

**THE NAVAJO NATION**  
**INITIAL RESPONSE TO THE NATIONAL HEALTH CARE REFORM INITIATIVE**

**I. BACKGROUND**

In 1868, a treaty was signed between the United State of America and the Navajo Tribe of Indians through which the federal government is obligated and responsible to provide health care for the Navajo people.

The Navajo Nation is the largest federally-recognized American Indian Tribe in the United States of America with a population of 320,000, of which 205,696 reside on the Navajo Nation. Additionally, the Navajo Nation is the largest land-based reservation extending into Arizona, New Mexico and Utah covering nearly 27,000 square miles including all or part of 13 counties in those states.

The Navajo population is growing faster than the U.S. population with a higher percentage of children and a lower percentage of elders than the U.S. population. The per capita income is one third that of the U.S. Almost half of Navajo families live below poverty level.

**II. CHALLENGES**

**A. Healthcare Funding**

American Indians/Alaska Natives suffer the most grievous health disparities nationwide. Additionally, the U.S. Commission on Civil Rights reported in 2003 that *“the federal government’s rate of spending on health care for Native Americans is 50% less than for prisoners”*. Federal funding for Indian health care has been inadequate and has not kept pace with rising costs of health care, such as increased costs of prescription drugs, specialized health care and competitive salaries to attract health professionals. The Navajo Area Indian Health Service, the primary health care provider for the Navajo people, receives funding that only meets about 54% of healthcare needs and spends an estimated \$1,187 per person for health services, which is 50% below the per person expenditures by public and private providers. NAIHS user population was 237,981 in FY 2007 or 12.5% of the entire IHS service population.

**B. Access to Healthcare**

Access to basic health service presents challenges for majority of the Navajo people, due to isolation and remoteness of rural areas where families live. Lack of family transportation or cost of fuel are often factors restricting access to needed health care services for families living in remote areas. Transportation is an essential health service.

**C. Health Status**

The Navajo Nation experiences a heavy disease burden. Life expectancy for the Navajo people is 72.3 years as compared to the U.S. rate of 76.5 years. The mortality rate was over 31% higher than U.S. rate. The leading cause of death is unintentional injury; heart disease is the second leading cause of death for Navajo. The Navajo people is especially at high risk for alcohol/substance abuse problems; according to IHS, the alcohol-related illness and death among tribes was 5.6 times higher than among the U.S. population. Obesity and diabetes have become major health threats to the Navajo people in a brief period of time.

**D. Remoteness and Ruralness**

The Navajo Nation is the largest land-based reservation covering nearly 27,000 square miles which is extremely rural and remote. Many Navajo people reside in extremely rural and remote areas without immediate access to healthcare facilities and often times they must be air transported for emergency medical care. About 78% of the roads on the Navajo Nation are dirt and unpaved. Most of unpaved roads become barely passable during inclement weather for individuals living in remote area. Travel can be increasingly difficult and treacherous. Further, public transportation system is non-existent.

E. Infrastructure and Health Facilities

The Navajo Nation lacks major infrastructure to support healthy and safe living environment. Telecommunication has not fully evolved on Navajo Nation, as reflected by the fact that 60% of the people have no telephone. Other infrastructure maladies are reflected in: 32% lack plumbing; 28% lack complete kitchen facilities, and many homes still lack electricity.

F. Essential Service Gaps

Only 1/5 of the total 23,000 Navajo elderly population are receiving limited healthcare and other support services.

There are limited specialized healthcare services on the Navajo Nation. The Contract Health Services program funds are extremely limited and do not meet the specialized healthcare needs of the Navajo people.

If the current funding and the level of health care services continue without any major improvement, the cost for healthcare and health disparity will further widen.

### III. RECOMMENDATIONS

A. Navajo Nation recommends a comprehensive healthcare service to protect and improve the health and wellbeing of the Navajo people, which must include:

- Full Healthcare Coverage

A full healthcare coverage must include health programs and services to protect and promote the health of Native Americans, including the Navajo people. These include public health and direct healthcare services, including disease prevention and control, medical care, emergency preparedness and response, behavioral/mental health services, and traditional healing.

- Full Access

A comprehensive healthcare service must include full access to disease prevention, control and treatment to prevent and decrease mortality, morbidity and disability. It should also to promote and increase the optimal health care.

- Full Funding

A comprehensive healthcare service must be fully funded. According to the Level Need Fund, at least \$18 billion will adequately support the Indian health system.

B. Direct Funding to the Navajo Nation

The Navajo Nation recommends direct funding from the Federal Agencies to Federally-recognized Indian Tribes.

C. Funding Allocation Criteria

The Navajo Nation recommends utilizing the disease burden, user population and isolation for distribution of funding.

D. Health Prevention and Outreach Programs

The Health Care Reform must focus on health prevention and outreach programs especially for extremely remote and rural geographic areas, such as the Navajo Nation.