

**Written Testimony of Dr. Buu V. Nygren, President of the Navajo Nation Before the House
Committee on Veteran Affairs Hearing on “Rural Access: Is VA Meeting All Veterans
Where They Live?” Scheduled for January 11, 2023**

My name is Dr. Buu Nygren, and I serve as the President of the Navajo Nation. I come before you today to discuss the critical and ongoing issue of access to care and benefits for our Navajo veterans, who have a proud and storied history of military service.

Background

The Navajo People hold a special place in American military history, having made extraordinary and unparalleled contributions. During the harrowing years of World War II, a select group of Navajo patriots, known as the Navajo Code Talkers, were pivotal to securing the Allied victory in the Pacific Theater. Harnessing the complexity and beauty of the Diné language, these heroes crafted an unbreakable code that confounded the Japanese military intelligence.

In the blood-soaked sands of Iwo Jima, Navajo Code Talkers operated with relentless precision, flawlessly transmitting over 800 messages in the span of the first 48 hours of combat. Their efforts were impeccable, their dedication unwavering, and their impact on the war, immeasurable. Astoundingly, the participation of the Navajo people in World War II was not a mere footnote; over one in ten Navajos answered the call to serve—a testament to their indelible spirit and enduring patriotism.

For more than two decades, the Code Talker program was shrouded in secrecy, their vital role in the Allied victory hidden from public accolades. Unbeknownst to many, the threads of Navajo valor continued to be woven through the fabric of American military engagements, from the bitter cold of Korea to the arid landscapes of the Middle East.

The legacy of military service within the Navajo Nation is not just a chapter in history; it is a venerated tradition, a badge of honor that reflects the unyielding courage, resourcefulness, and sacrifice that define the Navajo people.

The commitment of Native Americans to the United States military tapestry is not limited to the Navajo Nation. Native Americans have enlisted to serve at the highest rate of any ethnic group, demonstrating a profound dedication to the country. This tradition of service stretches back to the earliest days of the nation, from the Oneida warriors who fought alongside the Continental Army to the Cherokee and Choctaw Code Talkers of World War I, who used their languages to secure communications.

Remarkably, this level of service was provided at a time when Native Americans were not yet fully recognized as American citizens. Despite this, an estimated 15,000 Native Americans served in World War I, accounting for nearly a quarter of the Native American adult male population of the time. Their valor was undeniable, yet it took until 2008 for the United States to officially acknowledge and honor the contributions of the Native Code Talkers from both World Wars.

In a profound expression of reverence for those who have served, the Navajo Nation took a significant step in 2016. The 23rd Navajo Nation Council, in a unanimous decision, enacted Legislation No. 0006-16, establishing the Navajo Nation Veterans Administration (“NNVA”) as an entity dedicated to the welfare of Navajo veterans. This historic move, spearheaded by President Russell Begaye, was not simply administrative; it was a declaration of the inherent value and dignity of Navajo servicemen and women.

This commitment bore fruit on May 2, 2022, when the NNVA was acknowledged by the United States Department of Veterans Affairs as the first tribal organization to be entrusted with assisting Native American veterans in navigating their benefits. This recognition is not just an administrative success; it is a beacon of respect and acknowledgment for the sacrifices and service of all Native American veterans, who have shown time and again that their bravery and ...who have shown time and again that their bravery and loyalty know no bounds.

The story of the Navajo warriors and Native American servicemen and women is one of unheralded sacrifice, of silent valor that echoes through the generations. It is a narrative that deserves its rightful place in the forefront of our nation's consciousness, a narrative that should be taught to our children as an integral piece of the American tapestry. These warriors, from the deserts of Arizona to the forests of the Northeast, have not only defended the United States but have also enriched its character, strengthened its resolve, and honored the very principles upon which it was founded.

The Navajo Nation, along with the greater Native American community, has exemplified a commitment to service that transcends the call of duty. Their contributions have been etched into the stone of our nation's history, a permanent reminder of the price of freedom and the enduring strength of the human spirit.

As we pay tribute to the Navajo Code Talkers and all Native American veterans, let us not simply remember their deeds as acts of the past. Instead, let them inspire us and guide us towards a future where their dedication to community, country, and valor are the standards to which we all aspire. The legacy of the Navajo Nation's contribution to military service is not just a chapter in history; it is a continuing journey of honor, resilience, and an unwavering commitment to the ideals of liberty and justice for all.

Healthcare

Through programs like pensions for Revolutionary War veterans and institutions like the Naval Asylum (1811) and the Soldiers' Home (1851), America has always sought to reward veterans for their service and sacrifice. From the first consolidation into the Veterans Bureau in 1921 to the Department of Veterans Affairs today, the VA has striven to continue this mission of caring for those who have sacrificed for America. Today, the VA operates over 1,600 healthcare facilities across the nation, and nearly 75% of service-connected American Indian/Alaskan Native (“AI/AN”) veterans utilize VA healthcare.

