DEPARTMENT OF VETERANS AFFAIRS

Advisory Committee on Tribal and Indian Affairs

Meeting 3 Summary

NOVEMBER 8–11, 2022

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DEPARTMENT OF VETERANS AFFAIRS ADVISORY COMMITTEE ON TRIBAL AND INDIAN AFFAIRS MEETING #3

November 8–11, 2022

The Department of Veterans Affairs (VA) Advisory Committee on Tribal and Indian Affairs (the committee) convened for its third meeting on November 8–11, 2022. The meeting occurred in a hybrid format, with some participants joining virtually via Zoom and others attending in person at the VA Central Office in Washington, DC. In accordance with the provisions of Public Law 92-463, the meeting sessions were open for the public to participate.

The first day of the meeting began with a 2-hour closed session during which the TAC subcommittees convened. Public sessions took place on the afternoon of Day 1, for a full day on Day 2, and during the morning of Day 3. On the afternoon of Day 3, the TAC attended a Native American Heritage Month event at the Pentagon. On Day 4, they participated in the dedication of the National Native American Veterans Memorial. This document summarizes discussions from the public committee sessions on Days 1 through 3.

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

Table 1. Committee Member Attendance

Day 1

Tuesday, November 8, 2022

Opening

Clay Ward, the committee's designated federal officer (DFO), welcomed attendees to the meeting. He noted that Chairman Jack Austin, Jr., would be unable to participate due to a family emergency. Thus, as the DFO, Mr. Ward assumed the chairman's duties. However, unlike Chairman Austin, he was not a voting member. Mr. Ward called the meeting to order and facilitated roll call. Notably, the position for the Billings Area is still vacant. He also noted that the materials from this meeting will be posted on va.gov/advisory.

Geno Talas offered an opening blessing.

Welcoming Remarks

Stephanie Birdwell, Director of the VA Office of Tribal Government Relations (OTGR), welcomed the meeting participants. She noted the significance of this committee as a statutorily created committee that will make direct recommendations to the VA Secretary in support of Native American Veterans. This meeting marks the first time the committee has convened in Washington, DC.

Sue Fulton, Assistant Secretary for the VA Office of Public and Intergovernmental Affairs, greeted the participants. She thanked the committee members for their military service and their current work to elevate the issues of Native American Veterans. She noted that while the VA aims to place Veterans at the center of services, the agency can only address the issues they are aware of. Thus, they count on the committee to bring issues to the forefront. She announced that Clay Ward will be promoted to the director of the VA Office of Rural Affairs.

Sonya Tetnowski noted that limited access to care places Native American Veterans at risk. The more effectively tribes, urban Indian organizations, and VA can collaborate, the more efficiently solutions can be developed and implemented.

Assistant Secretary Fulton shared that even though rates of homelessness and suicide among Veterans have fallen, disparities remain among women Veterans and Veterans of color.

Chief Bill Smith said that in Alaska, rural populations are extremely isolated. It is difficult for Veterans in these communities to connect with a Veterans Service Officer (VSO). During the pandemic, the number of VSOs decreased, and those who remain are located in VA hospitals behind glass walls. Veterans must call ahead to make appointments with them. He recommended that VA set up trailers in VA hospital parking lots where Veterans or tribal Veterans representatives (TVRs) can drop off their paperwork with a VSO without needing an appointment.

Donald M. Remy, VA Deputy Secretary, greeted the participants. He indicated that the VA aims to always gather tribal input before taking actions that may affect tribes and Native American Veterans. Currently, they are following a human-centered design process to create a map that documents the journey of Native American Veterans. The intent of this map is to help the VA develop new solutions for this population. Recently, VA centralized all Native American Direct Loan (NADL) efforts into a single team to increase the program's efficiency and decrease the closing time for home loans for Native American

Veterans. Deputy Secretary Remy welcomed the committee's feedback on the effectiveness of this shift. He also requested their assistance in raising awareness about the PACT Act and the opportunities for Veterans affected by toxic exposures to receive care and benefits made available by this legislation without changes to other benefits they may be receiving.

