HEALTH AS A HUMAN RIGHT

1. What inspired you the most among the panelist & why?

Group 1:
- Inspire Young people: education on Mexican - Ayuujk Culture
- Ayuujk culture promote traditional medicine - underscored rights to traditional medicine
- Passion/knowledge/history of historical trauma
- Moving past blame. Passion of presenters

Group 2:
- Amber Crotty - taking action on issues w/sexual violence & domestic violence: reopening shelters, budgets
- Vasquez - cultural preservation
- Professor Denetdale - border town alcohol licenses

Group 4:
- Work on sexual violence... and Amber Crotty
- K’e: interconnectedness of issues... idea of community driven/developed solutions
- Answers to the “unspoken issues” can lie in cultural/traditional framework
- The root causes of the unspoken issues & interconnectedness: Don’t silo solutions
- Mural of community vision for Ayuujk

Group 5:
- "Never an ending issue": Sexually assaults - Native women violent/violence (border towns)
- Leading issue of violence was pre-existing. Why the recent incident

Group 13:
- Multiple ways to look at particular situations infrastructure for health system
- Keep health workers here! Housing, schools for children. Make more attractive/quality of life

Group 17:
- Hearing worldview perspectives - finding similarities & differences. Ex: creation stories
- How can we incorporate traditional model w/logic model
- Learning/building off commonalities from different cultures - connection of circle

Group 19:
- The councilwoman, Amber, & human rights. It's a long time coming to have support & advocacy for a woman & a child to speak up& say "this is what happened to me."
- Dr. Farmer’s comments about what everybody has to survive in their lives as part of the history that has to be considered amused by what he has accomplished & experienced & how he shares the wealth of education
- To hear somebody say "it’s not your fault" & "what would you like to see happen?"
- Having space for young children to express their feelings & speak up, focus on behavioral & mental health for children
- No longer being told to "endure & move on". People in positions where they can use their positions where they can use their positions to be listened to & draw attention to these issues
- Being able to express herself as a woman & part of the council.
Project Hope: Nursing assistance interpretation, where is it now?
Group 20:
- Inspired with the sexual assault talk & actions taking to address the issue
- Awareness of international healthcare shared by Dr. Paul Farmer, PIH
- Gender Dynamics
- Amber alert system on NN

Group 21:
- Honorable Amber Crotty: Woman leader, addressing issues that are over looked, beneficial resources - no plane
- Jennifer Denetdale: Activism, knowledge of border town issues
- Mtro. Rigoberto: Connecting health back to the land

Group 25:
- Amber Crotty: She speaks & advocates the truth, knows the truth & issues, speaks up for health/wellness, unity/culture/knowledgeable, fundamental laws, a challenger to our leaders/constituents
- Mr. Garcia: Defining the community, activism through tremendous challenges, resiliency reflecting their approach

Group 28:
- Protection way: industrial food system (GMO, commodified food, land contamination), not planting, loss of traditional knowledge, fed/corporations/state/tribe misguided policies
- Leaders in positions of power working to improve systems that protects victims

Group 30:
- People from community foster programs talking about resistance
- Legal system & tribal council work on assault & abuse
- Invitation from outside enforcement
- Access to water is a health issue! Federal policies don't fit everywhere

Group 31:
- Inspiration: structural aspects (social det., hist. violence) & its effect on how people are perceived (border towns)
- Women's voice/ support of prevention, recog surrounding sexual violence

Group 32:
- More behavioral & mental health support for individuals
- Identify individuals at risk, such as behaviors to intervene before problems begin

Group -:
- Before/after photos by Paul Farmer. Cultural importance & ways - specific to respect for land & its use
- Early teachings - circle of life
- Metrics vs. personal, impactful stories
- Accompaniment reframed in Navajo k’e & what healthcare providers should aspire to

Group --:
- Jennifer: Structural systems, history, city responsibility ex) public drunkenness in Gallup
- Amber: leading by example, bringing up new/sensitive topics. Holding people accountable, professional disagreement
- Rigoberto: Drawing/showing us similarities giving an example of true sovereignty (the school)

2. What do you identify as the leading issue related to health and human rights on Navajo Nation?

Group 1:
- Child safety: substance abuse
- $$ = Care
• Industrialization

Group 2:
• **Lack of resources**: h2o, electricity, unemployment, generic, unhealthy gov't issued food

Group 4:
• Restoration of k'e: Presence of violence... towards self (suicide), others
• Lived experience as "normal"... talk together & learn about other ways & Human Rights
• Need improved healthy **food access** within Nation
• **Water access** needed for family farming/veg. production

Group 5:
• Lack of resources
• Finally stepping forward to address the issue on sexual assaults on NN. Stop the cycle of **violence**

Group 13:
• Challenge of attracting qualifying health professionals
• Being seen by mid-level care. Turnover!
• Telling stories again & again & again. Having 3 docs within a year
• Stress on patient to "fit into" schedule. Get people out of poverty. How do we help, when you can only help yourself?
• Alcoholism = Crisis Behavioral health. Funding Cuts! What's the long-term solution?
• We all know someone affected by alcoholism.