Despite the rich history of service, Navajo veterans face significant barriers in accessing the care and benefits afforded them through their patriotism and sacrifices. The closest VA medical centers are hundreds of miles away from the Navajo Nation, in Phoenix, Arizona, Albuquerque, New

Mexico, and Salt Lake City, Utah. Distance presents a formidable obstacle, and our veterans are often forced to travel long hours, at great personal expense, across remote areas and countless miles to receive basic services such as routine exams. This burden is compounded by social determinants that disproportionately affect our community, such as high rates of poverty, unemployment, and limited access to transportation, internet, and other necessities.

To put the distance into perspective, a Navajo veteran living in Shiprock, NM, our largest community with over 8,000 residents, would need to drive 214 miles, roughly 4 hours, one-way to reach the closest full-service VA medical center, in Albuquerque, NM. A Navajo veteran living in Kayenta, AZ with over 5,000 residents located in the northwestern part of the Nation, would need to drive 291 miles, roughly 5 hours one-way, to reach the closest full-service VA medical center in Phoenix, AZ. A Navajo veteran living in Montezuma Creek, our northernmost community in Utah would have to drive a staggering 351 miles, roughly 6 hours without breaks to reach the VA Medical Center in Salt Lake City. These are rural roads that can be unpassable in winter.

The distance between AI/AN veterans and centers is a significant factor in their likelihood to delay care, as well as not getting through the phone and not getting timely appointments. Additionally, AI/AN veterans tend to be less likely to get dental care, prescription medications, medical care and glasses than white veterans, despite being more likely to need these services due to the difficulty for them to get full services from the VA. The challenges of not having a full-service VA medical center are exacerbated when veterans need specialty care.

There are only three VA clinics on the Navajo Nation (Chinle, Tuba City, and Kayenta) and their focus is on primary care, laboratories, and less severe mental health issues. Considering that AI/AN veterans who use VA mental health services tend to experience Post Traumatic Stress Disorder (PTSD) at a greater rate than all other veteran groups, the fact that the three VA clinics on the Nation focus on less severe mental health issues is a present concern. Another present concern is that AI/AN veterans are diagnosed with chronic pain and diabetes at a higher rate than any other veteran group, and that AI/AN veteran women are two times more likely to experience pregnancy difficulties due to hypertension or diabetes than white veteran women. None of the clinics can provide specialty care such as cardiology, oncology, or osteology. A veteran should not have to travel several hours each way to see a specialist, especially when those medical conditions may have been the price for their service to the United States.

Furthermore, in addition to the difficulty AI/AN veterans have accessing vital health resources to get treatment for medical conditions that might have stemmed from their time in the military, they also share the same negative social determinants of health that other AI/AN citizens have. For the Navajo, whether they are a veteran or not, the average life expectancy is that of 72.3 years, 4.2 years lower than the average U.S. life expectancy, and Navajo have a 31% higher mortality rate than the U.S. average. The leading cause of death for the Navajo is unintentional injury, and the second one is heart disease.

Another challenge is the cost of travel to the full-service facilities. According to the Department of Veteran Affairs, AI/AN veterans have the lowest personal incomes among veterans of other races/ethnicities. The median income of an AI/AN veteran is \$29,920, over \$10,000 less annually than white veterans. The median income of Navajo veterans is in line with these disproportionate

numbers at \$30,682. Considering that a Navajo veteran would likely need to stay at a hotel given the 8-hour or more roundtrip drive to receive specialized care and the high cost of gas, the commute to VA medical centers has a disproportionate economic effect on Navajo veterans.

The current mileage reimbursement by the VA is \$0.415 per mile approved. The same veteran traveling from Shiprock, NM would travel 428 miles roundtrip and be reimbursed \$177.62. With a current national average gas price of \$3.088 as of January 05, 2023, it would cost a Navajo veteran \$74.11 to fill up a 24-gallon tank, not to mention wear and tear on their vehicle. Given the heavily agricultural economy of the Nation along with the severe winter storms we experience, most Navajo citizens drive larger vehicles which are not fuel efficient. Lower income levels also translate into older vehicles and therefore are even less fuel efficient and subject to more costly/frequent maintenance. The cost of transportation in gas and maintenance can easily exceed the mileage reimbursement.

Telehealth services, while beneficial, are not a cure-all for our veterans. The digital divide is a stark reality for the Navajo Nation, where many veterans lack adequate internet access, or the technology needed to utilize telehealth effectively. This limitation is not just a matter of convenience, but a barrier to essential healthcare, mental health services, and benefits assistance.

According to the FCC, about 23% of households in the Nation do not have access to download/upload internet speeds of at least 25/3 mega-bits per second (mbps). This is the minimum speed a single device needs to have an adequate video call assuming no other devices are connected at the same time. Only 3.54% of households in the Navajo Nation have download/upload speeds of at least 100/200 mbps, which is typical of a single to small household.

The VA's beneficiary travel program is critical, yet it does not fully offset the high costs and logistical challenges associated with long-distance travel to VA facilities. Furthermore, grant and per diem rates for homeless veterans do not reflect the higher costs of living in remote areas, which further disadvantages our veterans in need.

