizations should initiate studies that examine the impact of crimes committed by non-natives on native lands.
2. Offender intervention programs are needed on tribal lands that teach batterers about self-esteem, communication skills and the dynamics of healthy relationships with a goal of developing meaningful family relationships.
3. Federal, state, and tribal government funding is needed to develop or renovate detention facilities on rural reservations.
4. American Indian tribes should increase the recruitment of female officers and training of all law enforcement to respond to DV/SA incidents.

Social Services

1. In tribal communities, teenage pregnancies and single parent families where women are raising children on their own without the child/ren biological fathers increases a woman chances to live in poverty. To decrease teenage pregnancy and increase responsibilities of parents, we recommend the following policy actions:
 - We recommend tribal communities develop parental classes for teenage men who have fathered children to make them accountable for their actions and be responsible for the welfare of their children.

Veterans

1. American Indian veterans have sacrificed valiantly for the United States of American in previous and current wars/conflicts. Many have sacrificed with their lives and other have come home wounded warriors. To increase services for existing and returning veterans and their families to cope with the physical, mental, psychological and emotional toll of military conflict we recommend the following policy actions:
2. We recommend tribes to identify and provide outreach for existing veterans on reservation land and urban areas.
3. We recommend tribes/Veterans Administration and non-profit organizations provide on reservation PTSD clinics and services to veterans and families.

Health Information Technology

1. Arizona policy makers should support programs that provide technical assistance/education to establish broad band system on rural reservations.
2. Tribal leaders should support and advocate for strengthening broadband communications networks on tribal lands

Uranium Mine Worker Safety

Uranium mines and mills on Navajo/Hopi lands in Northern Arizona employed many local tribal members to dig and process uranium for use by the United States of America. Radiation from the mills and mines has seeped into and has contaminated the ground water and soils and ultimately increase the cancer rates of tribal members. The Radiation Exposure Compensation Act (RECA) was established to compensate workers, however many tribal member are ineligible. To increase the awareness of the RECA program and the health impact of the uranium mining, we recommend the following policy actions:

1. The Radiation Exposure Compensation Act (RECA) eligibility should be expanded and outreach programs developed to increase knowledge of eligibility of RECA program resources.
2. The federal government should provide should fund programs that enable cancer and health screening for community members impacted by uranium mining/milling/processing.
3. Research organizations should to initiate research and collect data to analyze the potential health impact of water contamination, and coal mining on tribal lands.

Traditional Medicine

1. The Indian Health Service should adopt policies that allow for expanded use of alternative medicine practices.

Presentations

Research Ethics and American Indians

Beverly Becenti-Pigman, Chairperson, Navajo Nation Human Research Review Board: The Navajo Nation Health Research Review Board

<http://www.nnhrrb.navajo.org>

Ms. Becenti-Pigman provided a map of the Navajo Nation and the surrounding area, which covers three states and is slightly larger than West Virginia. She said that federal health benefits to Indians is based on treaties that exchanged aboriginal lands for federal trust responsibilities and benefits, and provided an overview of legislation. The Snyder Act of 1921 authorized funds for the “conservation of health” and “employment of physicians” for Indian Tribes, but Becenti-Pigman noted that there have been shortfalls in this area. The Transfer Act placed Indian health programs in the U.S. Public Health Service in 1955, followed by the Indian Sanitation Facilities Act of 1959 and the Indian Self-Determination and Education Assistance Act of 1975. The Indian Health Care Improvement Act was originally enacted in 1976. Becenti-Pigman said that this is a political relationship based on domestic sovereignty and is not race based. She said that sovereignty with Indian tribes is so critical and important, but Indians don’t emphasize enough that they are sovereign nations.

Becenti-Pigman’s presentation outlined the 12 phases of the research protocol for the Navajo Nation. The Navajo Nation Human Research Review Board was established in 1996. Becenti-Pigman had previously served on the IHS Institutional Review Board and advocated to put the review process under the Navajo Nation government so that the Navajo Nation needed to have access to the data and statistics.

Phase One of the protocol is a community partnership. When a researcher comes to her community, the Board sends them to the community to discuss how they want to do research with the community. Becenti-Pigman said that this is very important because research conducted in a community is something that the community needs to benefit from. In Phase Two, the board requests that the researcher does a tribal program partnership to develop a collaborative partnership with Navajo Nation service providers. A 100-year research study was conducted in 1945 in Ganado on diabetes. The researcher left and never shared any of the results with the community or the Tribe or IHS. Becenti-Pigman felt that if those findings had been shared, the Tribe might not be faced with such a diabetes epidemic today. While the researcher printing his findings in a journal, she said that the Navajo got nothing from the research.

In Phase Three, they screen the applications and look at letters of support from service providers (i.e. IHS or the Navajo Nation) to ensure that they support the process and the researcher has shared with the community the benefits of the research. In Phase Four, the researcher has to come to the IRB meeting and explain where and how the research will be conducted, how long the study will take, and what age group will be studied. The most crucial thing as a research board is to look at the protection of human subjects, as well as the cultural and educational traditions of the Navajo people to ensure that there is no violation or adverse event that takes place within a community.

Phase Five is study implementation. The Board often asks the research to have a research advisory board from the community, as the project belongs to the community and not the university or researcher. Phase Six is data analysis and preliminary findings. The Board requires the researcher to report back every three months on any activity that is taking place. Becenti-Pigman said that if an adverse event has taken place, they want to know what happened and to ensure the protection of human subjects. In Phase Seven, the principal investigator develops a data work session to provide the information back to the community, IHS providers, and the Navajo Nation service providers. And in Phase Eight, the researcher drafts a final report for submission. They have to come with a well-versed, documented dissemination plan of what their findings were, how those findings can include the community members, and exactly what needs to happen.

Becenti-Pigman reiterated that the Navajo want the data and statistics so that the community, with the help of the researcher, can write grants to fund those problems that the researcher found in the community. The data is then transferred to the Navajo Nation so that they can house the data and statistics and so that the legislative leadership council or other leaders can go to Washington DC, CDC, etc. to request funds based on the most updated data and statistics outlining the issue.

At the end of the study, the Board requires that the University IRB and the researcher has to sign a document stated that they do not have any of the data and statistics that has been turned over to the Navajo Nation. If they develop a curriculum, then that is also property of the Navajo Nation so that they can utilize it in future projects. Becenti-Pigman provided an example of a study conducted by the University of New Mexico regarding the quality of food served in schools. They found that children were drinking more sweet drinks than milk, eating food cooked in high fat content, and kids were not eating vegetables. The researcher developed a menu and curriculum on how cooks in the schools could better prepare healthy, appetizing food that the children would eat, and to reduce the number of machines selling sugared beverages at school. The researcher provided a two-day training for all of the school cooks in New Mexico, Arizona, and Utah. Along with this study, the researcher found that the Navajo Nation schools do not have PE or recess, so that is something that they have now been advocating for the schools to reintroduce.

Becenti-Pigman provided another example of a study that benefited the community. John Hopkins University also did a research study on Haemophilus influenza for babies getting sick. The researchers found that the vaccine worked wonders in preventing the babies from getting sick. The Navajo Nation requested that John Hopkins give the Nation enough vaccine to inoculate all the babies on Navajo. John Hopkins agreed to provide the vaccine, and the IHS distributed it to all facilities on Navajo, and all of the babies were inoculated.

Becenti-Pigman also discussed manuscript publications. Often researchers want to publish their findings in a journal, so the Board requires them to submit the manuscript for review to ensure that its culturally relevant, covers tradition, and protects the community and the participants before it can be printed. Finally, the researcher must present the findings to the community and discuss how issues can be addressed. The Board also has the researcher develop educational materials. There was a study done in Farmington where they developed a video for Navajo women on breast cancer, and it was done in Navajo. And as a result of the Research Board, we now have a diabetes Navajo terminology vocabulary so that it can be used by all of the health care providers in the community when they talk to someone

about diabetes, that the language is the same and not confusing. The Nation just recently adopted the cancer terminology vocabulary to be utilized by service providers.