Manaja Hill pointed out that many VA employees who serve tribal reservations have limited understanding of tribes and Native American Veterans. He asked if VA anticipates making any changes to promote cultural competence for these personnel.

Deputy Secretary Remy said he will talk through this issue with Director Birdwell to ensure the hiring and training processes promote the highest level of cultural competence.

Chief Smith observed that the NADL program should be adjusted to better accommodate Native American Veterans in Alaska. Currently, the authorizing legislation contains references to "trust land," but in Alaska, most Native American Veterans reside on Alaska Native corporation land, not trust land.

Nickolaus Lewis highlighted the importance of in-person engagement between tribal representatives and VA. He noted that tribal representatives traveled from far away to attend the committee meeting in person and requested that VA leadership do the same for future meetings.

Jeffrey Moragne, VA Committee Management Officer, pointed out that VA leadership cannot officially respond to committee recommendations until they see those recommendations in writing. However, because of the increased interaction that can occur in person, he agreed with Mr. Lewis' suggestion.

Chief Smith said that, while he understands written recommendations are necessary for the legal team's review, written recommendations leave out the emotional component of stories shared by those who regularly interface with Veterans about the challenges they face. He emphasized that regardless of whether VA leadership can comment on or make a decision about the committee's recommendations, they should still be present in the room with the committee for the entirety of the meeting. In addition, it is important to involve federal partners, such as the U.S. Department of Housing and Urban Development (HUD) and Indian Health Service (IHS), in these meetings.

Health Subcommittee Discussion

Ms. Tetnowski, who chairs the Health Subcommittee, reviewed the subcommittee's activities and the recommendations they are proposing to the committee for possible adoption.

The subcommittee members include:

- Sonya M. Tetnowski, Chair
- Adam Archuleta
- Reyn Kaupiko
- Nickolaus Lewis
- Admiral Kevin Meeks
- Galyn Minkel
- Chief Bill Smith
- Ted Tenorio

Subcommittee Activities

Since the previous committee meeting, the subcommittee has convened five times. They conducted SWOT (strengths, weaknesses, opportunities, and threats) analyses on a variety of issues and narrowed down their list of priorities from 12 to five items.

Potential Actions for TAC Consideration

The following sections summarize the Health Subcommittee's proposed recommendations, accompanied by rationales and background information.

Recommendation

Provide information on VA efforts to collect data on:

- Veteran suicides that occur on tribal lands, which should be included in the VHA-IHS MOU operational plan
- Native American Veteran suicides that occur in urban areas

VA should begin collecting this data by October 2023, publish its first report by October 2024, and then annually publish the results at the beginning of each fiscal year thereafter.

Priority 1: Behavioral Health Care/Suicide Prevention

According to the National Veteran Suicide Prevention Annual Report, in calendar year 2020 alone, there were an average of 16.8 Veteran suicides per day. In the United States, the suicide rate for Veterans is 57.3% higher compared to non-Veteran adults. Almost 30 out of every 100,000 Native American Veterans died by suicide in 2020. However, this number does not account for people who identified as Native American in combination with one or more other races. Counting this population is critical to ensure accurate data, and this population is growing. The U.S. Census Bureau reports that the population of those who are Native American in combination with one or more other races has increased by 160% since 2010.

The majority of Native Americans live outside of tribal statistical areas. Data on Veteran suicides that occur outside of tribal areas should be included alongside data for tribal lands. This data will enable VA and tribes to identify where tailored intervention, prevention, and education efforts should be concentrated.

