

PUBLISHED
APRIL 15TH, 2025

NAVAJO RESERVATION DONATION CAMPAIGN REPORT

CONDUCTED
MARCH 9TH - 15TH, 2025





Navajo Reservation Donation Campaign Report

Conducted March 9th-15th, 2025
Published April 15th, 2025 - version 1.1

Introduction

Project Embrace is a Utah-based non-profit dedicated to increasing access to essential medical resources and improving health equity in underserved communities, both locally and abroad. Since 2021, Project Embrace has provided free resources to chapter houses, senior centers, domestic violence shelters, and other community organizations across the Navajo Reservation.

In March of 2025, Project Embrace brought durable medical equipment (walkers, crutches, canes, etc.), personal hygiene kits (tampons, pads, diapers, etc.), and personal protective equipment (masks and gloves) to 15 different community organizations in 10 different towns. These resources allow care workers to better serve their communities when funding and supply chains run short.

The team surveyed employees of the community organizations we visited to assess the state of healthcare accessibility across the Navajo Reservation. This research was primarily focused on collecting data about accessibility to menstrual hygiene products, Alzheimer's/dementia community perception, and assessing the need for vision care.

This report is organized into two sections: donation and research. Donation will detail how the campaign was conducted on an operational level and break down how much equipment was donated and to whom. Research will detail the specifics as to how and why the survey was administered and a collection of the team's findings across all conversations.

Donation Methods

A Project Embrace donation campaign doesn't happen overnight. A trip bringing tens of thousands of dollars worth of medical devices hundreds of miles away starts months before, in this case, almost immediately after our last donation campaign in October of 2024.

We collect used, durable medical equipment and unused, disposable medical equipment from dozens of community organizations and hundreds of individuals around the Salt Lake City area. We give our donors the opportunity to rid their space of surplus devices that would have otherwise gone to waste.

Then, we invite volunteers to a community building event to help us process our inventory of medical equipment. These come in the form of restoration days and packaging days. Restoration days are outdoor events where durable equipment is washed, sanitized, and refurbished; packaging days are where disposable equipment is packaged into standardized kits made to last a specific period of time.

Collections and volunteer events maintain Project Embrace's inventory. Equipment consistently flows out into the hands of Salt Lake City's unhoused, veteran, and refugee populations at a rate slightly slower than the rate that devices are collected and processed. This surplus builds up over three to four months, at which point a Navajo donation campaign is planned. This prioritization strategy helps us efficiently and effectively provision equipment to the people who have great need, while keeping transportation costs within reason. The cost of provisioning equipment locally is marginal, meaning that the dollars we spend result in high impact. Provisioning equipment to people on the Navajo Reservation is highly necessary, but complicated, meaning we need to make every dollar count while we are out there.



This campaign, our goal was to hit as many different communities as possible, both to maintain past relationships with community organizations and to build new ones. In the past, we've conducted our campaigns by starting in Central reservation (Chinle) and heading east, and out. This time, we started the campaign in the West (Tuba City), moving through Central and Eastern reservation throughout the week. This has led to us building a more complete network of contacts across the reservation, helping us better understand where people who need our help are.

In the weeks leading up to the campaign, all community organizations we are targeting are contacted and asked to provide a wish list of equipment that would help them better serve their community. After figuring out which organizations need what devices, we partition out resources to most fairly fulfill requests given a limited inventory. Once all the resources we intend to bring out have been categorized, they are loaded up onto a moving truck, and the team drives out to our first drop-off location.

Seven team members in one truck and two cars left Salt Lake City on March 9th, 2025 and returned on March 15th, 2025 having helped nearly 2,000 people all across the Navajo Reservation. See figure 1.

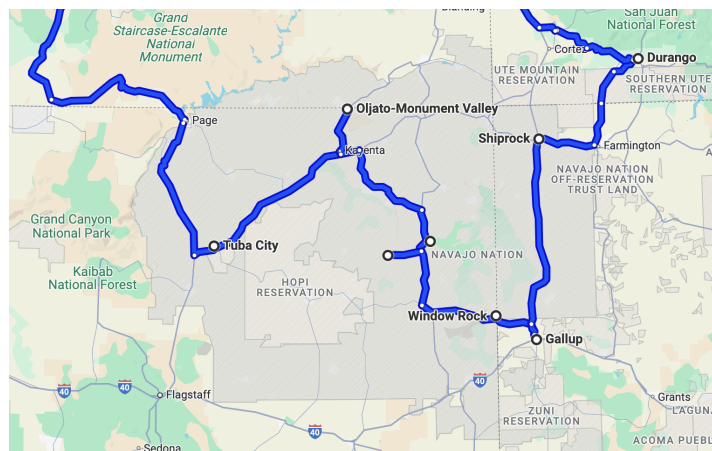


fig. 1 - route taken by the Project Embrace Team



Donation Results

Community Partners

Project Embrace brought medical equipment to 15 different community organizations across the Navajo Reservation. Organizations we started a relationship with this campaign have been **bolded**.