In order to ensure full protection of human subjects and Navajo traditions, the board often sends the researcher to the Medicine Man Association or the Native American Church for their input and thoughts on how something can be rewritten so as not to infringe on traditions or culture. The researcher also has to help the community address the problem. If it's a study on alcohol, drugs, diabetes, etc., the researcher must go back to the community to report the findings and discuss ways to address the issue together. The last phase is the transfer of data of to the Navajo Nation.

Becenti-Pigman then referred to the Key Principles of Cultural and Ethical Standards in her presentation (see Appendix 1: The Navajo Nation Health Research Review Board, for full presentation). These principles include: trust, respect, self-determination, mutuality of interest, perspective taking, full participation, reciprocity, collective benefit, and long-term commitment. The Navajo Nation Research Ethics emphasizes collective protection, with less emphasis on individual protection. Self-determination is very important to Navajo people, as they possess indigenous knowledge and science for over 1,000 years before the white man came and became a doctor, nurse, therapist, or a psychiatrist – as Navajo, we are already skilled and born with those values and those traditions. So historically, researchers were non-Indians, and then they did the first study published in 1862.

Becenti-Pigman's presentation also covered the Navajo Nation IRB Approval Process: All researchers must get approval from Chapter Houses, must prove benefit to the community, must have a plan for community-level dissemination, publications and presentations of outcomes must be approved by the IRB, and all data and findings from the reservation population and equipment are property of the Navajo Nation. The Navajo Nation Standards of Approval, especially for children vulnerable to research, are as follows: community involvement in the case of children, benefits to Navajo Nation, authority of the Navajo Nation, research project description, informed consent form, and certification by the principle investigator.

The Community Feedback process must describe how researchers will include community members in research planning and implementation, describe how feedback will be provided to interested parties, and describe a plan for providing products and technical assistance to the community, such as grant writing, training, and educational materials. Becenti-Pigman noted that the Navajo Nation has a conference planned in April 2011 about all research conducted on the Nation. In closing, she noted that, "the Navajo Nation Health Research Review Board is charged to reclaim and protect intellectual and cultural rights of their people and future generations. The Navajo Nation's 12 steps research processes and protocols demonstrate steps toward effective partnerships and improved relationships between community and researchers. Keeping in mind, any and all research must benefit the Navajo Nation and its people."

The Navajo Nation wants the university and research organizations to develop a partnership with the Navajo Nation and to work with the service providers. The Nation requires the recruitment of Navajo college students as co-principal investigator because they understand the culture and so that students can participate as researchers. The University of Arizona has trained 23 Navajo students who are now beginning to do their own research. Becenti-Pigman is thankful for [Navajo Nation] President Albert Hale and the health committee for taking the initiative to move the Review Board out of IHS and onto the

Navajo Nation so they can benefit from the results. Becenti-Pigman has chaired the IRB for 14 years and knows that Navajo people benefit from the research.

An audience member posed a question concerning health standards. Becenti-Pigman responded that they adhere to Navajo Nation health standards. The Board has 15 members – three are selected by the president, three are appointed by John Hubbard, the area director, three are appointed by the Navajo Area Health Board, three are appointed by the health and social service committee, and three are appointed by the education committee. The Board meets once a month.

Video: Blood Journey – Havasupai

This short video tells the story of how informed consent and IRB approval is needed in Indian County. The Havasupai Indians gave DNA samples for the study of diabetes, a disease that ravages their community, but say they were devastated when they realized it was also used for other research. Link: <http://video.nytimes.com/video/2010/04/21/us/1247467672743/blood-journey.html>

An audience member asked Ms. Becenti-Pigman if she had a recommendation to the legislature or President Hale as to what they would have done in this situation. She responded that there be steps and initiatives to have universities recognize and support the Navajo Nation Human Research Review Board.

Protections for Native American Women

Dorma Sahneyah, Executive Director, Hopi Tewa Women’s Coalition to End Abuse: 2010 Tribal Law and Order Act – Implications for Justice Systems in Indian Country

Ms. Sahneyah is Hopi Tewa and comes from the Hopi Reservation, First Mesa. Her clan is Tobacco. The Hopi Tewa Women’s Coalition to End Abuse is non-profit, non-tribal governmental organization that has been in operation for two years. The coalition organized under the leadership of local Hopi Tewa women who were unhappy with the community response to domestic violence and sexual assault incidents against Hopi Tewa women. In the process, the coalition has been able to gauge that the same incidents are happening with men. The organization is trying to push policy development and gain the attention of people who have the responsibility to deal with this issue. The coalition is providing technical assistance to law enforcement, tribal domestic violence and sexual assault programs, health care providers, IHS, justice system and prosecutors, and also those who provide domestic violence and sexual assault awareness in the community. Sahneyah said that this is not an easy subject to talk about, particularly sexual assault. To have been a victim of sexual assault or domestic violence, there are other issues that come with it, so the coalition has been trying to be a voice for the victims and push changes in the way the community responds to the issue.

The Tribal Law and Order Act (TLOA) recently passed, and this legislation is important because it will address some of the gaps in community response to DV and SA. Sahneyah then shared the story of the woman who introduced President Obama at the signing of the Act, and related how he whispered to the woman to be strong and to speak out about victimization. She addressed the need to get out and

advocate for funding and policy change and to not let the opportunity pass by for Indian country to address these issues.

Sahneyah then provided background on the passage of the TLOA. Fifteen formal hearings by the Senate Committee on Indian Affairs (SCIA) took place between 2007 and 2010, as well as listening sessions. Sahneyah provided testimony at one hearing in Washington DC. A lot of the testimony was about restorative justice and addressing the problem comprehensively. The experience of providing testimony opened Sahneyah's eyes to the process. In those hearings, testimony from people across the country confirmed the situation of longstanding violence and related problems on Tribal lands. There is an epidemic on the reservations of DV and SA. There has been a lack of federal response and prosecution declinations (declining to prosecute). The reservations are targets for other crimes such as drug smuggling because there is not an infrastructure to prevent individuals from committing crimes. There is a low police presence on reservations – there are not enough officers to patrol the vast acreage of Tribal land, particularly on Navajo and Hopi. There is limited training and issues with recruitment and retention of offices.

The SCIA found a broken and divided system. The tribal justice system is handcuffed, there is a lack of federal accountability, and there is an issue of jurisdictional maze. The tribal justice systems are underfunded and there is insufficient workforce. The TLOA was introduced by Senator Dorgan in April 2009 to establish a comprehensive approach to changing the system. The Act improves the tools that the Tribe already has to address domestic violence and sexual assault, which is Sahneyah's priority issue. She said that research has revealed that 34 percent of American Indian and Alaska Native women will be raped or sexually assaulted. The Coalition believes that those statistics are even higher. Thirty nine percent of Native women will suffer domestic violence/partner abuse. A 2008 CDC report on health and violence found that the rate for domestic violence among Native women is higher than for any other race or ethnicity survey. Native American victims of domestic violence are more likely than any other race to be injured or require hospital care. During a three year span, homicide was the third leading cause of death for Native women. Of Native women murdered, 75 percent were killed by a family member or someone they knew, and 17 percent of NA/AN women will be stalked during their lifetime. These women are presenting at a health care facility, and in the past there were not proper screening mechanisms in place, so providers did not understand that other injuries were resulting from what was happening in the home. Abuse survivors are under stress, which manifests as other health problems such as gastrointestinal issues and mental health issues. Women were also coming in with physical injuries, fractures, and lost teeth, but providers did not know what was causing these injuries. With better screening tools, providers will be able to begin to address the issues.