Priority 2: Cultural Healers/Natural Helpers

Recommendation

- Amend department policy and relevant Veterans Health Administration (VHA) directives to champion and or allow the use of traditional healing as a legitimate and evidence-based practice that promotes the wellbeing of Native American Veterans.
- Incorporate traditional healing for Native American Veterans as part of VA's Whole Health expansion.
- Increase Whole Health offerings by 3% each year, with at least a 0.5% increase in Native American communities.
- Provide quarterly updates on progress with specific information on Native American Veterans served.
- Create a trend chart within the VA High Risk List Action Plan Update—Managing Risks and Improving VA Health Care report to the U.S. Government Accountability Office (GAO) by March of 2024.
- VHA should add spiritual healers, cultural healers, and natural helpers as a treatment plan for behavioral health support of Native American Veterans by October 2024.
- VHA should include spiritual healers, cultural healers, and natural helpers in reimbursement agreements established under the Memorandum of Understanding between VHA and IHS (VHA-IHS MOU).
- VHA should work with the committee to design a program that would position Native American spiritual leaders as equal to chaplains under the National VA Chaplain Service by January 2025.

Addressing spirituality and cultural needs is essential to providing an authentic Whole Health approach for serving Native American Veterans. Enabling traditional healing as a reimbursable, billable service would promote increased support and improved health outcomes for these Veterans. Many Native American Veterans suffer from behavioral health issues, including post-traumatic stress disorder (PTSD), depression, substance use disorders, and other co-occurring conditions. Native American Veterans who use VA health care experience PTSD at a higher rate than all other Veteran groups and at nearly double the rate of non-Hispanic White Veterans.

National VA Chaplain Service activities include providing supportive spiritual care, leading religious ceremonies, educating health care teams and the community on religious and spiritual issues, and encouraging and supporting research activities to assess the effectiveness of providing spiritual care. Chaplains offer comfort, support, leadership, advocacy, counseling, medication, and education. Spiritual leaders in tribal communities do the same and should be recognized as having equal validity.

Priority 3: Homelessness as a Health Disparity

Recommendation

- Amend the VHA Homeless Programs Office strategic plan to target a 5% increase in Stand Down events.
- Create objectives in the operations plans of each region to ensure the intended increase in Stand Down events can be met.
- Provide quarterly progress updates.

In 2020, there were 1,082 Native American Veterans who identified as homeless. This equates to approximately seven homeless individuals for every 1,000 Native American Veterans. The actual number of homeless Native American Veterans is likely higher than the reported number, as some homeless persons do not recognize themselves as such or do not wish to report their homeless status.

Stand Down events offer a variety of services that meet basic and immediate needs for homeless Veterans, such as providing food and clothing, but perhaps one of the most impactful offerings is access to information about available VA resources to help Veterans.

In Fiscal Year 2019, the VA Health Care for Homeless Veterans Program supported 320 Stand Down events, providing outreach to more than 75,500 Veterans, but the COVID-19 pandemic subsequently cut the numbers of events offered and Veterans reached by more than half. Hosting events for homeless Veterans focused on tribal communities would help identify how to strengthen current programs and identify where new programs are needed.

Priority 4: Joint Meetings

Supports for homeless Veterans and women Veterans are cross-cutting issues. A comprehensive set of upstream strategies is needed for addressing racial equity related to housing, including methods for identifying risk factors for homelessness.

Recommendation

Facilitate regular joint meetings and recommendations between the VA Advisory Committee on Tribal and Indian Affairs, Advisory Committee on Homeless Veterans, and Advisory Committee on Women Veterans, to increase understanding, opportunities for collaborative efforts, and the development of effective strategies that strengthen common goals and objectives.

The proportion of women Veterans is higher among Native Americans compared to other races. Women Veterans often face a unique set of challenges to accessing services. For example, many Native American women Veterans are not willing to speak to a male VSO about women's health needs. Further, many Native American women Veterans have reported feeling invisible in their own communities. Culturally tailored health initiatives often overlook female Veterans in Native American communities.

Joint meetings and recommendations across the advisory committees listed would promote the development of effective strategies for addressing challenges faced by Native American women Veterans and homeless Native American Veterans.

Priority 5: IHS Advance Appropriations

Through advance appropriations, VHA, Medicare, and Medicaid are financially protected from government shutdowns. IHS is the only major federal health care program not protected in this way.

