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# DEPARTMENT OF VETERANS AFFAIRS ADVISORY COMMITTEE ON TRIBAL AND INDIAN AFFAIRS MEETING #1

January 25–27, 2022

The Department of Veterans Affairs (VA) Advisory Committee on Tribal and Indian Affairs (the committee) convened for its first-ever meeting on January 25–27, 2022. The meeting spanned approximately 4 hours each day and was held virtually via Zoom. In accordance with the provisions of Public Law 92-463, the meeting was open to the public for the entirety of each session on the first two days. On the third day, the meeting remained open to the public until approximately 3:45 p.m. Eastern. At that time, the committee engaged in a 1-hour discussion that was closed to the public and focused on recommendations and subcommittee formation.

## Committee Members in Attendance

The table below lists the committee members and indicates which days each member attended.

Member	Area Represented	Day 1	Day 2	Day 3
<b>Chairman Jack Austin, Jr.</b>	Oklahoma	✓	✓	✓
<b>Adam Archuleta</b>	Albuquerque	✓	✓	✓
<b>Manaja Hill</b>	Great Plains	✓		
<b>Reyn Kaupiko</b>	Native Hawaiian Organization	✓	✓	✓
<b>Nickolaus Lewis</b>	Portland	✓		
<b>Admiral Kevin Meeks</b>	Oklahoma	✓	✓	✓
<b>Galyn Minkel</b>	Bemidji	✓	✓	✓
<b>Angela Pratt</b>	Nashville	✓	✓	✓
<b>Chief Bill Smith</b>	Alaska	✓	✓	✓
<b>Geno Talas</b>	Phoenix			✓
<b>Ted Tenorio</b>	California	✓	✓	✓
<b>Sonya Tetnowski</b>	Urban Indian Health Organization	✓	✓	✓
<b>Fred Urbina</b>	Tucson	✓	✓	✓
<b>James Zwierlein</b>	Navajo	✓	✓	✓

Table 1. Committee Member Attendance

## Day 1

Tuesday, January 25, 2022

### Opening Remarks

Clay Ward, the committee's designated federal officer (DFO), welcomed attendees to the meeting. He noted that the VA Advisory Committee on Tribal and Indian Affairs is a statutory committee mandated under the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020. The committee operates in accordance with the Federal Advisory Committee Act (FACA), meaning all portions of the meeting, except for committee deliberations on its structure and recommendations, must be open to the public. Mr. Ward called the meeting to order and conducted roll call.

Chairman Jack Austin, Jr., stated in his opening remarks that this committee presents an opportunity to elevate the voices of tribes and American Indian/Alaska Native (AI/AN) Veterans. He described the meeting objectives, which were to discuss the committee's goals with VA leadership, increase committee members' understanding of VA's three divisions, and develop recommendations for the VA Secretary.

Kayla Williams, Assistant Secretary, Office of Public and Intergovernmental Affairs, provided opening comments in which she acknowledged the challenges facing rural and AI/AN Veterans. She highlighted committee members' diverse expertise and affirmed that the committee will have an influential role in VA's tribal consultation efforts.

Raphael Chavez-Fernandez, Deputy Assistant Secretary for Intergovernmental Affairs, Office of Public and Intergovernmental Affairs, thanked the committee members for their efforts to promote equity, build intercultural understanding, and represent the interests of AI/AN Veterans. He observed that the committee brings an unprecedented collective voice to the process of shaping how VA provides the services and benefits that Veterans have earned.

Next, Mr. Ward reviewed the agenda for Day 1 of the meeting.

Stephanie Birdwell, Director of the Office of Tribal Government Relations (OTGR), provided a brief overview of OTGR's establishment. She said the office was established in 2011 in response to a 2009 presidential directive for all federal agencies that had yet to establish a tribal consultation policy and an office dedicated to implementing that policy. The VA tribal consultation was implemented in 2012.

### Remarks from VA Secretary Denis McDonough

The Honorable Denis McDonough, Secretary of Veterans Affairs, thanked committee members for their contributions. He stated that the committee's work will be central to helping VA develop more innovative ways to serve AI/AN Veterans and their families, survivors, and caregivers. Secretary McDonough emphasized the importance of partnership and preservation of VA's strong relationships in Indian Country, saying that VA will never make decisions about AI/AN communities without their input. He acknowledged that at times, the United States has broken its promise to Veterans, and he voiced his commitment to ensuring VA upholds that promise moving forward. He also noted that the committee will play a key role in fulfilling VA's commitment to AI/AN Veterans who have served and sacrificed for their country. Notably, the committee will help VA understand the challenges that AI/AN Veterans face and propose solutions to those challenges.

Secretary McDonough reviewed several new approaches VA is taking to ensure effective delivery of services and benefits to AI/AN Veterans, as follows.

- Establishment of a new office (the VA Office of Tribal Health) dedicated to coordinating issues regarding AI/AN Veterans' health, which is slated to launch in March 2022
- Creation of an expansion project (T-REP) to ensure AI/AN Veterans have access to representation by an accredited Veterans Service Officer (VSO)
- Support for tribes during the COVID-19 pandemic (through VA's 4th Mission), including vaccination efforts and telehealth services
- Establishment of the VA Advisory Committee on Tribal and Indian Affairs

Secretary McDonough asked the committee to consider how VA can improve its partnership with the Indian Health Service (IHS) and enhance care coordination with IHS, tribal health programs (THPs), and urban Indian health organization (UIHO) facilities.

He described VA's vision for the future, which is based on the following four principles.

- **Advocacy:** VA will serve as the leading advocate for Veterans and their families, survivors, and caregivers.
- **Access:** VA will provide timely access to resources, world-class health care, benefits, and a final resting place that offers tribute to military service.
- **Outcomes:** Everything VA does will be driven by an aim to improve Veterans' outcomes.
- **Excellence:** VA will pursue excellence in all work by leveraging diversity.

Secretary McDonough observed that AI/AN Veterans have fought and sacrificed for their country even when the nation failed to acknowledge their rights and needs. He voiced a commitment to improving services and outcomes for the 140,000 AI/AN Veterans and 24,000 AI/AN people on active duty.

Following Secretary McDonough's remarks, the committee members introduced themselves to him.

#### Advisory Committee Management Office Briefing

Jeffrey Moragne, Director of the Advisory Committee Management Office, reviewed the following best practices for ensuring the committee's success. He said committees that follow these guidelines have achieved a 90% enactment rate for their written recommendations.

- Maintain a comprehensive calendar and aim to schedule meetings 18 months in advance.
- Become familiar with the committee charter and the VA Committee Member Handbook.
- Form subcommittees.
- Dedicate time during meetings to discuss information provided through briefings.
- Collaborate with other VA committees.
- Apply the SMART template when drafting recommendations.
- Use the VA library services for research.
- Involve subject matter experts in meetings.
- Conduct annual field visits (virtually if needed).

