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### Final Report

Diné Citizens Against Ruining Our Environment

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FINAL REPORT  
MTA Fund Grant 02-013  
Dine' Citizens Against Ruining Our Environment  
April 11, 2004

Grantee: Dine' Citizens Against Ruining Our Environment  
Contact: Lori Goodman and Anna Frazier  
Amount: \$35,000  
Purpose: Eastern Navajo Community Based Health Survey (Preliminary Plans Development)  
Authorized Date: February 25, 2002 – June 25, 2003

***Short Background Information***

The basic need that provoked the idea of doing a comprehensive community based health survey began with several questions that are normally asked by the Navajo people and uranium workers. 1) Is there a relationship between radioactive contamination and the increased health problems facing Navajo people living in the Eastern Navajo Agency? 2) Are these increased health problems due to the fact that they live in close proximity to 166 uranium mines and 5 mills located in this area? 3) Why are the sheep herders dying from cancer much the same as uranium workers – could it be because they drank rain water, ate wild berries and roots, lived off their cornfields, ate mutton and rabbits 30 to 40 years ago? 4) Health officials tell us that cancer is the number three (3) killer of our Navajo people – some of the causes of deaths are not recorded, because our people would rather go to the medicine man for healing. Why is death from cancer on the rise among our Navajo people? 5) We ask why the prevalent kidney disease Ig A nephropthy has not been investigated for possible relationship to radiation contamination. This disease, said to affect only Navajos, has been found in 27% of all biopsies performed on deceased Navajo people.

The questions asked are derived from our experience with and from the history of radiation contamination on the Navajo Nation for the past seven long decades. Uranium mining left an ugly mark in the minds of the Dine' with a death toll in the thousands from cancer without regard for age limit nor gender. Once a thriving economic resource for the healthy young Navajo men, the uranium mines are now open abandoned mines and mill tailings to be avoided by sheep herders. The exposure to radioactive contamination continues as long as the mines and mill tailings are not reclaimed. The Dine' population has increased by two fold since the first uranium mine was opened in early 1930s, but death rate from radiation cancer has also increased in the past three decades, as well as babies born with birth defects.

## ***Part I (Summary of Objectives)***

Dine' CARE's objectives for the health survey project included a culturally appropriate epidemiological investigation of the root causes of the increased health problems among people living near former uranium mines and tailings from those mines. Other objectives included education, community involvement in directing and learning from the research.

- Community education about the increased health problems, about what the root causes of those health problems are and to do a community health study driven by a "bottom-up", community-centered approach were held in Eastern Navajo Agency.
- Five Navajo chapters, Church Rock, Pinedale, Thoreau, Mariano Lake and Smith Lake were selected as the focal point where the surveys would be conducted and community education about the survey was concentrated on the five chapters. The five chapters are located in close proximity to each other with existing uranium mill tailings and several abandoned mines in the area.
- A GIS database would be the source for storage of data derived from the health survey.

## ***Part 2 (Summary of Accomplishments)***

The development of preliminary plans entailed the following. A time line schedule was developed to divide the project into five phases. 1) Strategic planning training with Eastern Navajo Uranium Workers (the working group) and to put the plan together, so that it could be completed within the time period allowed by the funder. 2) The second phase of the objectives was to develop a survey form and consent form with sensitivity to Dine' cultural ways of dealing with health related issues. 3) The third phase was to have introduction to the GIS software and mapping. 4) The final phase was to develop a plan as to how the survey data would be stored into a GIS database.

*The first four months* from March through June, 2002 were spent in meeting with the experts and primary contact people. Dr. Norma Neager, Researcher, Lori Goodman and Anna Frazier, primary contact people, discussed the scope of work, timelines involved and other necessary details of the project. Melton Martinez and Eastern Navajo Uranium Workers (ENUW) Board of Directors (the working group) had training sessions on the preliminary plans – how to strategically put a plan together. Training was also held in development of the budget for the project. Community meetings were held in Eastern Navajo Agency chapters informing them of the health survey and their involvement in the health surveys.