Recommendation

Support advance appropriations for IHS by:

- Writing to the House and Senate budget, appropriations, and authorizing committees, affirming that advance appropriations for the VHA have reduced the budget uncertainty effects of continuing resolutions and government shutdowns, as reported by the GAO.
- Providing budget formulation and execution technical support to IHS upon request.

When gaps occur in IHS funding, tribes and urban Indian organizations are often forced to reduce or pause health care services, meaning that Native American patients, including Veterans, must forgo critical care. For example, when one urban Indian organization did not have enough funding to operate during the 2019 federal shutdown, there were several opioid-related fatalities in the community as a result of paused services.

In 2018, the GAO reported that advance appropriations reduced VHA budget uncertainty around the provision of health care services, health care program planning, provider recruitment and retention, and commercial contracts and vendor negotiations. Given VA's close partnership with IHS, their support in obtaining IHS advance appropriations will be beneficial.

Committee Discussion of Proposed Recommendations

James Zwierlein suggested including the Advisory Committee on Minority Veterans alongside the other VA advisory committees listed in the proposed recommendation on regular joint meetings. Ms. Tetnowski agreed with the suggestion and noted that the subcommittee will revise the language of the proposed recommendation to include this additional committee.

Mr. Hill asked whether VA identifies Native American Veterans by requiring the Veteran show tribal identification, having them fill out a form, or asking them verbally. He said failing to require Veterans to present tribal identification is problematic, as there have been instances of individuals claiming to be Native American so they could serve as traditional healers but harming people due to their lack of traditional knowledge. Culture can be exploited, and requiring identification helps prevent such exploitation.

One of the committee members shared that during the Health Subcommittee meeting that morning, Dr. Mark Upton with VHA presented a new form for Veterans that includes a race question. They discussed the fields that should be included. They noted that speaking with Dr. Upton is the proper avenue for

proposing improvements to the form. VHA expressed their intent to invite the committee to attend meetings about this form to share their feedback.

Director Birdwell indicated that currently, although there are some exceptions under the reimbursement agreement program, Veterans typically self-identify as Native American by answering a race question on a form. Presumptively, Veterans receiving care at IHS and tribal health facilities are likely to be Native American. The NADL program under the Veterans Benefits Administration (VBA) is one VA program that requires proof of tribal citizenship. The form in question was released in July and is currently in use. The draft rule supporting implementation of a copay is still in process.

Mr. Talas expressed his full support for all the potential recommendations shared by the Health Subcommittee. He said that each tribe uses HUD-Veterans Affairs Supportive Housing (HUD-VASH) vouchers differently. For Hopi Tribe, the vouchers are difficult to use because they must be used for housing within a town, and the nearest town is about 40 miles from Hopi traditional homelands. Most Hopi citizens prefer to reside on their traditional homelands. Further, Mr. Talas recommended that IHS be involved in discussions about behavioral health services for Native American Veterans. Housing behavioral health services within IHS facilities and billing VA for them would provide a convenient option for Veterans to receive all needed services in one place, since IHS facilities are often the closest clinics to them. Regarding cultural healing, Mr. Talas noted that it will be crucial for tribes to be involved in drafting related policies. The policies need to be flexible since each tribe follows its own traditions. Some tribes will likely want compensation for traditional healing services provision.

Mr. Lewis also expressed his full support for the potential recommendations. He advised that the compiled committee recommendations should be viewed as a living document that can be updated in the future. He said that Stand Down events only offer temporary fixes without addressing the root of the problem and shared that Lummi Nation received hotel vouchers for homeless Veterans, but this too only provided a temporary fix. Mr. Lewis emphasized the importance of the committee collaborating with other VA advisory committees to develop joint recommendations. In addition, he noted that it is crucial for VA to work more closely with other federal agencies involved in serving Native Veterans, such as HUD. Finally, he highlighted a need for systemic change to truly address issues at the source.