- Assist! To Independence — *Tuba City, AZ*
- **Tonalea Senior Center** — *Tonalea, AZ*
- **Tonalea Chapter House** — *Tonalea, AZ*
- **Tohdenasshai Shelter Home** — *Kayenta, AZ*
- **Oljato Senior Center** — *Oljato–Monument Valley, UT*
- Many Farms Senior Citizens — *Many Farms, AZ*
- Navajo Agency on Adult Aging — *Chinle, AZ*
- AMA Doo Atchini Bighan, Inc. — *Chinle, AZ*
- Our Lady of Fatima Catholic Church — *Chinle, AZ*
- Cottonwood Senior Center — *Chinle, AZ*
- **Ganado Senior & Veterans Center** — *Ganado, AZ*
- Navajo Nation Veterans Administration — *Window Rock, AZ*
- **San Felipe Pueblo** — *San Felipe Pueblo, NM**
- **Ohkay Owingeh Pueblo** — *Ohkay Owingeh, NM**
- Shiprock Senior Center — *Shiprock, NM*

**Delivered in Gallup, NM*

Metrics

Across 15 community partners, **482** pieces of durable medical equipment, **1,139.6*** personal hygiene kits, and **307** personal protective equipment kits were delivered for a total of **1,926.6** medical devices.

Durable medical devices include walkers, canes, slings, braces, and orthopedic boots. Personal hygiene kits include period products such as tampons, pads, and cups and incontinence products such as diapers, briefs, and bed liners. Personal protective equipment includes masks and gloves.

**Hygiene kits are standardized into units for personal use. Incontinence hygiene kits are partitioned into 1 week of personal usage, menstrual hygiene kits are partitioned into 1 month of personal usage, and personal protection kits are partitioned into 100 individual products. An incomplete kit explains the decimal.*



Research Methods & Results

In addition to delivering medical supplies to community organizations across the Navajo Reservation, our team meets many healthcare professionals, community leaders, and patients along the way. These people possess valuable insight about healthcare accessibility, life on the Navajo Reservation, and how we can improve upon the work we do. That means, whenever we drop off supplies, we include time to catch up with the friends we've made, and to make new ones. It's important to build dependable, consistent relationships in the communities we provide for, because with their trust, we keep being invited back to help even more people.

We have many different conversations about all sorts of topics with our friends on the Navajo Reservation, but we always come prepared with formalized surveys to collect data that helps us with future projects. This time, we conducted three surveys that can be seen below: menstrual health, Alzheimer's/dementia, and ophthalmology (eye care). Below each question are some generalized findings and anecdotal data in *italics*.

Questionnaire A: Menstrual Health Availability & Access

1. Are there times when it is difficult to access menstrual products?

a. If so, what are the main challenges?

Respondents consistently reported that the largest issue was affordability - most members in the community who menstruate are not able to afford to regularly purchase menstrual products. Some more remote areas (such as Tonalea) do not have grocery stores nearby that can regularly carry menstrual products. In those cases, people must make a monthly drive to either Flagstaff or Page (up to 40 miles away) to find menstrual products - which may not always be an option depending on vehicle availability, weather, and road quality.

2. What menstrual products are available to you and in your community?

Tampons and pads are the most readily available menstrual products. We did not hear of any others being available in the community.

3. How do you typically obtain menstrual products each month? (e.g., purchase, make at home, receive from an NGO)



People most often purchase it from the store but as mentioned previously, in-store availability is not reliable (particularly in especially remote areas).

4. What menstrual products are preferred by the community? (SUPs: tampons, pads, and liners)

Tampons and pads are the most widely available. We did not hear of any other products being used in the community.

5. Are reusable menstrual products common? (e.g., cloth pads, menstrual cups)?

They are not common. Many homes do not have running water or electricity, so sanitization of these products is not possible for many people in the community.