*The second four months* from July through October, 2002 were spent on developing the survey and the consent forms. Due to shortage of funds the ENUW planning group was able to meet once a month to work on the project. A debilitating factor in coming together for a planning session was the long distances each member had to travel. The Navajo reservation is vast with very few paved roads. The ENUW Board members live hundreds of miles apart and it became a big under-taking to bring them together for a meeting. Most of them come from low income families and can not afford to pay for gasoline, etc. In July the working group put their strategic training into use by developing a 12 months working plan for the project. The first draft of the survey form was completed in August; the second draft was completed in September and third was completed in October. The survey form was written in English, but we had to interpret it into the Navajo language. The Navajo language does not have words for medical terms, so we have to describe by making comparisons to what our people know and understand. The working group did not know how to write the Navajo language, but are fluent speakers.

*The third four months* from November through February, 2003 were spent on completing all the forms necessary for the health survey. The health survey form was completed in November, as well as the Consent form for privacy purposes for the survey participants. In December the working group met with Dr. Xavier Morales, GIS expert from Arizona State University. Dr. Morales introduced the GIS data storage to the working group – how the data will look and how to input the Data into the GIS program. In January Dr. Morales did a hands-on presentation on what GIS mapping is about. Dr. Morales used a GIS data base of the land base map he and Melton were able to get from the Navajo Nation Land Administration Office.

*The fourth (final) four months* from March through June, 2003 were spent on monitoring the outcome of the health research and also working with the GIS expert on the training for the Working Group. The GIS training session was held in Albuquerque, NM. The final meeting of the working group was held in June, 2003.

### ***Part 3 (Summary of Problems)***

The original intent of the proposal in January, 2001 was to implement a hands-on health survey into three phases, but due to problems encountered with the Navajo Nation Division of Health, Dine' CARE and Eastern Navajo Uranium Workers had to change their course of action.

Changes to the project goals and adjustments were made partly due to bureaucratic tribal policies. The Navajo Tribal Division of Health and Navajo Health Review Board policies involve a very lengthy review program for research and health survey of this sort to be carried out on Navajo lands. To be included on the agenda of a Navajo Health Review Board meeting requires us to get support resolutions from three Indian Health Service hospitals that serve the Eastern Navajo Agency population (Crownpoint Indian

Health Service, Gallup Indian Medical Center and Window Rock Central Navajo Indian Health Service). We were able to get approval from Crownpoint Indian health Service Hospital and the Gallup Indian Medical Center Health Board.

Our goal had been to get through all the approval process by the end of March, 2003, but bureaucratic red tape in Window Rock delayed us in, however because of the delays and the fact that we had yet to submit a proposal before the Navajo Health Review Board, we had to adjust our plans to allow for an additional year for that process.

We also delayed the start of this health survey for one year in order to re-evaluate where we could have the most impact. Some positive developments may suggest that our modest resources might be better applied as leverage against some very large studies that are now in motion on the Navajo nation. Over \$10 million was released by federal government to address the detrimental health impacts of uranium mining. This was a direct result of the organizing done by community groups (including ours) that joined to bring about the amended Radiation Exposure Compensation Act of 2000. As a result of our impact in the Nation's capitol, Northern Arizona University has received a \$4.5 million grant to study cancer rates in Native Americans, the Navajo Nation also received \$3 million for addressing uranium tailings, and the Utah Navajo Health System has received \$3 million to initiate the Utah Radiation Exposure Screening and Education Program.

We are proud to have been part of the organizing effort which resulted in these outcomes. We are also opting to wait and see how the tribe, governmental and university entities do with their millions of dollars to address this issue. Given our limited resources, we don't want to be duplicating other studies or services. Rather, the best use of our staff and funds seems to be to help direct and ensure that our communities' concerns are addressed. At this juncture, we believe it would be more efficient and economical for us to help ensure that these entities with their millions stay on the right track.

Another area of challenges we encountered were how to overcome the communication breakdown, since the working group members did not have internet service, and some did not have land line telephone. The members lived scattered across the Navajo reservation from Central to Eastern Navajo covering an area of about 150 mile radius. One monthly meeting seemed reasonable and to car pool to the meetings. The location of the meetings were centralized.

The last four months of the project came down to a slow momentum due to lack of funds and also the meetings schedule had to be coordinated with the GIS Experts' schedule. Dr. Xavier Morales works for Arizona State University and could only come to Eastern Navajo when his schedule permitted for the GIS training. At the last training in Albuquerque, NM, on June 28, 2003, Dr. Norma Neager was able to be present to take part in the GIS training.