RADM Kevin Meeks stated that he is in favor of the recommendations around cultural healers. He pointed out that policy development around this issue will require drafting a formal job description, and creating a job description that covers what traditional healers do will be very difficult. He emphasized the importance of ensuring committee and tribal participation in the development of these policies.

Mr. Lewis said the Portland Area has been working with CMS to instate a Section 1115 demonstration waiver for the provision of cultural healing. Culture rooms within tribal health care facilities are one example of traditional services that would be difficult to capture within a job description. Given the amount of information that needs to be shared with VA on the work tribes are already doing around cultural healing, he suggested forming a cultural healing subcommittee.

Mr. Ward noted that based on the committee's input, the recommendations on cultural healing appear to warrant refinement.

Mr. Hill remarked that individuals who are legally homeless may not view themselves as such. He shared an example of a Veteran who was sleeping on the couch at his mother's house but did not identify

himself as homeless. Mr. Hill also expressed support for Mr. Lewis' recommendation to form a cultural healing subcommittee.

Chief Smith noted that the saying "no decision about us without us" works in both directions. Just as the committee expects VA to work with tribes on all decisions, it is important for the committee to work with VA to ensure they are developing and promulgating recommendations that will succeed.

Mr. Lewis commented that once the TAC votes on which recommendations to put forward, the next step will be helping VA to fully understand those recommendations. VA leadership must engage in discussion with the committee to understand how best to move forward. As part of this discussion, the committee will need to use stories to illustrate the goals of the recommendations.

Committee Discussion with VHA

VHA leadership joined the meeting to discuss the committee's health-related priorities. VHA leadership in attendance included:

- Dr. Tamara Campbell, Executive Director for Mental Health and Suicide Prevention
- Dr. Steven Lieberman, Deputy Under Secretary for Health
- Dr. Erica Scavella, Chief Medical Officer
- Dr. Mark Upton, Acting Deputy to the Deputy Under Secretary for Health

Dr. Campbell said that accurately capturing the number of Native American suicides requires accurate racial and ethnic data from the Census Bureau. She noted that VA and the Census Bureau will likely need to work together to determine how to improve this data source.

Ms. Tetnowski pointed out that tribal epidemiology centers track data on tribal populations and work closely with coroners and the CDC to obtain this data. Mr. Lewis asked if VA has worked with tribal epidemiology centers to obtain data.

Director Birdwell responded that VA collaborates with tribal epidemiology centers on a case-by-case basis. Such centers are present within each area. In addition, there is one center that represents urban Indian populations.

Mr. Lewis said that these centers collaborate well with each other, and that the committee can help ensure all centers engage in the conversation around data. Ms. Tetnowski recommended compiling a list of points of contact at each tribal epidemiology center. She said the committee members' technical advisors can compile that information and share it with VA.

One of the VHA participants asked if these centers would be willing to share their data and whether VA would need to establish data sharing agreements with each tribal epidemiology center. A committee member said that the centers already have data sharing agreements in place with IHS, which demonstrates their willingness to share data with federal agencies. Another committee member pointed out that an agreement may not be needed, since only aggregate data will be shared. Mr. Ward said he will follow up on whether such agreements would be needed.

Dr. Campbell indicated that VA staff complete their training and education through CMS. She noted that the training includes a module on working with military populations and said she would like for a

module on working with Native Americans to also be included. She asked the committee to recommend three areas VHA should prioritize in terms of cultural awareness training.

Mr. Talas shared that in Arizona, a local VA coordinator organized two trainings at the local VA center in which Hopi and Navajo representatives were invited to discuss their tribes' cultures. The staff who attended the trainings commented that they would like to participate in more trainings that involve local tribal representation.

Chief Smith said that when VA visited Alaska Native villages to hold Stand Down events, the VSOs did not interact with TVRs from rural areas. Such interaction is important so that TVRs can brief VSOs on crucial issues. He shared an instance in which a visiting VSO set up at the post office, but notifying Veterans in the Alaska Bush about this opportunity to visit with the VSO took so long that the VSO had few visitors. This story underscores the importance of VSOs working with TVRs to plan their visits to tribal areas.