Sahneyah highlighted some key provisions of the TLOA with relevance to protection of Tribal women: Title I, Federal Accountability and Coordination – addresses collaboration mandates between Federal and Tribal entities; Title III, Empowers Tribal Justice System; Title IV, Program Reauthorization; Title V, Indian Country Crime Data Collections and Information Sharing; and Title VI, Domestic Violence and Sexual Assault Investigation, Prosecution and Prevention. She also provided details about the provisions of key sections, as follows.

Section 101:

- Requires the Bureau of Indian Affairs (BIA) - Office of Justice Services (OJS) to share crime data with the Justice Department.
- Requires BIA-OJS to annually submit to Congress public safety spending and unmet needs reports on a wide range of public safety items. This will help to justify the need for increased BIA-OJS funding.
- Requires the BIA-OJS to consult on a regular basis with tribal communities on public safety concerns and development of policies that affect public safety. The BIA now has to collaborate with the Tribal communities to gather their perspectives and concerns for public safety, as well as development of policies that impact public safety.

Section 102:

- Requires the FBI and US Attorneys to maintain data on investigation terminations and prosecution declinations, including an annual report to Congress on terminations and declinations.
- Requires FBI and US Attorneys to share evidence with tribal prosecutors to aid successful prosecution in tribal court.

Section 103:

- Authorizes the appointment of tribal prosecutors as Special Assistant US Attorneys and urges Federal courts to hold trials in Indian Country to permit tribal communities to see justice done at home, rather than hear about cases in Federal court miles away from the crime scene.
- Requires Tribes in each district to consult and coordinate with Tribal justice officials and provide technical assistance to improve Tribal ability to respond to reservation crime.

Section 301:

- Enhances deputization of tribal police officers to enforce Federal law violations in Indian Country – Special Law Enforcement Commissions.
- Expands the hiring of BIA officers from age 37 to 47 to accommodate retired Native military officers.
- Expands BIA and tribal police training opportunities to Tribal, State, and local police academies meeting Peace Officer Standards that are consistent with Federal Law.
- Expedites BIA background checks of police candidates and requires completion of background checks within 60 days for 638 contracted police candidates.

Section 303:

- Improves access to all Federal criminal history databases, and clarifies that Tribal Police are “authorized law enforcement officials” for purposes of National Crime Information access.

Section 304:

- Amends the Indian Civil Rights Act to increase tribal sentencing authority from 1 to 3 years per offense up to a maximum of three offenses.
- Will allow tribal prosecutors to stack up to three offenses for a maximum 9 year jail sentence
- To meet the requirements for increase tribal sentencing authority, the Tribe must:
 - Provide licensed legal counsel to defendant.

- Ensure the presiding tribal judge is licensed and legally trained.
- Publish tribal criminal laws, rules of evidence, and court procedures.
- Maintain an audio or video criminal record of the criminal trial.
- Cases not subject to 1+ years in jail will continue to follow current Indian Civil Rights Act.

Section 602:

- Requires Federal officers working in Indian Country to receive training in handling domestic violence and sexual assaults cases to improve interview techniques and crime scene and evidence handling.

Section 603:

- Requires IHS and BIA officials to testify in tribal court on information gained in the scope of their employment to aid in prosecutions of domestic violence and sexual assault cases (unless testimony would violate Department impartiality policy).

Section 605:

- Requires the IHS Director to establish and implement standardized protocols on the handling of all aspects of sexual assault cases in Indian Country.

Section 606 – Study of IHS Response Capabilities:

- Requires the Government Accountability Office (GOA) to review the capability of IHS to collect, maintain, and secure evidence of sexual assault and domestic violence incidents required for federal prosecution.
- A report of this review is due to the Chairman and Ranking Members of the Senate Committee on Indian Affairs and the House Committee on Natural Resources by July 29, 2011
- The preliminary research objectives of the report are to (1) determine the capabilities of IHS in remote Indian Reservations to collect, maintain, and secure evidence of sexual assaults and domestic violence incidents required for criminal prosecution, and (2) determine how the IHS or other agencies involved in collecting, maintaining, or securing such evidence improve IHS capabilities?

Sahneyah said that the purpose of the Act is federal accountability, consultation, and coordination. The Tribal justice system and the BIA Tribal police officers are the first responders to the scene, and we need to improve how they are responding. She said that the Federal government has acknowledged that its obligation for public safety in Indian Country includes improving the ability of Tribal governments to fight crime locally.

The TLOA will establish and strengthen standards to hold the U.S. government to its treaty, trust, and Federal statutory obligations to provide public safety for and work with Tribal justice systems.

Sahneyah said that Dennis K. Burke, U.S. District Attorney of Arizona, came into office in December 2009 and immediately issued a letter to Tribal leaders, prior to the passage of TLOA, pledging his commitment to bring meaningful change based on action, not talk. He also promised collaborative justice in Indian Country through regular communications, developing a Plan of Action, and communicating case reviews from start to finish. Burke has a tribal liaison program, with staff assigned to each Tribe with the goal of increasing in-person interaction.

Burke also has a new declination policy: there will no longer be any oral declinations. Declinations must now be written, and they must have enough information that Tribal prosecutors will understand why a case is declined. The letter must be sent to the case agent and Tribal prosecutor. The prosecution decision must be made within 30 days of receipt of the report by the case agent. Decision options include three options: charge, decline, or identify missing evidence or weak elements and direct the case agent to take specific steps to shore up insufficient evidence.

Sahneyah closed with information about how to create a domestic violence response in the IHS health care facility. The goal is to evaluate what they are doing, making sure the system is working and responsive, establishing trainings for intake workers all the way up to the medical doctors, making sure they're trained, and IHS becoming a part of the coordinated response system within the local community – reaching out to the Tribal community for feedback and help. Creating an environment in IHS that prioritizes the safety of victims, including respecting confidentiality, integrity, and the authority of victims over their life choices.

Sahneyah said that we have to look at this from a victim point-of-view. If the victim is not ready for prosecution, we have to respect their choices, and eventually hopefully we will get to a point where they are willing to be involved in their healthcare and in the criminal accountability system. She stressed that the Tribes have a lot of issues because victims don't trust the system, they don't trust law enforcement, and they don't trust IHS, so they live with the secret of what has happened to them. If they can create better environments, safer environments, then hopefully they will be able to address this issue of trust.

Panel/Audience Response:

Fred Hubbard asked if any technical assistance or funding had come from the state level. Sahneyah responded that state funds have not been tapped to fullest. She said that the states get Federal funding for work, but she said that in regards to the Hopi, the Tribe has not always submitted applications for funding from the state for access or resources that the state has. Sahneyah said this is an untapped area for funding that Tribes need to explore. However, Hubbard responded that direct Federal funding to Tribes is better, because many times when funding goes through the state, the state Tribes lose out. He also recommended that the Tribes maintain connections with U.S. Attorney's office and Attorney General's to get their support, as he has found the Attorney General's to be key in making things happen because they carry a lot of weight. Sahneyah responded that they are learning similar lessons from Southern Tribes that are not hesitating to file suit against the state to provide services. Smaller tribes may not have a lot of resources, but that comes to the importance of collaboration between smaller tribes and the Navajo Nation, which carries more weight.

Alison Hughes asked if there were any efforts to encourage women to apply for jobs as first responders to domestic violence. Sahneyah said that historically, first responders have largely been male, but lately they have been seeing more women. She said that a lot of Tribes have male-dominated leadership, and they are beginning to see some change there. Hopi just got three female officers, which is a first for Hopi. Her organization would like to have one of the female officers join their organization as a board member. The Coalition is trying to get the word out about these opportunities for women, especially among those women who have experienced violence and understand it. She hopes the trend of women coming into these positions continues.