#### Office of Tribal Government Relations Briefing

Ms. Birdwell introduced OTGR staff, who include Mr. Ward and the following tribal government relations specialists:

- Terry Bentley, Western Region
- Homana Pawiki, Southwest Region
- Mary Culley, Southern Plains and Southeastern Regions
- Peter Vicaire, Central and Northeast Regions

OTGR's three primary goals are to:

- Facilitate the VA tribal consultation policy and support government-to-government engagement with tribes

- Promote increased access to health care and benefits for Veterans living in Indian Country and AI/AN Veterans residing in urban areas
- Foster economic sustainability for Veterans living in Indian Country and AI/AN Veterans residing in urban areas

Ms. Birdwell reviewed the following updates on legislation pertaining to AI/AN Veterans.

- VA is working to include reimbursement for purchased/referred care (PRC) in its reimbursement agreements with THP and IHS facilities. To date, VA has reimbursement agreements in place with 116 THPs and with all 74 IHS service sites for direct care provided to eligible AI/AN Veterans. Tribal consultation on incorporating PRC into these agreements will commence soon.
- Legislation was recently enacted prohibiting the collection of co-pays from AI/AN Veterans receiving health care services from VA. Currently, VA is determining how to identify who is eligible for waived co-pays.
- Tribes are now eligible to compete for the State Veterans Home Construction Grant Program, which funds the establishment and operation of Veterans' homes.
- VA expanded the Tribal U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program to extend three existing tribal programs and add two new tribal programs. VA awarded \$3.3 million in renewals for participating tribal programs.
- Recent legislation added urban Indian health providers (UIHPs) to the VA reimbursement agreement program. VA is preparing to partner with these programs to enter into reimbursement agreements.

In 2021, OTGR conducted tribal consultation on the following issues:

- Review of the VA tribal consultation policy in response to the Presidential Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships
- Updates to the Veterans Health Administration (VHA)-IHS Memorandum of Understanding (MOU)
- Co-pay waivers for AI/AN Veterans
- Tribal participation in the State Veterans Home Construction Grant Program
- VHA pharmacy reimbursement rates for IHS and THP facilities

In 2022, OTGR anticipates conducting tribal consultations regarding:

- Revisions to the VA tribal consultation policy
- The proposed T-REP project
- Establishment of the VHA Office of Tribal Health
- Updates to the VHA/IHS/THP reimbursement agreement template
- Addition of PRC to the reimbursement agreement program

Ms. Birdwell stated that OTGR plans to formally incorporate the committee into the VA tribal consultation plan and seek the committee's input on how to do so.

Chief Bill Smith emphasized that tribal consultation is a critical aspect of the federal trust responsibility to tribes, noting that holding a hearing does not fulfill VA's tribal consultation requirement. In Alaska, VA conducted tribal consultation regarding its tribal consultation policy as part of a joint session with

several other federal agencies. Further, tribes did not receive sufficient notice of the session. He requested that VA schedule another tribal consultation on this topic to allow for greater input and notify tribes at least 30 days prior. Manaja Hill concurred, noting that his tribe's council submitted a motion for IHS and VA to hold a consultation on tribal lands but never received a response.

Ms. Birdwell responded that OTGR will schedule an additional tribal consultation on this topic. She explained that OTGR notifies tribes by publishing a Federal Register notice, emailing and/or mailing a Dear Tribal Leader Letter, and sharing the information with OTGR's contact list, which includes IHS, the National Congress of American Indians, and the National Indian Health Board. She welcomed input on additional sources for notifying tribes of upcoming tribal consultations. Chief Smith recommended sharing the information with the Alaska Native Health Board.

Reyn Kaupiko asked about the degree to which AI/AN communities are using the programs described and whether those initiatives are sufficiently funded. Ms. Birdwell said that since 2013, VA has reimbursed \$150 million to IHS and participating THPs under the reimbursement agreement program. More than 10,000 Veterans have received care under the program. In some instances, tribes that have reimbursement agreements in place do not bill VA, likely because they are primarily relying on PRC instead of providing direct care. For the State Veterans Home Construction Grant Program, travel distance can pose a challenge to access, but including tribes in this program will help overcome this obstacle. The Tribal HUD-VASH Program, which provides vouchers to obtain housing for Veterans who are homeless or at risk of homelessness, became available in Indian Country 5 years ago. Currently, 31 tribes use this program. These participants report success in stabilizing Veterans in terms of housing. To further expand and promote the success of these programs, VA will need to continue outreach to Veterans to ensure they are aware of the programs available to them.

Chief Smith added that Veteran-to-Veteran dialogue is essential for raising awareness about VA programming and services. Mr. Hill identified the need for Tribal HUD-VASH to include an avenue for individuals who have homes to rent to receive the vouchers in addition to the tribal housing authority.

Sonya Tetnowski referenced the requirement for Veterans who are referred to VA by a THP or UIHP facility to undergo an additional evaluation by VA to receive specialty care. She said this duplicative process is a significant barrier for the referring providers.

### **Veterans Benefits Administration Briefing**

Kaitlin Richards, Assistant Director, Veterans Benefits Administration (VBA) Office of Policy and Oversight, provided an overview of VBA, which distributes benefits through nine offices. These offices pertain to education, insurance, home loans, compensation services, transition and economic development services, medical disability examination, Veteran readiness and employment services, pension and fiduciary services, home loan guaranty, and administrative review.

VBA has four district offices located in the Northeast, Southeast, Continental, and Pacific regions. These district offices oversee the 56 regional offices that process claims and benefits, as well as the other entities that process claims and benefits, such as regional loan processing centers and a records management center.

### **National Cemetery Administration Briefing**

Matthew Quinn, Undersecretary, Memorial Services, presented an overview of the National Cemetery Administration (NCA). The purpose of NCA is to ensure that Veterans have a final resting place that serves as a lasting tribute to their service. In total, there are 155 national cemeteries under the purview of NCA.

Additionally, NCA has provided grant funds to stand up 119 state and tribally operated cemeteries. Of those cemeteries, 13 are tribally run. An additional tribal cemetery is currently under construction in Alaska. NCA has provided more than \$959 million in funds for tribal and state grant cemeteries. Importantly, these grant cemeteries are designed and operated so that in the eyes of Veterans and their loved ones, they are indistinguishable from national cemeteries. NCA also offers a [Veterans Legacy Memorial](#), which provides an interactive memorial webpage for each Veteran resting in national cemeteries. Recently, the program added 500,000 Veterans from tribal and state grant cemeteries.

In FY 2021, there were 44,000 interments in national and tribal or state grant cemeteries. Those eligible for interment in a national cemetery or a tribal or state grant cemetery include service members who die on active duty or after discharge under conditions other than dishonorable, as well as spouses and children of these Veterans. Pre-need eligibility determination is recommended to avoid the stress of eligibility determination during the time of need.