Mr. Hill emphasized that decision makers and tribal representatives must be present at the same table to effectively develop policy. He highlighted that all tribal cultures are different and thus, any information the committee could provide on culture would be very general. He noted that VA has not permitted certain types of ceremonies and traditional treatments. For example, Standing Rock Sioux Tribe offered equine therapy for Veterans at one point, but VA objected due to liability concerns. He recommended that VA meet with tribes on a more individual basis to better understand their traditions and cultural healing approaches.

Mr. Lewis agreed with the importance of VA leadership interfacing with the committee in person. He pointed to the current conversation as being effective because of VHA's in-person attendance. He noted that he already contacted the Portland Area tribal epidemiology center about the conversation that just occurred around tribal epidemiology center data. Such efficient movement on action items would not be possible if VHA leadership had not joined the meeting in person. Mr. Lewis said that tribal communities are already practicing cultural healing, and they have already partnered with IHS and CMS in these endeavors. SAMHSA has issued grants for cultural healing. The 574 federally recognized tribes have 574 different beliefs and approaches to healing.

The VHA team indicated that they want to hear more from the committee about recommended areas of focus regarding homelessness among Veterans.

Mr. Lewis cautioned against drug testing residents served by programs to address homelessness. He said that when Lummi Nation began drug testing these individuals, the practice created additional homelessness. He shared one incident in which a family member contaminated a woman's house with methamphetamine while she was in the hospital giving birth, and she and her seven children were subsequently evicted. He pointed out that individuals cannot fully address substance use disorders or other health care issues if they have no place to stay. The National Indian Health Board (NIHB) recently passed a resolution urging tribes to view homelessness as a health disparity because it is a barrier to accessing health care services. He said that Stand Down events and housing vouchers provide only a temporary fix and that systemic policy changes are needed. He added that including HUD in the conversation is important to understanding barriers and developing policies in response to these challenges.

Ms. Tetnowski remarked that approximately seven of every 1,000 Native American Veterans are homeless. Many of these Veterans experience co-occurring challenges, and these issues need to be viewed as interconnected. Because of the intersections of the issues they are intended to address, the Health Subcommittee's proposed recommendations are also interconnected. One challenge is that many homeless individuals do not have mailing addresses or PO boxes, and VA only offers mail-in prescriptions. VA will no longer send medications to tribal and urban Indian health facilities for distribution. Another challenge is that housing vouchers typically do not work on reservations. Ms. Tetnowski emphasized the need to take steps toward collectively addressing the issues that Native American Veterans face. She also noted that it should be easier for Veterans and those who work with them directly to share issues with VA, rather than waiting for a committee member to do so.

Mr. Hill shared that a Veteran on the Standing Rock Sioux Reservation who was about to become homeless asked VA about the HUD-VASH program. However, since he was not homeless at that point, he did not qualify for assistance. Essentially, he was told to come back once he no longer had a place to live. Now, he refuses to accept services from VA because he no longer trusts them. Mr. Hill also noted that mental health is a crucial consideration in addressing homelessness. He reiterated Ms. Tetnowski's point about the difficulty of using HUD-VASH on tribal lands, stating that of the 20 HUD-VASH vouchers Standing Rock Sioux Tribe received, only 10 are currently in use. He recommended involving the Native American Housing Assistance and Self-Determination Act (NAHASDA) program in the discussion on addressing homelessness through policy, as many Native American Veterans do not meet the current NAHASDA requirements. He noted that homelessness needs to be understood culturally.

Chief Smith shared a story of a Veteran who was planning to undergo an amputation of his leg and requested to have the door to his home enlarged so that he could use the doorway more easily after his amputation. However, VA denied the modification request because the surgery had not occurred yet. Thus, he had to modify the house on his own. Chief Smith said that for Veterans who will have surgeries for service-connected illnesses and injuries, VA should be willing to make home modifications ahead of time to aid the Veteran with activities of daily living.