Group 17:
• Lack of **education in school/institution, home, community**: alcoholism, sexual violence & rights (human, environmental, etc)
• Need **integrative approach** for education in schools: Avoid blind side effect, include rights in legislation (one way)
• Promote partnerships around efforts in education

Group 19:
• Sustainability: People **turnover** undermines progress, future of COPE? Long-term program?
• Tribes can't afford to hire well educated local graduates

Group 20:
• Teach pts their rights & focus on customer services
• Transportation/access to get health care (medicaid - yes, medicare - no) (appointment w/transportation has to be arranged 3-4 days prior to appt to schedule
• **Wait times** at clinics/pharmacy

Group 21:
• Not enough resources/funding. Poor equipment
• **Retention** of quality providers
• Cultural sensitivity (taboo)

Group 25:
• Violence, abuse, alcohol, stress, **mental illness** & distance

Group 28:
• Traditional knowledge use to rebuild communities
• Seek solution w/use of **Dine knowledge** for Food Justice
• Community involvement & organizing & celebration

Group 30:
• No youth: Administration want to bring youth back (no jobs, housing, schools)
• **Policy changes** to encourage "access" to health, housing

Group 31:
• **Inadequate health systems** & community response to historical & structural violence & loss of traditional values
Group 32:
  • Exploitation of Native Americans for economical gain

Group -:
  • Water rights: Uranium spill ’79 for reaching impact & not sufficient replacement for loss livestock, etc. impact today - births
  • Major problems to transportation
  • Efficient, effective access to health care

Group --:
  • Territory issues & separation/division between HIS & NN. Need to bring all the everyday issue to one table
  • Lack of participation from tribal leaders. They need to see first-hand the problems & work being done
  • Lack of funding, especially for prevention. Sharing (sharing of data)
  • High turnover & not enough time with providers “pushed in and pushed out” - Patient perspective

3. For that leading issue, suggest two ways to address the issue & promote human rights.

Group 1:
  • Listen to grandma, elders
  • **Talk to & educate** children
  • Cultivate leadership
  • Eliminate political parties

Group 2:
  • Unemployment: encourage individual involvement, prioritize education, allow more ease for business

Group 4:
  • K’e

Group 5:
  • Violence goes back to lack of mental & behavioral health
  • Raid: Go after the bootleggers/drug dealers
  • Address the issue: Revisit the NN Fundamental Law on violence

Group 13:
  • Navajo Nation to pitch in to **behavioral health centers**
  • Education about alcoholism
  • Talk! Listen!

Group 17:
  • **Partnering** w/organizations at COPE conference, etc
  • Need to find a root of **partnerships**: non-profits, research groups, agencies, cosmology, focus on k’e
  • Respecting others: self-respect, identity, workshops

Group 19:
  • Tribe, county, state need to be involved; local solutions
  • Representation, consistency of attention to important issues amongst representatives
  • Youth involvement; go youth council!

Group 20:
  • Prevention in the community. Take ownership of your healthcare facility
  • Drive up pharmacy
  • Giving out beepers at pharmacy
  • Empower the people in awareness of their own health
Group 21:
- Education & awareness for health care providers & community
- Know "where you come from": K’è, clans
- Ask Grandma!

Group 25:
- Youth, education, connect to resources, correct to cultural, community involvement &
  respect - k’e

Group 28:
- Campaign to change policies & put pressures on corporation through grass roots efforts
- Community education, **hands on workshop** to relearn, prayers & ceremonies; food is
  medicine celebration (harvest, planting, seed blessings)
- K’e base: Clan mothers involvement

Group 30:
- Resources for law enforcement, support community & abuse
- **Data collection & evaluation of new laws.** Ex: junk food tax. Western framework vs.
  traditional (multi faceted)
- Incorporate narrative. Economic development (local business vs. border towns
- Funding for community based research & change in focus of outcomes
- Leading: Youth & young professional Energy & support. Job development, recruitment,
  social opportunities
- Need for consistent physicians - build trust over time
- Safe housing - less gov’t

Group 31:
- Increasing the voice/promote advocacy via CHRs

Group 32:
- Successful indigenous: Oaxacan community development including model for life,
  focused on their community

Group -:
- Welcome **collaboration** w/external groups, advocacy & awareness outside of Native
  communities
- Better understanding on the power of justice on tribal land vs off - jurisdiction
- Balance traditional healing w/ western medicine
- Develop a plan for **infrastructure development**

Group --:
- Remember we are all one team, our work supports each other
- How can we grow our own doctors? Addresses sustainability & turnover issues. More
  Navajo doctors
- Customer service differences between IHS & 638s involved leadership