Navajo Nation hopeful their concrete recommendations are considered in national healthcare reform

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— Council Delegate Thomas Walker

WINDOW ROCK, Ariz. — As healthcare reform unfolds at the national level, tribal officials with the Navajo Nation, as well as Indian Country are hopeful their concrete recommendations for overarching healthcare reform will be heavily considered.

“The healthcare disadvantages faced by the Navajo Nation and in Indian Country are overwhelming,” said Thomas Walker, chairman of the Health and Social Services Committee of the Navajo Nation Council. “We hope the initiative for healthcare reform will serve as an opportunity to reassert our position and push for better healthcare services for our people.”

In July, tribal leaders from across the country came together to discuss the national conversation on healthcare reform and how they could strategically reassert their recommendations for reform. Tribal leaders agreed the legislation must include Indian-specific provisions to assure reform options can work in a unique Indian health delivery system.

“It is important to remember the federal government has developed a unique system based on a public health model designed to serve Native American people in remote reservation communities,” Walker said. “Knowing this, it is only appropriate to insert language into the legislation to specifically address our needs.”

Tribal leaders also agreed any new public programs created to cover the uninsured must be equally available to American Indians and Alaska Natives who use the Indian healthcare system, and where necessary, contain Indian-specific language and funding to insure American Indian and Alaska Native enrollees can fully utilize the benefits covered by such programs.

"While we are in a unique position as American Indian communities, our people should not be prevented to utilize benefits covered by other programs,” Walker added. “It’s important we consider the well-being of all our people, including those who live off the reservation.”
Leaders also assert the healthcare reform legislation must address the chronic underfunding of the Indian health system and must include full funding, or mechanisms to achieve full funding.

“The funding level for the Indian health system must be increased to adequately address the unique needs of American Indian communities,” Walker said. “If there is not sufficient funding, we cannot expect programs to be carried out to their full potential.”

The Navajo Nation has also recommended funding from other federal agencies be consolidated or integrated, and be distributed through direct funding or Public Law 93-638 provisions.

“This would allow for set-asides or block grant funding be contractible,” Walker said.

The document also recommends utilizing factors, such as disease burden, user population, and isolation factors be used to determine distribution of funding.

"In order to make an impact in American Indian communities, the healthcare reform bill must include provisions to increase health promotion and disease prevention for remote and rural areas,” Walker added. “Our position on healthcare reform is designed to closely reflect the current structure and topics of national healthcare reform."

The Health and Social Services Committee has pushed for healthcare reform to require the continuation of formal tribal consultation by all Health and Human Service agencies.

“Right now, the national conversation is that fewer and fewer Americans have health insurance, and therefore cannot afford good medical care,” Walker said. “But creating a quality healthcare system for American Indian communities has been a topic of discussion for years. It is our hope as tribal leaders that this healthcare reform will address the needs we have been advocating for years.”

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