I am respectfully requesting Congress to consider appropriating funds to build a full-service VA medical center on the Navajo Nation. Having this center on the Nation would contribute greatly to providing the quality of care our veterans deserve. It would also have a tremendous and positive economic impact for the Nation. The medical center would not just serve Navajo veterans, but much of rural Arizona, New Mexico, and Utah. The tax dollars generated from gas, food, and other items purchased within the Nation would be contributed to providing more services to our *Diné* people. It would also help keep our limited Navajo tax dollars in the Nation instead of going to our surrounding states.

My recommendation on how to meet veterans where they are and provide competent and quality care breaks down into five parts:

First, Congress should work with the Department of Veterans Affairs to conduct a comprehensive needs analysis, incorporating key factors such as population demographics, healthcare consumption trends, and the incidence of specific health conditions among Navajo veterans. This

data-driven approach will provide an accurate understanding of healthcare needs of Navajo veterans and pave the way for targeted interventions.

Second, we should foster collaboration between Congress, the VA, Navajo Nation leaders, and tribal health authorities. This will be instrumental in gaining a nuanced understanding of the existing healthcare infrastructure, identifying synergistic partnership opportunities, and ensuring the proposed VA medical center aligns with the cultural values and healthcare expectations of Navajo veterans.

Third, we should commit resources for infrastructure development by allocating sufficient funds and resources for constructing and operationalizing the VA medical center. It is imperative to ensure that the center is appropriately staffed with healthcare professionals who are adept at managing the unique healthcare needs of Navajo veterans.

Fourth, we should integrate telehealth services by incorporating and expanding telehealth services to provide remote healthcare access, especially for those veterans residing in distant areas where travel to a VA medical center is difficult. This digital platform can enhance healthcare accessibility while reducing travel-related barriers.

Fifth and finally, we should adopt a culturally competent care model. The healthcare services at the VA medical center should be culturally competent, integrating traditional healing practices and respecting the cultural and linguistic diversity of the Navajo Nation. Such an approach will foster a sense of belonging and trust among Navajo veterans, thereby encouraging them to seek and adhere to necessary healthcare services.

Other Services

Another challenge our Navajo veterans face is inadequate access to information regarding their benefits and entitlements. In 2017, less than half of AI/AN veterans used at least one VA benefit or service.

The Navajo Nation Veterans Administration is proposing the construction of a regional Veterans Administration Center / Veterans Benefits Administration Center, a one-of-a-kind community-based outreach center of sorts, that is available to all veterans but focuses services on Native American veterans. The purpose of this facility is to provide much needed services in a geographical area that are not currently being delivered by the Department of Veterans Affairs.

This facility would serve as a hub for a variety of services that include non-emergency / non-urgent care services typically found outside of a Veteran Affairs Medical Center (“VAMC”), such as physical or occupational therapy, mental health services, vocational training and education, temporary / transitional housing, and transportation services, as well as serving as an administrative facility for Navajo Nation, state, and federal VA staff to administer program services.

The Navajo Nation has already chosen a location for this facility and taken the legal step of “withdrawing” the land so that it is preserved for this facility. It is situated on New Mexico's

Highway 264, less than two miles from the Arizona state line, and adjacent to the Navajo Nation capital in Window Rock, Arizona. It is located adjacent to the future Navajo Code Talkers Museum site. This site has easy access to public roads with heavy traffic, as well as existing power, water, and sewage. It has been determined through surveys that the site is appropriate for the construction of a project of this magnitude. This facility is also consistent with the master plan for this area's development, which will boost the Navajo Nation's economic development efforts. Congress must provide adequate funding for facility construction.

The Navajo Nation also has a very high portion of senior citizen veterans. Over 46% of veterans living on the Nation are aged 65 or older. Many of these veterans need quality nursing home care and are severely underserved. There are no VA recognized nursing homes on the Nation, or within a reasonable commute. Our veterans living in the Utah portion of the Nation again have the longest distance with the closest VA contracted nursing home being 327 miles away from Montezuma Creek. The distance makes it difficult for families to visit their loved ones in their retirement and final years. I respectfully ask Congress to work with both the Navajo Veterans Affairs Administration and the US Department of Veteran Affairs to get our nursing homes VA contracted.

Conclusion

The lack of adequate VA care on the Navajo Nation dishonors the contributions the Navajo people have made to the defense of this country. Our veterans have earned the right to accessible, quality care and benefits through their service and sacrifice.

I urge this Committee and Congress to take decisive action to address these critical issues faced by Navajo veterans. We need increased funding aimed specifically at improving infrastructure and services in rural and highly rural areas, tailored to the unique challenges of these regions. We must bridge the digital divide to ensure telehealth is a viable option for all veterans. It is essential to adjust grant and per diem rates to reflect the true cost of living in remote areas, and to expand the beneficiary travel program to alleviate the significant financial burden on our veterans.

Our Navajo veterans have honored their commitments to our country. It is time that we honor our commitments to them. Thank you for your time and consideration.

Ahéhee' (Thank you).