Lori Joshweseoma of the Hopi Tribe said that she was familiar with the Coalition and its work, but said that she would like to see the Coalition address issues of single parents. Many women in the community are raising children on their own without fathers as participants or accountable to the children. These become issues where women become victims because they do not have their partners involved in raising the children. She also said the high rate of teenage pregnancy on the reservation needs to be addressed. She questioned if the high schools offered any education. Joshweseoma said that the majority of the accountability falls on the female, and with the high rate of teenage pregnancy, the responsibility lies back on the female and their parents, but there is no accountability from the male. She recommended that the Hopi should target missing parents and make them be accountable so that perhaps this will help decrease teenage pregnancy and parenting in the community.

Another audience member, who works as a staff assistant for Vice Chairman Herman Honanie, indicated that the Vice Chairman serves on Health and Human Services Secretary Sebelius' health consultation committee. He would like to improve accountability and communications, hold regional consultations, and have workable commitments to people at DHSS. The staff member also said that Vice Chairman Honanie has been nominated to serve on the Office of Minority Health Committee. He discussed data obtained through the TLOA and the need to push the envelope in how the Tribes use this data. He then detailed Vice Chairman Honanie's work to bring regional concerns of Northern Arizona to Washington DC. Finally, he highlighted the need for detention facilities, and the need for collaboration to accomplish these changes.

Alison Hughes also mentioned the possibility for creating a Tribal Women's Commission to take a look at the broad issues for Indian women. Commissions are established by governmental lobbies and provide a means to recommend policy to elected officials.

**Lynette Goldtooth-Begay, Trauma/EMS Coordinator, Board member HOD (Hozhooji Ool Daa, Walking in the Beauty Way; task force for domestic violence and sexual assault):
Tuba City Regional Health Care Corporation – SANE Program**

Ms. Goldtooth-Begay has worked in the pre-hospital environment for 20 plus years, and is a native of Tuba City and is Navajo. Her clan is Dearwater, Edgewater, Redbud, and Towering House. The Tuba City Regional Health Care Corporation (TCRHCC) is designated by the state of Arizona as a Level Four trauma center. They were the only Level Four trauma center in the state of Arizona until October when Chinle became one. The TCRHCC is in the process of applying to become a Level Three trauma center now.

Goldtooth-Begay provided some statistics for U.S. sex crimes: On average, a woman in the U.S. has a one in five chance of being sexually assaulted in her lifetime, but American Indian/Alaska Native women have a one in three chance of being sexually assaulted. According to Federal health statistics, one in every four Native girls and one in seven Native boys are sexually abused. Victims are subject to victimization of the current system in Indian Country due to lack of services available to sexual assault victims. Goldtooth-Begay impetus for starting the SANE program is seeing sexual assault victims present to the emergency room, and the only service that is provided is evidence collection, then discharge. They do not receive any other services or resources, so the victim becomes a victim of the system of as well.

According to the U.S. Department of Justice, Tribal leaders have confirmed that violent crime in Indian Country is at unacceptable levels, which has a devastating impact on quality of life. Tribes experience higher rates of violent crime than other Americans, and murder rates for Native women are in some cases 10 times higher than the national average. Tribal law enforcement resources are typically scarce with limited support from Federal/state resources.

Goldtooth-Begay said there are very few resources for victims in Indian Country. If a victim was to go to Flagstaff or Phoenix, they have so many more resources for sexual assault and domestic violence victims, including shelters. The reservation should look at housing. How many families live in the same duplex housing or the same rural hut housing? Anywhere from three, four, and five families live in the same area, and victims are subjected to returning to the same situation. This creates a revolving door where the victim goes through the same process six or seven times before they decide to take action and make a change – not just for themselves, but for their children as well.

Between July 2008 and June 2009, the U.S. Dept. of Justice in the Navajo area indicted and sent to court 32 cases of sexual assault – the highest in Arizona. In the first quarter of 2010, there were nine cases in the Navajo area (two in Tuba City). In the second quarter, there were 12 sexual assaults (two in Tuba City).

SANE stands for Sexual Assault Nurse Examiner. The SANE program medical director is Dr. Diane Evans, OB/GYN. Currently providers are performing forensic exams, and the main complaint they receive is that going to the emergency for the exam is time consuming. They are increasing the amount of providers in the ER, and when you take one provider away, just to do a sexual assault exam, it takes anywhere from two to four hours, and that is time taken away from patients waiting for other ailments. Many victims also request a female provider, and you have to make sure the victim is medically stable before completing a sexual assault exam.

The SANE facility is available 24 hours a day, 7 days a week, and there are currently five SANE nurses, including Goldtooth-Begay. The five nurses have completed a 48 SANE training course to learn how to process evidence and work with different law enforcement agencies in how to do the proper chain-of-custody. As a SANE officer, there is less chance that evidence will be deemed inadmissible because it was not collected properly. The SANE program will begin operation at TCRHCC in January or February 2011.

With the SANE program, there will be reporting and non-reporting. Currently there is only reporting: when an incident happens, the TCRHCC notifies law enforcement and from there they go on to collect evidence. With non-reporting, a victim reports to the emergency room and says, “I don’t want to report it” but she knows she has been sexually assaulted. What they can do is collect the evidence, the victim can change her mind later and decide to press charges, and then the evidence is ready. By allowing for non-reporting, Goldtooth-Begay believes their cases will go up. At their facility, there are currently two to three reported cases a month for the adult and pediatric population. With reporting and monitoring changes will make their numbers go up. They are also now able to use DPS State Evidence Kit Forms and send evidence back to the DPS crime lab in Flagstaff instead of using FBI kits. Also with the SANE program, regardless of whether a victim reports a sexual assault or not, s/he is still able to get sexually transmitted infection treatment and Plan B. The TCRHCC also has meetings with the Northern Arizona

Center Against Sexual Assault to create a coordinated response and determine what other resources are available for victims in the Navajo area.

The HOD task force for domestic violence and sexual assault is also trying to get a shelter in Tuba City in the future as well as the ability to follow up with after-care. Safe Child is also available, but will be continued with Flagstaff Medical Center, for pediatric sexual assault.

The area is currently lacking a designated SANE room, and TCRHCC is currently trying to add this to their facilities. Most other facilities have a designated room, but Goldtooth-Begay said she is diligently fighting for this. This will be constructed through grant funding, currently through the U.S. Attorney's office with Coconino County, and eventually looking into additional grant funding. The equipment for storing evidence must also be updated to allow for protection of evidence (locked refrigerator) and proper chain of custody.

Emergency room volume has been increasing every month, and forensic exams are time consuming. They are also in the process of implementing an electronic health system, which makes wait times a little longer. This also includes pre-hospital services and getting them trained to be effective in crime scene collection.

Goldtooth-Begay said that it is very upsetting to her that most of her area and facilities on the reservations do not have anything available for sexual assault victims. She herself is a victim of domestic violence, twice in her life, and has endured and overcome many of the obstacles on the reservation. She graduated from high school as a teenage mother, and she just completed her bachelor's in Science in Nursing two months prior. Because of the different obstacles, it took her almost 22 years after high school to complete her initial goal of gaining her bachelors and becoming a nurse. Once she completed a paramedic program 12 years ago, she thought she would never go back to school, but because she was a victim of domestic violence, she went back to school despite the struggles and obstacles and paid for her education with her own funds. Goldtooth-Begay's experience exemplifies some of the daily struggles that Native American victims of sexual assault and domestic violence face. She said that women often do not have the confidence to seek resources, as they are victims who are belittled by their abuser.

Alison Hughes asked for the accessibility and cost of training for SANE personnel. Goldtooth-Begay said that she took a class in Flagstaff through grant funding from the Office of Violence Against Women. There is a class coming up in March 2011 in Albuquerque. She said that much of the training is grant funded and scholarships are given based on availability. The classes are very hard to come by and fill very quickly, however.

Lorena Halwood, who is also a presenter, let Ms. Goldtooth-Begay know about the Navajo-Hopi-Zuni Coalition Against Domestic Violence, which has a sexual assault protocol that they are working to upgrade and provide more resources towards. The protocol helps each person in the system know what to do to serve victims of sexual assault, from health care providers to advocates.

