



The Navajo Nation  
Office of the President and Vice President

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**FOR IMMEDIATE RELEASE**

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**Vice President Lizer advocates for CHR's, IHS facilities, and uranium exposure studies at the U.S. Health and Human Services Tribal consultation**



**PHOTO:** Navajo Nation Vice President Myron Lizer moderates the 2019 U.S. Department of Health and Human Services Regions 6, 7, and 8 Tribal Consultation in Denver, Colo. on Aug. 20, 2019.

**DENVER, Colo.** – Navajo Nation Vice President Myron Lizer and Navajo Nation Department of Health Executive Director Dr. Jill Jim attended the 2019 U.S. Department of Health and Human Services Regions 6, 7, and 8 Tribal Consultation on Tuesday and Wednesday in Denver, Colo. to discuss budget and policies issues related to the Indian Health Service (IHS), National Institutes of Health (NIH), Centers for Medicare and Medicaid Services, Substance Abuse and Mental Health Services Administration, Administration for Children and Families, and the Administration for Community Living.

“The purpose of the consultation is to provide policy and budget feedback and input to the U.S. Department of Health and Human Services. Also, to fulfill the government-to-government relationship to ensure and improve the health and human services for the Navajo people,” said Vice President Lizer, who moderated Tuesday’s session.

During the session, Vice President Lizer and Dr. Jim discussed the need to secure a location to construct a new hospital facility to replace the decades-old Gallup Indian Medical Center, to serve Navajo communities. Additionally, the administration looks forward to working together to build the proposed Pueblo Pintado Health Center in Pueblo Pintado, N.M. and Bodaway-Gap, Ariz. to fulfill much-needed medical services for remote areas on the Nation.

“Relating to the FY2020 funding, IHS planned to phase out the Community Health Representatives Program and replace it with the Community Health Aide Program. We continue to support the CHR’s and Health Educators on Navajo. We support a seamless transition, but please allow tribes to have health education, CHR, and CHAP programs coexist. We value the CHR’s because they are in the field daily to provide various health services to Navajo citizens,” added Dr. Jim.

In regards to the Administration for Children and Families, Vice President Lizer highlighted the issue of missing and murdered Indigenous relatives on the Navajo Nation, specifically regarding the need to track and collect data on violence against Indigenous women and girls.

Vice President Lizer noted that the Office of the President and Vice President has taken the initiative to work with other advocates to address the epidemic internally, due to the lack of support and resources from the federal government.

On behalf of the Nez-Lizer Administration, First Lady Phefelia Nez and Second Lady Dottie Lizer have taken the lead on an internal workgroup known as the “Diné Nihik’éeí Nihíí’ Násdłjį’ Work Group, Reunite our Diné Relatives,” to address issues and concerns related to missing and murdered peoples and social problems impacting Navajo families.

On the second day of the session, Vice President Lizer and Dr. Jim reviewed the benefits and challenges of the NIH grant for the Navajo Cohort Study, a study approved by the NIH to further understand the impact of uranium exposure on Navajo mothers and babies. The University of New Mexico is the lead researcher of the study.

In May, President Jonathan Nez signed an agreement with John Hopkins University and their subcontractor RTI International – Research Triangle Park to allow for data sharing between the Navajo Nation and grantees of the Environmental influence on Child Health Outcomes grantees. The agreement enables the Navajo Birth Cohort Study to continue as part of the ECHO program and for individual participant data to be shared with ECHO consortium members, which does not include genetic data or sharing of biospecimens.

“As the Navajo Nation continues to pave the road for data sharing, we also continue to ensure the Navajo peoples’ privacy rights are not jeopardized. We recommend the NIH to hold the researchers accountable for all agreements with tribal nations,” said Vice President Lizer.

In regards to the Navajo Area on Aging program, Dr. Jim noted that there are 80 senior centers on the Navajo Nation and recommended additional funding for personnel, operating, and maintenance costs to better serve Navajo elders.

“On behalf of the Nez-Lizer Administration, we extend our appreciation to NIH Region 6 Director Fred Schuster, Region 7 Director Jeff Kahrs, and Region 8 Acting Director Elsa Ramirez for considering the tribal nation’s concerns and issues regarding health and human services. We look forward to working with you to address all the issues presented at the tribal consultation,” added Vice President Lizer.

Other tribes present at the session included Choctaw Nation of Oklahoma, Santee Sioux Nation, Osage Nation, Ute Mountain, Pueblo of Laguna, Northern Cheyenne, Pueblo of Acoma, Northern Arapaho, Prairie Band Potawatomi Nation, Picuris Pueblo, Iowa Tribe of Kansas and Nebraska.

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