6. How do people in the community feel about reusable menstrual products?

- a. Why do people feel that way?

There is a lack of awareness about the existence of reusable menstrual products. We had to explain what they were to each and every single interviewee since they did not know what reusable menstrual products entailed. Upon explanation, they all expressed that no one in the community uses reusable products.

7. In public spaces, how do people dispose of menstrual products?

In most interviews, disposal in a public trash can was expressed as common and easy. Only in Assist! To Independence's interview did we hear that some people stash used menstrual products behind bathroom stalls but the reason was unclear.

8. Are there challenges in disposing of menstrual products safely and discreetly?

As far as the community workers we surveyed were aware, there are no challenges in disposing of menstrual products safely and discreetly.

9. Are there any cultural beliefs or practices related to menstrual product disposal, or just menstruation in general?

Menstruation is a very taboo subject and is not discussed openly. This makes requesting resources (or indeed, even performing needs assessments to see who needs these resources) very difficult. In Navajo culture, a menstruating person is considered sacred and should not be touched by other people. Additionally, there is an 8-day cultural ceremony when a girl turns 10 that prepares her for womanhood in the community. Many women's shelters and chapter houses are a part of that ceremony as a function of menstrual education outreach.

10. Tell us about what menstrual health education is like in the community

Due to it being such a taboo topic, menstrual health education does not exist much outside of the family and the primary school system.

11. Where did people first learn about menstruation? (e.g., school, family, friends, internet)

Many people first learn about menstruation through their family members. The next most common place is in primary school. All survey respondents mentioned the menstrual education outreach that Indian

Health Services participates in through the hospital and education systems as well as some home visits.

Questionnaire B: Alzheimer's/Dementia Community Perception

1. How does dementia affect the lives of people that have it here?

Dementia makes it difficult for community members to leave the house. Many of the community organizations we work with provide Meals on Wheels to homebound patients, many of whom have dementia. The fortunate ones can have a family member reside with them but that's not the case with a majority of homebound people with dementia.

2. How familiar are people in the community with Alzheimer's disease and dementia?

Because dementia is so widespread, people in the community are very familiar with its existence. However, not many people know exactly what it is, leading to cultural stigmas. There's a general cultural discomfort to discuss it openly as it is much easier to simply "avoid the crazy old lady down the street." We kept hearing stories of people taking care of their elderly parents when suddenly the parents can't remember their child's name any longer.

3. Are there local healthcare resources available for diagnosing Alzheimer's or dementia?

There is a massive need for education about what dementia is and the forms it can take. Overwhelmingly, we heard that caretakers and other community members have a desire to learn about how to better care for dementia patients. Despite the Department of Public Health providing weekly 1-hour dementia trainings, there is still a general lack of dementia awareness in the community. Many people in the community feel discouraged from going to the hospital because hospitals do not have the staffing or resources to provide much other than basic, surface-level diagnoses. For anything beyond a diagnosis, people must be referred to another facility - at which point, issues such as transportation accessibility come up.

4. Is there anything that makes it hard for people to get a diagnosis?

There were no expressed difficulties with people in the community to get a diagnosis.

5. Where can we best reach people in your community to provide information and support?

People in the community generally congregate at chapter houses, senior centers, and other public events. We kept hearing that successful community events had free food/merchandise to give people.

Questionnaire C: Ophthalmology Understanding the Need for Eye Care

1. How often do you see people in your community struggling with eye problems?



Respondents consistently reported seeing deteriorating vision in over half of elderly people, with some reporting numbers as high as 80%.

2. What do people typically do when they need eye care or glasses?

Many elders are in denial about their eye issues. Because of this, many of them will avoid participating in activities they enjoy like sewing or reading. When they seek out help for their eyes, there are few ophthalmologists available, and glasses are expensive.

3. Are there any local eye care services available to you? If not, where do people go for help?

A free program provides seniors on the reservation eyeglasses, but they are flimsy and cannot be replaced after being broken or misplaced. Non-seniors are prevented from accessing this service. Senior centers have access to discretionary funding that can be used for vision aids, but this funding is limited, and is usually prioritized for dentures and hearing aids first.

4. Have there ever been eye health screening events in your community?

- a. What worked well and what didn't work well?

There have been no eye camps/vision screenings in recent memory.

5. Would people in the community participate in eye health workshops or vision care events if they were available?

- a. What would get people to participate?

Eye health workshops and vision screenings are a very popular idea. Events with free things are very popular.