Katherine Reusing, Executive Director, Page Regional Domestic Violence Services

Ms. Reusing said that Page Regional used to have a different name but changed it in 2002 so that the people would understand that they serve the region of Page, not just Page itself, including the Western

part of the Navajo Nation, Kaibeto, Coppermine, Inscription House, to as far as Navajo Mountain. They have an emergency mobile response team to respond to sexual assaults and domestic violence incidents. They share a substation with the Navajo Police Department. Their staff goes out with police to respond to sexual assault and domestic violence calls. In 2009, they responded to 183 calls, and it has grown in 2010 as the word gets out.

Reusing said that victims often do not ask for help as they perceive that no one cares and there are no resources out there for them. When they respond to a victim in crisis, they let them know what the services are, what is going to happen, and take them to a shelter if they need a safe place. With that, they have found that 50 percent of the victims followed up with more services, and that is along the same lines as the national standard for this type of program, and she is proud of this statistic.

They also have two staff members that go out – the second person responds to children at the scene because studies show that if children are helped at the scene, they won't experience as much trauma. They do follow up with CPS if necessary, and they are trying to work with the school systems concerning confidentiality issues. Protections of the new law will help. Reusing said she shares the same frustration with lack of police officers and the coordination of services between Federal and Navajo Nation. Navajo police come to Page during a crisis and vice versa, so there is good collaboration and cooperation between the Navajo Nation. There is also a 32-bed shelter for women and children and a second smaller shelter for male victims and any victims with pets. The number of males asking for services is increasing, and they want to respond to male victims as seriously as female victims. One service they offer is legal advocacy. Requests for legal advocacy have doubled over the past year. More people understand and claiming their rights, and while the advocates are not lawyers, they can assist in explaining the legal process and making sure that victims understand what is happening.

They also a run an intensive offender intervention program called Making Change. The program is in its eight year and has an 85 percent success rate with those who complete the program. However, 50 percent of those that start the program do not finish, so they just hired a new case manager to work with the participants to try and increase the completion rate.

Lorena Halwood, Director, Ama Doo Alchini Bighan, Inc. (ADABI)

Ms. Halwood said that ADABI is a 24-hour crisis program, and while they are not staffed 24 hours a day, volunteers come in after hours, on weekend, and on holidays to tend to victims that are brought into the ER or police department. Halwood has seen an increase every year in domestic violence. For 2007, ADABI served 542 females with 1,321 children and 14 male victims. In 2008, they assisted 456 females, 38 males, and 1,063 children requested assistance. In 2009, 483 females, 29 males, and 1,066 children requested services.

While they are not a full-service shelter, they do provide temporary housing on weekends and holidays and transport to other shelters off the reservation. There are only two shelters on the reservation – one in Kayenta and one in Shiprock – and there is a need for more shelters on the reservation to accommodate victims of domestic violence and sexual assault, especially those who do not speak English or have never left the reservation. Some of the shelters are always full, so if they have to go to Phoenix or other shelters, they do not receive culturally-oriented services. Either they are not allowed to

be with their children or they are not allowed to their prayers in the morning or smoke even outside to do their prayer.

There are many barriers to Native women going off of the reservation. They would prefer to stay in their own community because they want to speak with someone that is Native in their own language in their own community. The two shelters are usually full and sometimes do not take male victims. Another barrier is providing transportation to victims that have to go to shelters in Phoenix or other places when the shelters on the reservation are full.

ADABI has seen 15 sexual assault victims in 2009, and the majority were assaulted by their partners or someone they knew. ADABI has a lay legal advocate that assists the victims in court for the protection order hearings, but often the orders are not served due to lack of police officers, so the victim has to ask for a continuance. When she goes back, it is not served again, and she may have to ask for another continuance. By the third continuance, the victim gives up. Again, this is a limitation of not enough law enforcement.

While the Tribal Law and Order Act may lead to additional arrests and convictions, Halwood said they do not have the jail space to put a batterer in jail for up to nine years. There is no money to build more jail space on the reservation.

Also have a sweat lodge for the victims and a traditional counselor that comes in on a quarterly basis and facilitates the sweat lodge with the women. They also help the women to contact pastors and traditional healers at their request. ADABI has two satellite offices as well. They do not turn anyone away. ADABI receives funding from the ADHS as well as Navajo United Way, and while they need more advocates, they also need additional funding.

A panelist asked where the offenders are being housed. Halwood said that on the Navajo Nation, they prefer that the judges send them to either peace-making, or a batterer's intervention program. At Chinle IHS, there are two batterer's intervention programs. Those batterers that are not sent to jail are sent to anger management or other treatment programs or referred to IHS or other programs. It is up to the judge or commissioner who hears the case to decide where the batterer will go, but Halwood says they want them to be held accountable, but often they are not.

Right now, when batterers go before the judge, they often just get a slap on the wrist, but the new TLOA and the Navajo Nation Advisory Council Against Domestic Violence are working on putting more teeth into the criminal code.

An audience member remarked that often we focus on helping the victim, but do not focus on the abusers, and looking throughout Indian Country, there are no outlets to teach these values in the community. There are many programs aimed towards women's health, such as screening programs and domestic violence programs, but what about the men? There is not real men's program, and really we need to be providing the males with some sort of programs to help them with self-esteem, learning about what their crisis is within their home, and acknowledging that we do have these resources that are available to them. We need to provide for our men as well.

Halwood responded that she agreed, and said a lot of time the question is why does a woman stay when she is experiencing abuse, when the questions should be why does he do that? There is something behind that, and he might need treatment or an intervention, and that is where family and community members need to come in.

Reusing also responded to this topic to say that the reason that the offender intervention program has such a high success rate for those that complete the program is because they try to get at the root causes of the abuse – what has happened in the abuser’s past that might make them abusive now, etc. They talk about issues such as fear, anger, and racism with the men and give them new skills to communicate. She said they are not re-educating anyone; for the most part, they are educating them for the first time about the dynamics of healthy relationships and communication. She says one of the first things a victim says about the offender is that, “I want them to get help.” So they provide offender intervention in victim services.

Another audience member then went on to talk about her concern for the needs of children in these situations. She works with First Things First as well as schools. There are many ramifications with the children because they hold so many hurt feelings, miss school, or older children stay home to try and take care of smaller ones, so it depends on the age of child.

Halwood discussed the prevention program and community educator that goes to the schools and shows a video called Tula, but then the children are confused because in the classroom, the teacher says, “You be nice. You don’t hit.” Then when they go home, daddy is hitting mommy, and they are confused.

Mr. Deat made a comment concerning the lack of resources to help the abuser. He said that Hardrock, his community, has partnered with the University of Arizona for a number of years, and he said that Agnes Attakai was able to help them identify a resource: The Fatherhood Program. This is a training program for males and very expensive. They tried to bring it to the community but were unable to do so, so they sent two or three men to the training. The plan was that when they came back, they would provide a similar training to our local men, and they are hoping to make that happen still. He also made a comment about the presentation about the Tribal Law and Order Act and said that he did not see a lot of resources for jail facilities. He also discussed the possibility for a cross-tribal commission between Hopi and Navajo to discuss sexual assault and domestic violence crimes.

Comment: Lena Fowler, Coconino County Supervisor District 5

Ms. Fowler commended the organizations, volunteers, and their dedication to the community. Her concern is that there is less federal and state funding in the Foundation and non-profit world for services such as these. There are more state cuts coming, and this will impact the counties. Last year, the Board of Supervisors adopted a sales tax policy. Health care reform is coming before Congress again, and with more state cuts coming, ACHHHS may be on the ballot, as well, depending on the outcome of the Governor’s special session in January 2011. Fowler said that the community needs to be educated about plans for health care in the future.