A goal of NCA is to provide burial within 75 miles of where the Veteran lived for 95% of Veterans. Currently, NCA is meeting this metric for 93.99% of Veterans. Ensuring this proximity is a challenge in rural areas, but NCA will continue to expand this access through partnerships.

Mr. Hill said tribal grant cemeteries need funding to operate and maintain their facilities after the initial building costs. He also highlighted challenges associated with the requirement that Veterans who received other than honorable discharge have served at least 2 years to be interred in a national cemetery or tribal and state funded cemeteries.

Admiral Kevin Meeks recommended that NCA provide a casket for burying Veterans who pass away and have no family or remain unclaimed by their family. He recalled an instance of a Veteran who had no family members being buried in a cardboard box. Mr. Quinn responded that while NCA cannot provide caskets directly, they can reimburse funeral directors or family members for the cost of a casket. He said NCA is exploring other ways to ensure this does not happen again.

### **Center for Minority Veterans Briefing**

James Albino, Center for Minority Veterans (CMV) Director, stated that Congress established CMV in 1994 to advocate for the rights and benefits of minority Veterans. Dennis May, CMV Deputy Director, explained that CMV educates Veterans and their families, survivors, and caregivers regarding VA programs, benefits, and services. CMV advocates for minority Veterans to help them overcome barriers to accessing VA services and provides culturally relevant information and programming.

There are 5 million minority Veterans, accounting for 24% of the Veteran population. That percentage is projected to increase to 36% by 2043. Approximately 34% of women Veterans are minority Veterans.

Over the past 6 years, CMV has connected with more than 3 million Veterans, including non-minority Veterans. Approaches to serving minority Veterans include holding virtual events for Veterans, operating a crisis line, engaging in briefings with other VA offices to raise their awareness on issues

affecting minority Veterans, and employing Minority Veterans Program coordinators at every VA medical center, regional office, and national cemetery. These coordinators engage in local outreach and serve as internal advocates at their respective facilities.

CMV has an advisory committee that conducts site visits and prepares biannual reports to the VA Secretary on ways to improve the delivery of services to minority Veterans.

Mr. Hill observed that to offer an accurate picture of rural AI/AN Veterans' experiences, site visits must include visits to rural reservations where there may not be an airport or a VA medical center (VAMC).

### Veterans Health Administration Briefing

RimaAnn Nelson, Assistant Undersecretary for Health for Operations, and Tammy Czarnecki, Deputy Assistant Undersecretary for Health for Operations, delivered the VHA briefing.

VHA is the largest integrated health care system in the country, providing health care to more than 9 million Veterans each year at 1,239 facilities, including 171 medical centers and 1,112 VHA outpatient clinics. Specialty care is available in some outpatient centers, and all outpatient centers offer primary care and mental health services. Additionally, VHA operates Mobile Vets Centers, which provide mental health services and offer care to Veterans' family members.

Since 2003, VHA has partnered with IHS under an MOU. The MOU provides a framework for the VHA-IHS reimbursement agreement program, through which VA reimburses IHS for direct care provided to eligible Veterans. The four mutual goals of the VHA-IHS MOU pertain to:

- **Access:** Increase access and improve quality of care and services for AI/AN Veterans
- **Patients:** Ensure enrollment and seamless navigation for AI/AN Veterans in VHA and IHS
- **Information Technology:** Facilitate integration of VHA/IHS health information technology systems
- **Resource Sharing:** Improve access through resource sharing

VHA has a large telehealth network that spans the country, including many Alaska villages, and has conducted 88,400 telehealth encounters with 17,400 AI/AN Veterans. Additionally, VHA engages with Tribal HUD-VASH to provide housing-related services. During the pandemic, these services have included food and personal protective equipment delivery. As the operational hub for pandemic response, VHA also led VA's vaccination efforts and provided equipment and facility space during the pandemic.

Mr. Hill shared that all participants in and an employee of his tribe's compensated work therapy program contracted COVID-19. He asked VA how to proceed, since VA is responsible for the medical aspect of this program, but received no response. He stated that VA must have protocols in place for responding to this type of situation. He also noted that VA eliminated the sheltered workshops without tribal input. Previously, this program provided significant positive effects for his tribe's Veterans.

### Day 1 Review and Wrap-Up

Chairman Austin called for committee input on issues they should cover during their discussion session on Day 3. Ted Tenorio highlighted a high number of complaints from California Veterans regarding the VA MISSION Act. Many Veterans report receiving large medical bills after accessing clinics near their homes. They are often unaware that they need VA clearance to visit these facilities for VA to pay the resulting bills. Mr. Tenorio highlighted a need to engage in further outreach so that Veterans know how



to approach these situations. Ms. Birdwell recommended conducting outreach to providers to encourage them to become part of the VA network as an additional avenue for resolving this issue.

Chairman Austin thanked the committee members for their participation and adjourned the meeting for the day.

## Day 2

Wednesday, January 26, 2022

### Opening Remarks

Mr. Ward welcomed attendees to the second day of the meeting and conducted roll call.

Chairman Austin welcomed meeting participants, and Stanley Miller, Chaplain for the Yakama Warriors Association, provided the opening blessing.

### Office of Rural Health Briefing

Dr. Thomas Klobucar, Executive Director for Office of Rural Health (ORH), presented an overview of ORH programming. He described the most significant rural health care challenges as social determinants of health, such as housing, education, employment, and transportation; provider shortages; barriers stemming from geographic isolation; and limited broadband coverage.

ORH aims to improve the health and wellbeing of rural Veterans. By legislative mandate, ORH is charged with conducting research, creating innovative programs to address access to care, and disseminating those practices. ORH oversees five Veterans Rural Health Resource Centers, which lead research efforts on disparities among rural Veterans and develop products in response.

Currently, ORH is piloting several programs designed to improve access to care for rural AI/AN Veterans. This programming includes virtual mental health care services, suicide prevention through tribal-VA partnerships, and a toolkit for providers on rural Veterans' issues. Additionally, ORH is currently engaged in research to better understand differences between rural and urban Veterans' experiences through interviews.

The VHA-IHS MOU drives the relationship between the two agencies. First signed in 2003, the MOU was revised in 2010 and 2021 to reflect the evolving health care and health information technology landscape. The MOU acknowledges that its implementation may require development of additional agreements, including the reimbursement agreements currently in place with IHS and THPs, as well as the VA Mail Order Pharmacy agreement and local agreements between VAMCs and IHS and THP facilities. Examples of MOU successes include the following.

- Provided \$149 million in reimbursements to IHS and THPs for care to nearly 14,000 AI/AN Veterans
- Processed nearly 6.8 million VA Mail Order Pharmacy prescriptions
- Served 26 tribal communities through the Highly Rural Transportation Grants program
- Increased access to mental health services

The MOU requires annual tribal consultation to develop a yearly operational plan. VA will begin tribal consultation on the next operational plan this spring. Notably, this responsibility will shift to the VHA Office of Tribal Health upon its establishment.