6. What challenges do you think prevent people from getting eye care?

Cost of screenings and eyeglasses are too high for most people struggling with eye issues. Distance from and a lack of ophthalmologists also prevent people from getting diagnoses and prescriptions.

7. How prevalent are conditions like diabetes, high blood pressure, and obesity in your community? (These impact eye health.)

Extremely prevalent in all communities. The high number of eye problems correlate heavily with these conditions.

Research Discussion

The Navajo Reservation is codified as a “domestic, dependent nation” by the treaty and court cases that define it. This means that the Navajo people living on this piece of land roughly the size of Ireland are able to self-govern and create their own laws, but rely on the U.S. federal government to hold the land in *trust*, which includes being responsible for the education of Navajo children and to provide the Navajo people

access to healthcare resources. Over 150 years since that treaty was signed, healthcare on the Navajo Reservation is dramatically less accessible than it is in the rest of the United States. The people living on the Navajo Reservation face an underresourced and underfunded healthcare system whenever they get hurt, or sick, or old.

This problem is only exacerbated by a long, complicated history of systemic financial barriers and bureaucratic sinkholes. Communities on the Navajo Reservation have been left with a struggling economy. Housing developments, opportunities for gainful employment, and fresh produce supply chains are all few and far between. Some, but not all, people have running water, electricity, or internet access in their homes. Transportation is a necessity, but not everyone can drive or has a car; 4-wheel drive is essential during the muddy season. Children, parents, grandparents, often all live under the same roof; Generational wealth is nearly non-existent. Many young people seek to break the cycle of poverty, leaving the Navajo Reservation to pursue opportunities elsewhere in the United States, leaving their parents and grandparents behind. Many of them are getting too old to live independently.

All these factors exacerbate health issues. For example, the food desert makes it difficult for people to eat healthily, which results in high rates of diabetes and obesity. Diabetes and obesity lead to eye problems, and all of these conditions make it difficult to work. All of these conditions are expensive, which pushes people to work more, which leads to even worse outcomes. The vicious cycles of economic disparity and health complications overlap and tangle with each other, trapping people in a fight for financial survival while not being able to access the care they need to be healthy.

We've met so many people putting up one hell of a fight, though. Despite everything working against these communities, people still manage to take care of each other. Because of the tireless efforts of healthcare workers and civil servants who work day-in, day-out for the



benefit of their community, people do receive care when they get hurt, or sick, or old. People without insurance, people living with disabilities, and people getting too old to live by themselves all have community resources they can call upon when they need help. It's not always enough; care providers don't always have the tools they need to deliver the optimal care, but the systems of care in place do provide, and each and every one of the people we've met on our trips are marvelous people making enormous impact in the lives of the people around them.

The research we conduct paints only a surface-level picture of a community that's never caught a break. It hurts us to see just how much people have been hurt by circumstances far beyond their control. But, however sad or mad we could get about the situation is only valuable insofar as its ability to inspire us towards action. Unfortunately, we can't solve all, most, or even one of the systemic issues people face on the Navajo Reservation, even though that's the future we're fighting for. What we can do is give community care organizations on the Navajo Reservation all the tools they need to succeed.

Until we get to the point where we can get safe and accessible healthcare to every person that needs it, we can do our best to make sure that the senior centers are stocked with walkers and wheelchairs, and that the domestic violence shelters are stocked with tampons and diapers. We deliver medical supplies because it provides help that is necessary. We collect this research so that we can bring more medical supplies next time around.

Conclusion

The Navajo Reservation is only 250 miles away from Salt Lake City, yet is more economically similar to a developing country than to any state in the Union. At Project Embrace, we believe we have a responsibility to help all people in crisis around the globe, regardless of borders. But we exist in a unique situation ripe with opportunity to help



our regional neighbors to the south. We live in a place where there is an ample surplus of medical supplies a half-day's drive away from a place where there is a detrimental shortage of medical supplies.

And because of that fact, we've been getting as many medical devices into the hands of people in need as we can muster. Year after year, we outdo ourselves again and again. We continue to gain more support from our community to help people in need, and this is only the beginning. Every story we tell, every dollar we spend, every device we donate works towards bringing us a little closer to a world where everyone has access to the care they need.

This report is one part of an ongoing project. We will keep learning about the resources this community needs to best take care of itself, and we will keep publishing what we find. We hope that this information will be able to spark discussions and mobilize people towards helping with resources they have. Medical devices are only the start towards meeting the needs of the people who deserve it.