She said that health care is related to law enforcement and various programs, such as social services, schools, Head Start, courts, etc. In Coconino County over 50 percent of the budget is allocated to public

safety and a lot of those programs are unfunded mandates by the state. Given the economy, the general budget is impacted and this has a direct impact on delivery of services.

Some registered sex offenders with the county and state come onto Navajo Tribal lands and then there is no more tracking. People can hide in Tribal land. Some of the repeat offenders have been brought to my attention. Once an offender crosses the border though, the county can no longer track the offender. Law enforcement has no resources to do the needed tracking. There is a deputy Sherriff looking for non-natives in Tribal land. There are jurisdictional issues that need to be addressed; cross-deputizing is something they have been working on, but it takes years to put those agreements in place. There are challenges between counties, the state, and the Tribes. As county supervisors tried to bring Tribes and the state together to address these issues that directly impact these communities, she has learned that it has been challenging.

Broadband and Rural Reservations

Galen Updike, Manager, Communications Development, Government Information Technology Agency, Broadband Telecommunications

Alison Hughes introduced the issue of Broadband and cell phone coverage, which has a huge impact for health care. Hughes said that the passage of health care reform legislation requires that the entire country have electronic health records. This means that reservations have to have them – IHS and the VA already have them – but they are requiring that there will be an interconnected network around the country to exchange electronic health records. But the country is not ready for connectivity. Mr. Updike will discuss the plans for connectivity.

Mr. Updike says that he has been handling Broadband for the state for six years. He discussed the Federal grants for Broadband infrastructure through the American Recovery and Reinvestment Act (ARRA) of 2009, which will be beneficial to rural Arizona. Broadband is necessary for telemedicine, electronic health records, and other new features in health care delivery that possible. However, Arizona has inconsistent Broadband infrastructure, especially in the rural areas of the state. Updike says that in Arizona, Broadband is not treated as critical infrastructure in law and in policy. He said it should be treated like water, power lines, road systems, and natural gas, which are considered critical infrastructure. Broadband is in a deficit, especially in rural areas of the state.

Arizona has a need for government policies and private marketing strategies to be more consistent, especially in price. Rural citizens pay two to three times more than urban counterparts pay for Broadband. Water lines, etc., are subsidized in rural areas, but Broadband is not. We need Broadband to have similar subsidies as it does with other critical infrastructures.

He also showed a map of fiber connections owned by Telco's in the state. There are many failure points in the fiber connections, which increases costs. Arizona needs to increase the supply of fiber connections in rural areas before the price can drop significantly.

Arizona received six grants for Broadband, including the Navajo Tribal Authority Grant for Broadband. These grants will be spent over four to five years. A Arizona Broadband Council will also be formed to

make decisions about Broadband in the state. There is also funding for a Broadband plan, policy development, and rural outreach. The plan also provides for the creation of a Broadband map based on census tracts to show Broadband usage in Arizona. They will also provide technical assistance to provide to various entities in the state for grant writing and Broadband analysis. There will be regional planning areas set up as well for eight different target areas in Arizona. The final outcome of the local planning they are working toward is moving from planning to the building of Broadband infrastructure in the rural areas of the state so they get the economic benefits of that and to improve quality of life through health applications, commercial uses, and government uses of Broadband.

In regards to giving people on Tribal lands the information they need to advocate to their leadership around strengthening Broadband, Updike said that the Navajo Tribal Facility Authority has its own grant to do outreach to the chapter houses and community with support from Updike's organization. Updike said they also have cooperative agreements with the Salt Water Reservation, the San Carlos Apache, the White Mountain Apache, and the Colorado River Indian Tribes. He said they are still looking to create agreements with the Hopi Tribe, but the Hopi are moving ahead on some of their own issues. Updike said that the money must be spent in two and a half years.

Walter Phelps, Grants Administrator, Tuba City Regional Health Care Corporation
Nettie Prack, Program Development, MNM, BSN, Tuba City Regional Health Care Corporation:
The Community Health Center Program in Indian Country

Mr. Phelps has worked as a grant administrator at Tuba City Hospital for two years. Over the past year, he has been working on a grant application for HRSA. He said that his colleague Ms. Prack has been instrumental in offering grant writing assistance. The Bureau of Primary Health Care is the agency they applied for funding through, which funds community health centers. The first step was a planning grant. He explained the procedure for applying for funds. The funds are focused specifically on local areas. The 2010 Health Care Reform Package authorized the funding for new access points through Community Health Centers between fiscal year 2011 and 2015.

They first pursued funding under the planning grants, but this year they completed a New Access Point application. They have completed the planning grant process, but they are still flushing out the details for the assessment that they conducted in their coverage communities.

The New Access Point grants provide funding to support new service delivery sites that will provide comprehensive primary health care and access to medical, oral, and mental health services. The purpose of a planning grant is for organizations seeking a grant to plan for the development of a new comprehensive Community Health Center under the Health Center Program, as authorized under section 330 of the Public Health Service Act.

One element of the planning is comprehensive needs assessment and applying for essential designations said as Medically Underserved Area (MUA). Partners in the need assessment include: U.S. Department of Health and Human Services, Health Resources Services Administration (HRSA), Bureau of Primary Health Care; Arizona Health Facility Authority; St. Luke's Primary Care Health Initiatives; and the Center for Health Equality at the Mel and Enid Zuckerman College of Public Health.

The survey covered demographics, health status, health care access, importance of services, and relevance of specific issues. They surveyed 12,954 people in their hospital coverage area. The assessment was conducted between March and May 2010 by eight people surveying eight chapters.

Phelps shared some of the assessment results. Of those interviewed:

- Language spoken: 93% English; 66% Navajo; 6% Hopi
- 41.5% male; 58.5% female
- Ages: 19.7 ages 40-49; 1.6% were 60-69
- 47.7% married
- Education: 40.8% high school grads; 4.8% college degree; 3.3% graduate level
- Unemployment: 29.3% -- 21.5% say "no jobs"; 13% not looking; 23.4% caretaking; 21.7% looking; 2.0% mental health; 15.3% physical health
- Infrastructure: 80% have electricity and running water; 36.1% have outhouse; 79.5% have cell phones
- Problems identified in the community, as reported by percentage of community: 70% alcohol; 6% drug abuse; 63% criminal activity; 58% domestic violence [this is a combination of all chapters – collectively these are the averages]

Top 10 needed services: Day care, animal control, food assistance, social services, smoke alarms, water contamination, care for the elderly, dental, nursing home care, and eyeglasses.

Assembly Call for Public Comment

Herman Tso, TCRHCC, Kaibeto, Page, AZ

Mr. Tso said that he is the project coordinator for a demonstration project in the Kaibeto chapter. Two years ago, three partners came together – Tuba City Regional Health Care Corporation, Kaibeto Chapter, and Foundation for Senior Living – to discuss a plan to develop, and manage a senior independent living facility for the Kaibeto community. He said there is a need for senior care for Navajo elders because those who are presently in need of care are being sent off the reservation to Phoenix, Farmington, etc. His project is a model that other chapters on the reservation can copy to meet that need. He also mentioned the large number of Navajo veterans. Their needs are very great. His son just completed five years with the Marines, including two years in Iraq. He understands first-hand the needs for helping veterans with post-traumatic stress. He read recently that a clinic is opening in Chinle and called for more clinics like this to serve Navajo veterans. The center was financed by a Federal grant from HRSA. This planning grant allowed them to establish an organization and network. There is currently no building, but they are in the planning stages for a facility and have been working with the Drachman Institute at the University of Arizona to develop the concept plans. They are now seeking \$4 million in construction funds. A needs assessment was previously done for the project. There are 35 people on the list, but they will build 25 units. There will also be an on-site clinic managed by Tuba City Regional Health Care Corporation.