Ben Smith, Deputy Director for Intergovernmental Affairs at IHS, added that the MOU has also created opportunities to explore interagency agreements to address staffing and supply needs during the pandemic.

James Zwierlein inquired about VA's data source for identifying rural and highly rural areas. Dr. Klobucar responded that VHA uses the U.S. Department of Agriculture's Rural-Urban Commuting Area System, which incorporates population density and availability of services to designate rural or highly rural status. He said he will provide the committee with a link to an explanation of how this system works.

Chief Smith highlighted the importance of tribal Veteran representatives (TVRs) in connecting AI/AN Veterans with services and the need for VA to engage in government-to-government dialogue with tribes on programming for rural AI/AN Veterans.

Chairman Austin asked if the committee will have an opportunity to review decisions and related language that results from VA tribal consultations. Ms. Birdwell confirmed that VA plans to incorporate the committee into the tribal consultation process as part of its revisions to the tribal consultation policy.

Ms. Tetnowski indicated that challenges persist around implementing reimbursement agreements. She requested data on rural and urban provider shortage areas, noting that she would like to better understand the gaps in service to help resolve these challenges. Dr. Klobucar responded that he will send this data to the committee.

Dr. Jay Shore, Population Specialist, provided an overview of the ORH Rural Native Veteran Health Care Navigator Program (RNV-HCNP). He said AI/AN people serve in the military at the highest rate of any ethnic group. He also noted that they are disproportionately impacted by the consequences of their service and are the most rural of all Veteran groups, with 40 to 50% of AI/AN Veterans residing in rural or highly rural areas. To help address the challenges rural AI/AN Veterans face, the RNV-HCNP will add navigators to health care teams for these patients. The navigator's role will be to facilitate and expedite services, educate patients and providers, and help connect Veterans with services. The program has a national scope but a local focus, aiming to employ best practices while tailoring efforts to tribes and individual Veterans. Strong tribal-VA relationships are critical to this program's success. Currently, the program is in Phase I of development, which centers on gaining understanding through an environmental scan and development of a roadmap. Phase II will include the development of a draft program model, and Phase III will involve piloting the model. Under Phase VI, the program will be shared and implemented widely.

Chief Smith raised the issue of lodging for Veterans who must travel long distances to receive health care and pointed out that navigators could assist with travel arrangements in these situations. He added that having rapport with Veterans will be crucial for the navigators to succeed.

Angela Pratt asked who will fund the positions and if navigators will be similar to case managers. She observed that TVRs are already doing much of the work that navigators would cover. However, obtaining VA acknowledgement of the TVRs' work has proven difficult. She emphasized the importance of fixing what is already in place before adding more components to avoid duplication and increased complexity of VA programming. Dr. Shore said there are many similarities between navigators and case managers. The primary distinction is that case managers are involved in care provision, while navigators

will serve as highly educated peers. He clarified that the role of navigators will be similar to that of TVRs; however, navigators will focus on health care rather than benefits. When VA reaches Phase IV, the funding model will be reassessed to ensure sustainability. Ms. Birdwell added that the VHA Office of Tribal Health will help ensure that this program fits in well with other programs without duplicating efforts.

### **VHA Office of Tribal Health Briefing**

Lisa Pape, Senior Advisor, Office of Deputy Undersecretary for Health, presented a summary of plans for the new VHA Office of Tribal Health. The office will assume some of the current ORH duties and will focus on six primary activities:

- Support health care services provided to AI/AN Veterans by providing standardized guidance
- Engage with tribal nations and collaborate with OTGR
- Build national partnerships with federal, state, and local partners
- Advise VA senior leadership on tribal health issues and
- Provide operational direction and assume responsibility for overseeing and advancing the goals of the VHA-IHS MOU
- Enhance coordination, education, and resource sharing

VHA initiated this project in August 2021 with internal scans of existing efforts and pertinent legislation. Currently, VHA is conducting an external scan and will develop a communications plan after receiving final approval. The office will be launched within the next few months. As part of this process, VHA will seek input through listening sessions.

Ms. Tetnowski asked how VHA will determine the placement of rural tribal advocates. She noted that sourcing these positions from tribes would help mitigate transportation issues. Ms. Tetnowski also said there are gaps between VA's focus areas, which creates hurdles for Veterans, especially in regard to following up when a Veteran's claim is denied. She inquired about whether this new office can serve as a single location for AI/AN Veterans to have their needs met and questions answered. Ms. Pape responded that this office will focus on health care issues, while issues related to benefits will remain under VBA. Ms. Birdwell suggested that the committee consider addressing this issue of fragmentation in its recommendations.

Ms. Tetnowski asked if the Office of Tribal Health will work with UIHOs to implement reimbursement agreements. Ms. Birdwell said this responsibility will remain with the Office of Community Care but that the new office will support those efforts.

Chief Smith shared that from 2001 to 2015, suicide rates among AI/AN Veterans increased by 62%. Further, AI/AN Veterans face higher rates of mental health disorders, compared with white Veterans. He asked how VHA is engaging with AI/AN Veterans on behavioral health. Ms. Pape said the new office will be able to address these types of questions under a coordinated approach.

### **Office of Community Care Briefing**

Dr. Sachin Yende, Acting Chief Medical Officer for the Office of Community Care (OCC); Kara Hawthorne, Program Manager for OCC; and Joe Duran, Director, VHA Policy & Planning, delivered a presentation on OCC, which does much of the work to administer the reimbursement agreement program. Two major expansion developments are currently in process under the reimbursement agreement program:

inclusion of UIHOs and addition of PRC as a reimbursable expense. VHA will need to reissue reimbursement agreements to incorporate these changes and has engaged in listening sessions on this issue. Currently, VHA is seeking written comments on ways to enhance the reimbursement agreements and will subsequently engage in tribal consultation. The comment period closes on February 13.

Ms. Tetnowski asked if the committee will have an opportunity to provide feedback on the rollout plans for these expansions. Ms. Hawthorne responded that VHA does not plan to engage in tribal consultation regarding the rollout approach but will welcome input.

Mr. Duran provided an overview of co-pay waiver implementation for AI/AN Veterans. The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 amends 38 U.S.C. 1730A to add a co-payment exemption for Veterans who are Indian or urban Indian, as defined under 25 U.S.C. 1603. VA has decided to apply the definition of Indian from 42 CFR 447.51. In April 2021, VA conducted tribal consultation on how to properly identify who is eligible for this exemption. The rulemaking for this exemption is nearly complete and will be submitted to the Office of Management and Budget for concurrence soon. VA anticipates publishing the regulation in 2022 and hopes to retroactively waive co-pays dating back to January 5, 2022, which was the implementation deadline.

Chief Smith remarked that THP facilities in Alaska are experiencing issues with reimbursement for pharmacy claims. Paper claims are forwarded to several locations outside of Alaska for processing. This approach leads to slow processing and, in some cases, denial due to untimely submittal. Ms. Hawthorne mentioned the option for submitting pharmacy claims electronically and referenced an updated provider guide. Chief Smith highlighted the need for training to ensure these resources are used.

Ms. Birdwell asked about the intended meaning of self-attestation in the context of co-pay waivers for AI/AN Veterans. Mr. Duran responded that it refers to the ability of Veterans to self-identify as AI/AN. This inquiry led to a discussion of how to identify who is eligible for such waivers and whether self-identification as an AI/AN individual is sufficient to qualify. Ms. Birdwell noted that as sovereign nations, tribes alone have the right to determine citizenship, which can make tribal enrollment status challenging to verify. She welcomed the committee's input on using self-attestation as a basis for waiving co-pays. Chief Smith expressed his opposition to the use of blood quantum as a metric for identifying eligibility. Admiral Meeks agreed. He said that for patients to receive services at IHS or THP facilities, they must submit documentation proving their AI/AN descent or tribal citizenship. Such documentation may include a Certificate of Degree of Indian Blood or a tribally issued citizenship card. He recommended implementing this same practice to identify Veterans who are eligible for waived co-pays. Mr. Kaupiko noted there are two federal definitions and three state-recognized definitions of Native Hawaiian. He highlighted the importance of being inclusive when determining who qualifies as AI/AN or Native Hawaiian.

### **Tribal HUD-VASH Program**

Teresa S. Pittman, LCSW, HUD-VASH Coordinator, reviewed the Tribal HUD-VASH Program, which aims to serve AI/AN Veterans who are homeless or at risk of homelessness. This program includes case management and supportive services for Veterans who use it. VHA works with the HUD Housing Choice Voucher Program to obtain housing assistance vouchers for the HUD-VASH Program. For the Tribal HUD-VASH Program, VHA works with the HUD Office of Native American Programs (ONAP). Under the Tribal HUD-VASH Program, tribes or tribally designated housing entities (instead of public housing authorities,

as is the case under the general HUD-VASH Program) receive grant funding and implement the program's rental assistance component. VA assigns one case manager to each participating tribe. Challenges that the program faces include no available housing in some places, difficulty hiring and retaining case managers in remote areas, transportation challenges for Veterans to attend appointments or commute to work, cultural differences between case managers and Veterans, and limited resources and services. To help overcome these challenges, ONAP offers technical assistance on housing development and provides funding to support case manager recruitment and retention. To reduce cultural barriers, the Tribal HUD-VASH Program requires all case managers to receive training on the specific tribe they work with. Case managers can assist with transportation in some cases. Currently, 25 of the 27 case manager positions are filled. In 2021, the Tribal HUD-VASH Program expanded to extend three existing tribal programs and add two new tribal programs. The program will expand again in 2022. The application window for this expansion closed in January. Data indicate that the Tribal HUD-VASH Program slowed slightly during the pandemic.

Mr. Zwierlein asked if tribally designated housing entities are the only entities authorized to handle vouchers under the Tribal HUD-VASH Program. He noted that Navajo Nation has its own Veterans Administration, which includes a housing program, and that it would be easiest for this program to handle the vouchers. Ms. Pittman advised Mr. Zwierlein to direct this question to HUD.

#### **VHA Program Spotlight: VA Caregiver Support Program**

Elsie Moore, National Program Manager, Education/Training, reviewed the VA Caregiver Support Program, which promotes the wellbeing of caregivers who provide care for Veterans. The two primary programs include the Program of Comprehensive Assistance for Family Caregivers (PCAFC) and the Program of General Caregiver Support Services (PGCSS).

The PCAFC was previously available only to post-9/11 Veterans. The VA MISSION Act of 2018 recently opened the PCAFC to Veterans from all eras. This expansion is occurring in two phases, with the first phase including Veterans injured on or before May 7, 1975, and the second phase including those injured between May 7, 1975, and September 11, 2001. The first phase launched in October 2020, and the second is expected to launch in October 2022. PCAFC services include education and training, respite care, mental health counseling, monthly stipends, access to health insurance, and financial and legal resources. These services have not launched yet. To be eligible, a Veteran must need in-person personal care services for at least 6 continuous months based on either an inability to perform activities of daily living or an ability to perform such activities only with supervision or instruction. As part of the application process for this program, both the Veteran and caregiver must undergo a VA assessment. The care must be discussed with the Veteran's primary care provider. Once eligibility is established, the caregiver receives training and VA determines the level of stipend for which they qualify. Completed applications can be submitted online, sent by mail, or dropped off at a local VAMC. Applications can also be completed with a local caregiver support team.

The PGCSS requires that the Veteran be enrolled in VA health care. Their injury or illness does not need to be connected to their military service. There is no formal application requirement to participate in this program. The core elements of this program include education and support, collaboration and partnerships, outreach, and resources and referrals.

Other caregiver support programs include the Resources for Enhancing All Caregivers Health (REACH) VA Caregiver Program, which offers coaching and support groups; the S.A.V.E. suicide prevention skills training program; and the Annie Caregiver Text Program, which promotes self-care for Veterans and their caregivers by sending regular text messages.

### VHA Program Spotlight: Whole Health in VA

Dr. Benjamin Kligler, Executive Director, Office of Patient Centered Care & Cultural Transformation, described VA's whole-health approach to health care. This approach is designed to empower and equip Veterans to take charge of their health and wellbeing. The three pillars of this approach include:

- Partnering with Veterans to discover and incorporate their goals and purpose
- Teaching skills, such as nutritional proficiency, to Veterans in support of their wellbeing
- Integrating a whole-health perspective into the delivery of care and treatment

VA uses the Circle of Health and Wellbeing tool to identify areas in which Veterans need additional support.

VA has implemented this programming across 18 sites, with at least one site in each Veterans Integrated Services Network, and has served 500,000 Veterans under this approach so far. Veterans who use the whole-health approach experience faster and more significant decreases in opioid use, higher engagement in health care, and improvements in perceived stress, compared with Veterans who do not use that approach.

Mr. Kaupiko asked about the process for including traditional healers in the referral process. Dr. Kligler confirmed that VA recognizes traditional healers and said that the VA National Chaplaincy Office oversees access to traditional healing approaches. Individual Veterans interested in traditional healing services should contact a chaplain, who can establish an agreement with a local traditional healer.

Chief Smith added that recovery from alcohol use is an important aspect of whole health. Dr. Kligler agreed, noting that this approach has strong potential for addressing any kind of substance use disorder.

Ms. Tetnowski commented that a holistic approach is the best way to treat comorbidities and provide comprehensive services. This method is in line with traditional AI/AN approaches to promoting wellbeing. She highlighted the need for continued conversations on this issue.