Cassandra Bloedel, Navajo Nation EPA, Window Rock, AZ

Ms. Bloedel noted that her grandmother is half German and her dad is part Spanish, so she has a diverse background. Her late father was a Navajo code talker, and her mother is a retired registered nurse. Both she and her sibling are involved in health issues. One of her brothers, Floyd Thompson, is the CEO of Navajo IHS. Since 2001 she has been the supervisor at Navajo Nation EPA (NNEPA). They provide site assessments for different environments, including the past mining industry. She is currently the project supervisor for Tuba City for the Highway 160 site. She has been involved since 2002. She has been to congressional hearings involving some of the Tuba City sites.

Tuba City has two sites that are complicated because they involve dealing with the past uranium mill that processed uranium. The ore came from other areas, including Utah and Colorado. These different ores have different chemical compositions. The two sites in Tuba City are shown to have radiation issues now. Radiation is in the shallow ground water of Tuba City open dump; radiation is in the soils of the Highway 60 site. Both sites have had different types of waste brought in from the former mill. They found evidence at the Highway 160 sign of waste from the mill. Much of the waste is in relation to processing such as crushing the ore. There is a Navajo aquifer that provides drinking water to the Tuba City area. The aquifer is very large and provides streams to the Hopi Tribe. Both sites are on fractured Navajo sandstone. They are concerned that the radiation will get into the potable water system. This raises concerns about children who have been victims of radiation contamination because they have developed different forms of cancer. Bloedel said she received information from several people whose parents worked in the mill growing up. They have developed cancer, but as they were born after 1960, they were outside of the Radiation Exposure Compensation Act (RECA), which was established for uranium workers. She said that we have to look at coal mines as well for chemicals that impact health. She has found the Tuba City sites to be related the former mill at the forensic level to show they are the same conditions. She said that the shallow ground water in Tuba City is contaminated with radioactive

elements, and they still pose a risk for future contamination. The human, animal and plant population is at risk for contamination.

There are former uranium mines in Arizona, New Mexico, and Utah. They are all capped. At the Shiprock site in Tuba City, they address the local groundwater through a pump and treat system, but there is still continued contamination. She expressed the need for a preventive cancer screening mechanism, not only for the Navajo Tribe, but for other Tribes across the U.S. who have similar issues. These screening mechanisms may have to be a Congressional funding application. With the U.S. Dept. of Energy, in particular with the Highway 160 site, they are going to conduct a training with local public safety officials for anyone interested information in radiation exposure to help them understand local issues. They still need mobile units to come to the area to conduct health screenings.

Fred Hubbard asked about any amendments to the Radiation Exposure Compensation Act, but Bloedel said that any amendments have not addressed those born after 1960, though this may be possible with the right language. He also asked about where data is being stored. She responded that this is in development. She is also working to go to people's homes to scan metal and wood taken from the mill in the 1970s and '80s, and there is radiation still contained in these items that were used in home, shed, and animal corral building. This is part of a five year legacy plan presented in 2007 by Rep. Waxman.

A community member said that there are a lot of issues that concern health with environmental factors. She feels that the Tribal government is refusing to look at those environmental factors that are causing the health impacts. She believes that stomach cancer is the fourth leading cause of death on the Navajo reservation. She called for research and data that would confirm the link between water contamination and health impacts, as well as the impacts of the coal. Right now, coal ash is leaking into the water system, and this is another source of toxic chemicals with unknown consequences. She called for policies and legislations to address these issues. She also mentioned water rights. They have been told that Navajo will have unlimited surface water, but that this is not true. There has been huge contamination from power plants, uranium, coal ash – none of this has been really studied or assessed.

Bloedel responded that the Navajo EPA lacks the manpower to do the full testing of health impacts. They have requested additional staff members but have only received two.

Percy Deal, President, Hardrock Chapter, Kykotsmovi, AZ

Mr. Deal said he wanted to talk about jurisdictional issues, health, and law enforcement. His community is adjacent to the Hopi reservation. A judge drew the boundary line between the Hopi and Navajo reservation so his community sits in the mouth of the Hopi land. There are two jurisdictional issues around health and law enforcement. The politics that regulate and control those issues are changing, especially considering the current economy.

Deal said that in regards to health-related jurisdiction, there was a past partnership formed with the University of Arizona College of Public Health to provide technical assistance and training. Agnes Attakai helped to bring together CEOs from Tuba City, Chinle, and Hopi to meet and discuss jurisdictional issues and health care. All parties agreed that the jurisdiction for health care services is unclear, even though the line on the map is clear. Each CEO agreed to appoint a representative from their facility to later come back and work out a solution to the issue. However, he said that after this many years there has

not been a discussion. He asked for assistance from the University of Arizona in bringing these CEOs back together and continuing the discussion of health care access.

The second issue that Deal highlighted is the law enforcement. The same problem with jurisdiction applies to health care services as well as law enforcement. Each agency says another agency is responsible for the area, but he did say the Hopi law enforcement rangers have been extremely helpful, but less so for the Navajo law enforcement during emergencies. He said there is a need for unity in law enforcement protection and services.

The final issue he discussed was in regards to environmental health. Deal said they had an old building that was vacated due to asbestos and mold issues. Agnes Attakai helped them to secure some funding, but they still have not received the Certificate of Occupancy. The Navajo Nation is going to provide maintenance and operation money for a year only. They are asking for technical assistance to look for more resources for the wellness center, as well as help with proposal writing.

The ensuing discussion focused on possible funding for the Wellness Centers through diabetes project, but the Navajo Nation may have terminated funding for wellness centers that are non-profits.

Phil Stago Jr, Winslow, AZ

Mr. Stago was born in Fort Apache on the White Mountain Apache Reservation. He said is living proof of what can be done with alternative medicine, which is nothing new in Indian Country. In the White Mountains where he grew up, the mountains and the stream were full of medicine. Diabetes and tuberculosis were unheard of until recently, but now diabetes is the number one killer among Indian people. Where Western medicine stops, we should begin to seriously consider alternative naturopathic medicine like Tribes have used in the past. Tribes were first practitioners before the White man came and we have drifted away from it. Western medicine is good and has been very helpful. In 2008 he had surgery done in Tuba City on his foot and ankle. He has nothing against the doctors. Dr. Goss, his orthopedic doctor, came to see him every day and was very dedicated. Stago had a metal rod installed in his right foot, and a year later he got deathly sick and returned to Tuba City health center for emergency surgery. The metal rod was removed because his body was rejecting the metal. He then had a “halo system” added on his foot – including 11 screws from his knees to his toes. He said those were even worse than the metal rod, and he was on his back for three months in insufferable pain. Stago said he was very drugged up, and he was on two antibiotics that he was actually allergic to. He said he became addicted to one of the drugs and went through drug withdrawal when he went off the medication.

He said that while we often talk of the physical pain, we do not talk about the other ordeals such as his that patients go through. Later his foot became very infected and dark and the doctor was ready to amputate his leg. He was very shaken by this news and was in a state of shock. His Apache instinct said, “No way” to the amputation. His tradition and cultural beliefs would not allow him to surrender to amputation. He was taught as Apache to be strong, healthy, and spiritual. He called on his beliefs and contacted some people at home in this area. He told Dr. Goss that he wanted to be released, but the doctor said he could develop gangrene.

He was released and immediately went to Scottsdale and met a naturopathic doctor who began to treat his whole body with natural medicine and herbs, the same way this his people did in the past. The

naturopath projected that his foot would be well in one month. He himself was skeptical but continued with the treatment. He went to Scottsdale twice a week at his own expense because IHS does not cover naturopathic treatment. His wife and family all supported him, and his foot was saved. He urged people to go beyond Western medicine and look beyond amputation for other options. There is another way. Do some research and give it a chance. There are natural remedies that can be found as well as traditional healers. Lying in a hospital is not only about the physical pain, but it is demoralizing. He read that a diabetic patient will cost \$450,000 over a lifetime. Dialysis is a death sentence. It is like being hooked up to a life support system that will be disconnected some time. There is another way. By treaty, the people have a right for health, and he asked why not go back to traditional ways. He wants IHS and HHS to start considering traditional medicine. While his foot surgery cost \$70,000 at the hospital, his cure cost only \$3,000.