### Tips for Development of Recommendations

Assistant Secretary Williams briefed the committee on tips for developing recommendations to the VA Secretary. The tips included:

- Evaluating which issues are unique situations versus those that are systemic problems that require prompt mitigation
- Requesting briefings from VA on specific topics
- Conducting site visits as feasible
- Using subcommittee meetings for brainstorming, as these meetings are closed to the public, and using full committee meetings to decide what recommendations to put forward
- Developing rationale to support each recommendation

For each recommendation that the committee promulgates, VA will concur, concur in principle, or non-concur. VA will then create an action plan for how to address the recommendations. Assistant Secretary Williams encouraged the formation of subcommittees and pointed out that the committee can appoint subcommittee chairs who can also serve as substitutes for the committee chair if needed. The committee agreed to discuss subcommittee formation during the open discussion period on Day 3. Chairman Austin sent an email to committee members requesting input on subcommittee topics in preparation for the following day.

### **Day 2 Review and Wrap-Up**

Chairman Austin provided a brief recap of the day. Mr. Ward thanked the participants and adjourned Day 2 of the meeting.

## **Day 3**

Thursday, January 27, 2022

### **Opening Remarks**

Mr. Ward welcomed attendees to the meeting's third and final day and conducted roll call.

Chairman Austin welcomed participants to the meeting, and Chief Smith provided the opening blessing.

### **VBA Benefits and Services Briefing**

Cheryl Rawls, Executive Director, Outreach Transition and Economic Development, provided an overview of VBA benefits and services.

The VBA compensation program provides monthly benefits to Veterans in recognition of the effects of disabilities, diseases, or injuries incurred or aggravated during active military service. This benefit, the determination of which is based on severity of the condition, is paid to eligible Veterans with service-related disabilities and who were discharged under conditions other than dishonorable. Since 2015, the disability compensation funds paid to Veterans have increased by 60%. VBA also offers dependency and indemnity compensation to survivors of Veterans who died as a result of their service. In FY 2021, VBA paid \$8 billion to 453,000 survivors under this benefit. Rulemaking under this program for FY 2021 included publication of regulations for the cardiovascular and genitourinary rating criteria and issuance of an interim final rule to provide presumptive service connection for chronic asthma, sinusitis, and rhinitis for certain Gulf War Veterans.

VA's pension program offers needs-based benefits to wartime Veterans and their survivors. Veterans who are fully disabled or age 65 or older are eligible to receive this income-based benefit. Seriously disabled Veterans and eligible survivors may qualify for increased benefits if they need the aid and attendance of another person or are housebound. In FY 2021, VA disbursed \$4.1 billion in pension benefits to more than 351,000 Veterans and survivors. Since 2016, the pension benefits paid by VA have decreased by 25%.

Under VA's fiduciary program, fiduciaries are appointed for VA beneficiaries who cannot manage their VA benefits due to injury, disease, advanced age, or status as a minor. VA provided fiduciary services to 130,000 beneficiaries in FY 2021.

VBA provides decision reviews for claimants who disagree with a VA claims decision. Decision review options include submitting supplemental evidence, working with a more experienced adjudicator for an

additional examination, or appealing to the Board of Veterans' Appeals. VBA remains committed to fulfilling VA's promise to eliminate the inventory of legacy appeals. To achieve this commitment, VBA consolidated legacy appeals processing to a single location with 352 full-time employees. In FY 2021, VBA reduced the inventory of legacy appeals by nearly 20,000.

VBA burial benefits include burial allowance, plot/interment allowance, and transportation. In FY 2021, VBA distributed \$151 million in burial benefits. VA pays automatic, flat-rate burial allowances to certain surviving spouses without requiring an application.

VBA provides life insurance, disability insurance, mortgage insurance, and traumatic injury protection to service members, Veterans, and family members. In FY 2021, VA insured 5.7 million Veterans, service members, and family members, providing more than \$1.2 trillion in coverage.

By providing education benefits, VBA helps advance the education and skills of Veterans, service members, family members, and survivors. Recently, VA transitioned to using a U.S. Department of Defense system to manage feedback on beneficiaries' experiences using their educational benefits. This shift created an integrated user experience. VBA offers a GI Bill comparison tool which enables users to calculate their education benefits and research and compare educational institutions. During FY 2021, the average time that VA spent processing original claims was 15.4 days, which is well below the 28-day goal. For supplemental claims, the average processing time was 6.9 days. Recent legislation expanded the GI Bill benefits. In response, VA engaged in extensive outreach to inform Veterans of new opportunities under this expansion. VA restored more than 18,000 months in entitlements to those impacted by pandemic-related school closures and launched a pilot scholarship program for Veterans studying science, technology, engineering, or math. In FY 2021, VA paid more than \$11 billion in education benefits to 841,000 students.

VA's Home Loan Guaranty program helps service members, Veterans, and families obtain, retain, and adapt a home or refinance an existing home. Benefits of VA home loans include an opportunity for lower interest rates through refinancing, the option to borrow against available equity, the waiving of down payments and mortgage insurance requirements, limitation of certain closing costs, the opportunity to have a loan assumed by a qualified borrower, and VA staff dedicated to assisting Veterans who are delinquent on their loans. The loan guaranty program also provides Specially Adapted Housing (SAH) grants for Veterans with certain severe service-connected disabilities, issues direct loans to AI/AN Veterans living on federal trust lands, and helps borrowers in default avoid foreclosure. Currently, VA is supporting 3.5 million home loans. In FY 2021, VA assisted more than 203,000 beneficiaries retain their homes or avoid foreclosure.

The Veteran Readiness and Employment (VR&E) program helps service members and Veterans with service-connected disabilities and a barrier to employment prepare for, find, and maintain suitable jobs through counseling and case management. Services include aptitude testing, career counseling, job training, employer incentives, and more. The VR&E program employs over 1,500 employees and delivers services through a network of more than 350 VBA locations. In FY 2021, the program worked with more than 125,000 participants, 17,000 of whom achieved positive outcomes. Research shows that nearly 90% of participants reported high levels of satisfaction with this program, and approximately 90% of those who achieved rehabilitation through the program had secured employment.



Outreach, Transition, and Economic Development (OTED) informs Veterans, service members, and family members about VA benefits and services, easing a service member's transition from military life to civilian life. The program collaborates with interagency, non-governmental organizations, community partners and Veterans Service Organizations on all levels to provide a holistic approach to Veteran engagement through outreach, communications, and engagement activities, whether they occur before, during, or after transition. OTED offers three pre-separation and post-separation programs. It also conducts economic development initiatives to promote financial wellbeing among Veterans. In FY 2021, these efforts resulted in events totaling more than 2,000 attendees and 30 job offers. OTED also offers the VA Solid Start Program, which provides additional support during the first year following separation from military service.

VBA provides claims clinics, which offer an opportunity for onsite claims processing in partnership with tribal nations. The pandemic disrupted these efforts, but VBA is now starting to reengage in these events virtually.

OTED worked with the Veterans Experience Office to develop a map depicting the experiences of AI/AN Veterans in their journey to awareness of and access to benefits. This research aimed to identify insights, gaps, and opportunities. Major insights that emerged include the following.

- AI/AN Veterans may struggle without positive coping mechanisms for dealing with military trauma. They need access to information and services to assist in learning effective coping strategies.
- Negative VA experiences have led to confusion and mistrust. Having VA regional offices and medical centers that are consistent and transparent is critical. VBA will continue dialogue on how to simplify processes and address barriers.
- AI/AN Veterans suffer when health care services fail to communicate and coordinate.
- True healing requires a respectful balance between traditional and modern medicine.
- VA must honor Veterans' service and strive to understand individual Veterans and their cultural needs.

Key research findings from this study include the following.

- Navigating regulations for the use of home loan benefits on tribal lands is complex.
- There is a lack of awareness around education benefits.
- Effective, consistent communication throughout multiple channels is critical to developing relationships.

OTED and OTGR will meet to discuss next steps stemming from the journey map. The map will continue to be shared with stakeholders and will be shared with Congress.

Mr. Zwierlein requested more information on how revision of the Native American Direct Loan (NADL) Program to include permanently dedicated staff has affected workloads and backlogs in access. Kimberly Girard, Loan Guaranty Officer, said that in 2021, VA centralized the processing of NADL applications to a single team of six NADL coordinators who focus fully on the NADL workload. Currently, VBA is working closely with OTGR to further expand the program.

Ms. Tetnowski asked if Veterans can appoint family members as their fiduciaries. Ms. Rawls confirmed that Veterans can request that a family member be appointed. Approximately 60% of current fiduciaries are family members.

Ms. Tetnowski inquired about the VR&E program's overarching objective. Ms. Rawls said the goal is to ensure Veterans are gaining the skills they need to care for themselves and their families.

Chief Smith described job training requirement obstacles that many Veterans face. Often, Veterans spend years in the military training for and executing a variety of skilled jobs, such as positions as corpsmen and electricians. However, when they transition to civilian life, their military experience typically does not transfer to positions that use those same skills. Instead, the Veterans are expected to complete additional schooling on skills and knowledge they already possess. Ms. Rawls acknowledged this challenge, stating that while some educational programs offer reduced training time for Veterans, the implementation of this practice is not consistent. VA is currently examining how to address this challenge.

Mr. Kaupiko highlighted the complexity of the NADL program. He requested further training on the process. He also noted that in the current, extremely competitive housing market, the requirement to mail a physical form for conducting a credit check causes Veterans to lose out on the opportunity to negotiate for properties. Ms. Girard said she will connect Mr. Kaupiko with a point of contact at NADL for further training on the program.

Ms. Pratt asked how many tribes use the NADL program and requested the opportunity to view a list of those tribes. Ms. Girard replied that VA has memoranda of understanding with 109 tribes for NADL. She shared a link in the chat box that includes a list of participating tribes.

#### **Tribal Veterans Representative Project —VA Office of General Counsel**

Christa Shriber, Deputy Chief Counsel, Office of General Counsel (OGC) Benefits Law Group, and Shekeba Morrad, Attorney Advisor, OGC Benefits Law Group, delivered a presentation on the Tribal Veterans Representative Project (T-REP).

Congress recently granted the VA Secretary authority to recognize attorneys, claim agents, and representatives of organizations to assist Veterans with their benefit claims. OGC has established the Accreditation, Discipline, and Fees (ADF) program to ensure responsible, qualified representation for claimants in the preparation, presentation, and prosecution of claims for Veterans' benefits. To create a foundation for understanding the expansion project, the presenters explained the current process for organizations to obtain VA accreditation. To become a VA-recognized national, state, tribal, regional, or local organization, all organizations must meet requirements under 38 C.F.R. Tribal organizations, defined as legally established organizations that are primarily funded and controlled, sanctioned, or chartered by one or more tribal governments and that have a primary purpose of serving the needs of AI/AN Veterans.

To present or prosecute a claim before VA, an individual must first be recognized by VA, typically by attaining VA accreditation as a representative of a VA-recognized organization, an attorney, or a claim agent. A non-accredited individual may be specially authorized to represent on a particular claim or claims. To receive accreditation as an attorney or claim agent, an individual must pass a test on VA

benefits law, and satisfy a 3-hour continuing legal education requirement within a year of accreditation and every 2 years thereafter.

After providing this context, the presenters delivered information on the proposed T-REP project. Currently, there is minimal data to indicate whether Veterans who reside in tribal communities have sufficient access to representation on their VA benefit claims. Through the T-REP project, VA proposes to ensure that qualified representatives are available to AI/AN Veterans. OGC's ADF program is leading this project to further fulfill its program's mission to ensure responsible, qualified representation for claimants. OTGR is cosponsoring this project, as they are the primary liaison between VA and tribal governments. OGC has not yet recognized tribal Veterans service offices (TVSOs) as tribal organizations but has received input indicating that such recognition would help ensure that culturally competent representation is available for AI/AN claimants. To further explore this issue, VA will engage in tribal consultation on this proposed project. They hope to learn which tribal communities currently have access to complete claim services through such representation and who provides those services. For tribal communities without sufficient options for representation, OGC aims to facilitate access to representation in those communities by traditional means and by authorizing certain individuals affiliated with tribal governments to prepare, present, and prosecute benefit claims before VA. For tribes interested in pursuing T-REP, OGC plans to have tribes submit written requests for authorization and to subsequently execute MOUs with tribes in need of representation. VA plans to collaborate with other VA-recognized organizations to provide training and to rely on the tribal government to certify that the individual has demonstrated their aptitude for the role.

The existing options for VA recognition of tribal governments and intertribal collaborations, as well as accreditation options for individual attorneys and claim agents, would remain intact if this program moves forward. Instead of replacing such options, T-REP is intended as an additional pathway to ensuring that AI/AN Veterans have suitable representation. Goals for the proposed program are as follows.

- For tribal governments that participate in T-REP, VA aims to: (a) confirm access to an existing VA-accredited representative; (b) help initiate VA accreditation of a potential representative; or (c) when existing avenues for VA accreditation are not suitable options, help attain OGC special authorization based on unusual circumstances to prepare, present, and prosecute VA benefit claims.
- To ascertain which tribes are underserved with respect to access to representation on VA benefits claims by April 2022.
- To enter into the first MOU with a tribal government and to authorize an individual affiliated with the tribal government to prepare, present, and prosecute claims before VA by May 2022.
- To enter into at least 5 MOUs with tribal governments and authorize at least 5 individuals affiliated with the tribal governments to practice before VA by June 2022.

Chief Smith inquired about the differences between VA-accredited service officers and TVRs, given that TVRs also assist Veterans with claims. He recommended providing further training for TVRs so that they can help fill gaps in VA-recognized representation. Ms. Morrad said that while TVRs can help Veterans file claims, only accredited service officers can provide complete claims service throughout the adjudication process. Chief Smith asked if members of Alaska region corporations are eligible to become accredited service officers under this program, and Ms. Birdwell confirmed that they are.