Dr. Lula Stago, Winslow, AZ

Phil Stago's wife Lula also spoke. She is a sheepherder who received her doctorate from NAU. She said she and her husband went through a very demoralizing experience. She felt that her husband's health experience was like being put into a low quality life. They went to Indian Health contract to health for help paying for the doctors fees, but they were denied everywhere they went, despite having a treaty right with the Federal government for health care. When they went to the naturopath doctor in Scottsdale in October 2010, this was the first time he could put his shoes back on since the initial surgery in June 2009, so they have seen a tremendous improvement. She said she is seeing more and more people in wheelchairs, so she and her husband have decided to do everything they can to be the voice of the people who cannot speak up for themselves. This is first time they have experienced naturopathic medicine. They have a grandson who was diagnosed with eczema when he was three months old. At IHS, they gave him an ointment and said he would have to use it the rest of his life. They went to a naturopathic physician in Phoenix who gave him one treatment, which cost under \$300 and his skin cleared up in one week. Now he is eight years old and his skin is still smooth, and that is how they realized that naturopathic medicine is real. She herself had been going to the doctor for dry skin, cold feet, and hair loss. She said that IHS kept taking blood test and they told her that she had a half-functioning thyroid. She went to a naturopath for different treatments, and within a week she had warmth in her hands and feet. She asked that IHS representatives try and identify funding to hire naturopathic and homeopathic doctors. She says you cannot blame Western medicine because it only has the knowledge to deal with something it sees on the surface.

Dr. Stago said she had heard so much about domestic violence. She said this is a situation of the blind leading the blind. She said that Indian people, whether Apache, Hopi, or Navajo, are very much inherently Native with distinct native attributes. With domestic violence, the parents are not there to give children guidance. We are in a disconnected cultural situation. There are culturally accepted standards for everything – how to speak right, how to build relationships, how to allow those things to govern your marriage, to child rearing – in every aspect of Navajo life. In years past, we did not hear all of the social things going out of control because we are now culturally disconnected from traditional, culturally accepted standards. She would like to see all the programs presented during the assembly to implement culturally accepted standards – that is real prevention.

Jesse Thompson, Navajo County Supervisor

Mr. Thompson said that the panel has been presented with various health issues. He also thanks IHS for making medical care available, and also asked if naturopathic medicine is a research-based method. At

the county level, at one point he said the insurance was able to cover naturopathic treatments. He asked how homeopathic and naturopathic treatments could be looked at more seriously. What other institutions are looking at traditional methods, and how can Tribal communities do the same?

He also said that sexual abuse and domestic violence are big issues that need to be dealt with – he asked how the Tribes would begin to address these issues. Navajo County has been in partnership with the Hopi Tribe. They went to the state to get funding for a detox center in Winslow and Holbrook. This began to address some of the issues that the Navajo people have to deal with.

Eddie Watson

Mr. Watson spoke in Navajo. He mentioned his clans and then relayed his experience as a uranium mine worker. He was a driller and used a jackhammer. He had no certification and worked underground, like many of his coworkers working underground to mine uranium. All of his coworkers have passed away except for one co-worker, Grant Yazzie, who now in a wheelchair. Watson is from Tuba City and children were raised there. He said the workers were never told about the dangers of what they were mining.

Lori Joshweseoma, Hopi Cancer Support Services

Ms. Joshweseoma spoke both as a community member and from her position as the Hopi Cancer Center Services Administrator. She said that while some of the policy challenges they had spoken about in the presentations might be related to larger issues of letting their leaders know what the issues are here, a lot can be done at the local level. Each community has its own challenges to deal with. Joshweseoma said that many people do not know how to go about policy change, and we need education around grassroots advocacy so that it is recognized at local government level, the state level, and the federal levels.

She also said that a basic rural issue is how many people have access to basic infrastructure like plumbing and electricity. There are still many people with challenges regarding sewage systems and electricity within their household that may not be captured in surveys. She said we need to find out whom to approach for assistance in making these changes.

Also, people in the communities become dependent on available programs, but Joshweseoma questioned how communities could become independent and find ways to help themselves as individuals. She said they have alcohol and drug challenges in our communities, but how do they help them to help themselves.

She said there are many young people who collect food stamps and are dependent on federal programs. How does the community help them to realize that they are capable of seeking work? She sees young mothers who get \$800 a month in food stamps but because they do not need it, they sell some stamps for money to someone else.

Locally, she discussed the partnership with IHS. How can the Hopi work together to strengthen this partnership so Tribal programs, non-profit organizations, and IHS are coming to the table monthly to discuss challenges and partnerships and to provide the same services prevent people going from one to the other.

The Tribes need more programs for men's health. Men have different needs than women and it is important to recognize this, and help them so they are empowered to be the individual who will help their families.

In regards to the Hopi Cancer Program, while the program provides prevention services, there is a strong need for treatment. Many people face challenges for treatment such as travel to Flagstaff, Phoenix, and Tucson for treatment. This is one of the top health concerns throughout the US. Joshweseoma asked how we should address the individual needs from prevention, to treatment, to end of life care.

Finally, the Hopi Cancer Program partners with The University of Arizona, Northern Arizona Radiology and now Washington State University to look at data and concerns regarding cancer. One of the new projects is to look at a new vaccination available to girls between 9-11 years old. Do women know the importance of getting vaccination for their young daughters? We need to know information like this and be able to do education through partnerships, community members, tribal council, IHS partners, schools, etc. She ended by saying that the Hopi Tribal Council needs to become part of this discussion and the advocacy for this group.

Violet Leslie, Hopi Cancer Support Services

Ms. Leslie is First Mesa. She said that she would like to see a website come out of the forum to update the community members on what is happening with health reform and other policies. She said that as a grant writer, she does not see Hopi getting these grants. She would like to see the Inter Tribal Council of Arizona to funnel grant funds

Fred Hubbard recommended the IMPACT ARIZONA website from St. Luke's about the Affordable Care Act and the National Indian Health Board summaries of Health Care Indian Improvement Act.

Appendix

The following presentations are available on the Rural Health Office website, as well as through the links below.

Research Ethics and Native Americans

- **Presentation: Navajo Nation Human Research Review Board.**
By Beverly Becenti Pigman, Chair.
[View PDF >](#)
- **Video: Blood Journey**
The Havasupai Indians gave DNA samples for the study of diabetes, a disease that ravages their community, but say they were devastated when they realized it was also used for other research. [View video >](#)
- **Native People's Technical Assistance Office.**
University of Arizona Research Protocols: Virtual Handbook for Research in Indian Country.
[View handbook >](#)
- **Video: "Community Based Participatory Research: Lessons Learned"**
By Dr. Jennie Joe.
[View video >](#) | [Read Presentation Summary >](#)

Protection of Native American Women

- **Presentation: 2010 Tribal Law and Order Act.** Dorma Sahneyah, Executive Director Hopi Tewa Women's Coalition to End Abuse.
[View PDF >](#)
- **Presentation: SANE Program.** Lynette Begay, Trauma/EMS Coordinator Tuba City Regional Healthcare Corporation, Tuba City, AZ.
[View PDF >](#)
- **Handout: Restoration of Native Sovereignty and Safety for Native Women Vol XIV.** October 2010 Sacred Circle: National Resource Center to End Violence Against Native Women.
[View handout >](#)

Broadband and Rural Reservations

- **Presentation: Broadband Resources and Issues in Western Arizona**
By Galen Updike: Manager, Telecommunications Development Manager, State of Arizona Government Information Technology Agency.
[View PDF >](#)
- **Fact Sheet: NIHB AI/AN National REC.** Tom Kauley, AIAN National REC Director, National Indian Health Board.
[View factsheet >](#)