Mr. Zwierlein asked how many personnel or programs a Veteran would encounter during the claims process after starting the process with a VSO or TVR. Ms. Morrad responded that if the VSO or TVR is accredited, they can provide the complete claim service. If not, they provide initial filing only and the claim is forwarded to an accredited service officer or organization. Ms. Shriber noted that Navajo Nation may be well-positioned to pursue VA recognition as a tribal organization.

Fred Urbina asked if tribes will have the option to contract with VA to secure these services. Ms. Morrad indicated that VA is still determining the funding mechanism for this project. They will engage in tribal consultation on this topic soon. In the meantime, they will facilitate access to representation in alternative ways. Ms. Birdwell noted that all state service officers are funded through state legislatures and not through VA.

### **NCA Briefing**

Glenn Powers, Deputy Undersecretary for Field Programs and Cemetery Operations, briefed the committee on NCA.

To arrange for burial in a national cemetery, individuals should work with the National Scheduling Office. Burial and memorial benefits available through NCA include gravesites, opening and closing of the grave, a grave liner or vault, perpetual care of the gravesite, a headstone or marker, a U.S. flag, a presidential memorial certificate, and military funeral honors. NCA ensures the wishes of the decedent's personal representative are honored and will consider special services based on religious beliefs.

The NCA Veteran Cemetery Grants Program administers the Tribal Veterans Cemetery Grants. Since 2011, NCA has awarded more than \$37.9 million to tribes for the operation of Veterans' cemeteries. To be eligible for this grant, a tribe must have trust lands. NCA funds full construction of a cemetery and the initial set of operating equipment. Tribal grantees are responsible for funding operations thereafter.

Geno Talas asked if tribes are authorized to decide how to conduct cemetery operations, such as the use of burial fees and the application of traditional burial approaches. Mr. Powers responded that certain standards must be upheld to ensure that tribally operated cemeteries visually mirror national cemeteries. However, tribes have the flexibility to make decisions regarding plotting fees and cultural expression. Mr. Talas recommended that VA support a forum for tribes participating in this program to share successes and lessons learned with interested tribes.

Ms. Pratt inquired about possible reasons for the low number of tribal Veterans' cemeteries. Mr. Powers said this option has only been available to tribes for 10 years, whereas the program has been open to states for 40 years. Notably, tribes must apply for funds, and applications are prioritized based on available funds and other factors. Approximately 100 state and tribal applicants are on the current waiting list, which is reordered each year based on a prioritization scheme. Tribes must also commit to funding ongoing maintenance of the cemetery after its construction. The program requires that tribes provide a 10% funding match to fund the cemetery's design. Once awards are made, that money is reimbursed to the tribe. Ms. Pratt suggested exploring a grant that is only for tribes rather than having them compete with states for funding.

**Public Comment Session**

Mr. Ward introduced Frank Dayish from Navajo Nation to present comments. Mr. Dayish provided comments regarding Navajo Nation’s HUD-VASH program, IHS relationships with UIHOs, and the Navajo Veterans program.

Effective and timely implementation of federally funded programs is proving to be difficult. There is consistent turnover of HUD-VASH program leadership, with five different CEOs leading the program within 5 years and minimal oversight by Navajo Nation. The Navajo Nation Council oversight committee is informed but to no avail. No new homes have been built for Veterans in recent years, while HUD funding is being diverted for expenses like weeklong retreats for HUD employees.

There are limited partnerships between UIHOs and HIS, causing veterans to continue to travel long distances to receive health care. IHS and UIHOs operate in silos, which seriously hampers health facilities’ ability to care for Veterans. Navajo Area IHS Office (NAO) leadership is concentrating more on obtaining additional contracts for the businesses they own and less on providing Veteran health care. The NAO is nearly vacant of employees even though they do not interact with VA patients, as leadership is taking no action.

Navajo Nation has recently changed departmental leadership, causing a disruption in Veteran services. Navajo Veterans are not getting houses built nor receiving funds to cover utilities and other living costs.

Mr. Ward thanked Mr. Dayish for his comments and noted that the committee will take the comments under advisement. He noted that additional comments can be sent to [David.Ward@va.gov](mailto:David.Ward@va.gov).

**Committee Discussion**

During the committee discussion session, the committee reviewed member recommendations for subcommittee topics, formulated subcommittees, and assigned chairs, vice chairs, and members. They also discussed scheduling for the next committee meeting.

The committee decided to form three subcommittees:

- **Health subcommittee**, which deals with health-related issues that fall under VHA
- **Benefits subcommittee**, which handles benefits-related issues that fall under VBA as well as issues related to death benefits that fall under NCA
- **Administrative subcommittee**, which is responsible for agenda development, orientation of new committee members, response to data requests, development of Federal Register Notices, and other coordination tasks

Each subcommittee is required to have a DFO in attendance for all meetings. Leadership, membership, and the assigned DFO for each subcommittee are indicated in the table below.

Subcommittee	Chair	Co-Chair	Members	DFO
Health	Sonya Tetnowski	Galyn Minkel	Adam Archuleta Reyn Kaupiko Admiral Kevin Meeks Angela Pratt Chief Bill Smith	Terry Bentley

Subcommittee	Chair	Co-Chair	Members	DFO
<b>Health</b>			Ted Tenorio	
<b>Benefits</b>	James Zwierlein	Angela Pratt	Galyn Minkel Chief Bill Smith Geno Talas Ted Tenorio Fred Urbina	Peter Vicaire
<b>Administrative</b>	Admiral Kevin Meeks	James Zwierlein	Jack Austin, Jr. Reyn Kaupiko Angela Pratt Ted Tenorio	Clay Ward

Table 2. Subcommittee Leadership and Membership

The committee recognized that two members who were absent on Day 3 of the meeting must be given an opportunity to choose which subcommittee(s) to join. Mr. Ward said he will send information on the decisions made to the absent members so they can decide how to participate.

To make the broad range of topics under each subcommittee more manageable, Mr. Archuleta recommended developing a strategic plan for the next 3 to 5 years that articulates goals and objectives. He expressed a preference for incremental changes to avoid overwhelming systems and processes.

Admiral Meeks offered support from his administrative staff for the administrative subcommittee.

Mr. Ward will follow up on two questions that arose during the discussion:

- Are there requirements for minimum and maximum numbers of subcommittee members?
- Can the representative who fills the Billings Area vacancy in the future join a subcommittee at a later date?
- Can someone who is currently a member of two subcommittees vacate one subcommittee to make room for a committee member who is absent and not yet assigned?

Chairman Austin explained that the next step in launching the subcommittees is for co-chairs to work with DFOs to set up subcommittee meetings. Mr. Ward will send DFOs’ contact information to the committee.

The committee agreed to work offline to schedule the next committee meeting, which will occur in June 2022. This meeting will entail report-outs from the subcommittees as well as any requested briefings from VA.

**Closing**

Chief Smith provided a closing blessing. Mr. Ward thanked committee members for their participation and adjourned the meeting.