Reyn Kaupiko said that on Oahu (HI), VA is doing an excellent job of addressing homelessness. He emphasized the need to raise public awareness of how homelessness is defined. Those who are "couch surfing" or who go live in the wilderness for periods of time are common within Hawaiian communities. While these individuals are considered legally homeless, they may not identify themselves as such.

Dr. Upton thanked the committee for the discussion and noted that this conversation was the beginning of many. He expressed VHA's commitment to working closely with the committee.

Wrap-Up and Closing

Mr. Ward briefly reviewed the following day's agenda.

Mr. Talas provided a closing prayer, and Mr. Ward adjourned the meeting.

Day 2

Wednesday, November 9, 2022

Opening

Mr. Ward welcomed the participants to the second day of the meeting and provided a reminder that Chairman Austin would be unable to join the meeting due to a family emergency. He called the meeting to order and then conducted roll call.

Chief Smith provided an opening blessing.

Director Birdwell welcomed the attendees to Day 2 of the meeting and thanked them for their participation.

Discussion with IHS Director

IHS Director Roselyn Tso thanked the committee members for their military service and their participation in their advisory roles. She shared that she has been traveling to all the IHS regions and has visited all but one, which she plans to visit soon. While in the field, she has worked to understand the distances Veterans often must travel to receive services. They can travel especially long distances to receive specialty care. Also concerning is that medical records do not necessarily follow Veterans when they travel to receive care. The lack of knowledge by referral sites about what the home sites may have prescribed can be dangerous. She acknowledged the importance of Veterans' voices in coordinating care. Currently, IHS is involved in tribal consultation on the renewal of the reimbursement agreement with VA. They are also updating the operational plan, which includes accountability measures. In addition, IHS is in the process of updating its electronic health record system. Director Tso expressed IHS' commitment to streamlining and improving services for Veterans.

The committee members introduced themselves to Director Tso.

Mr. Hill expressed concerns about access issues with compensation and pension exams. He suggested that VA personnel visit the clinics monthly to take appointments for these exams.

Mr. Lewis encouraged IHS to meet with VA leadership to help them understand how cultural healing supports Native American Veterans' physical and spiritual health. He said the agencies involved should strengthen collaboration rather than duplicating efforts.

Ms. Tetnowski agreed, noting that cross-agency collaboration is crucial to promoting cultural healing and addressing homelessness as a health disparity. She emphasized that all the committee's priorities and recommendations are intertwined, and to address them will require breaking down silos. She acknowledged the work that IHS has already done to provide VA with cultural competence training, and she urged IHS to build on this work. She suggested having an IHS representative attend all committee meetings to understand the issues they raise.

RADM Meeks agreed with Ms. Tetnowski's recommendation for IHS to continue providing cultural competence training to VA, highlighting the concept of tribal sovereignty as a key training need. He observed that reimbursements are the primary focus under the VA-IHS MOU, but much more could be included under the MOU, including training and the sharing of staff and equipment. He suggested that IHS encourage or require area directors to collaborate with VA on innovative ways to partner to enhance the quality of care for Native American Veterans.

Mr. Zwierlein said the Navajo Nation Veterans Administration is encountering challenges with the timely release of Veterans' records. When the release of these records is delayed, the claim eventually closes, and the Veteran has to start the process over. He recommended making staff aware of the time constraints for releasing these records.

Chief Smith agreed with Mr. Zwierlein's suggestion, adding that the records should be shared prior to a Veteran traveling to receive a compensation and pension exam.

Mr. Lewis noted that the committee will vote on a recommendation for VA to help IHS obtain advance appropriations. Such appropriations would promote the continuity of health care for Native American Veterans in the event of a federal shutdown. He urged IHS to place the utmost importance on strengthening its partnership with VA. In addition, he requested payment of TVRs, who currently serve as volunteers. TVRs are liaisons who play pivotal roles in connecting Veterans to the care they need, and should be compensated as such.

Ms. Pratt said that without collaboration efforts between IHS and VA, the MOU is essentially just a piece of paper. She urged collaboration and agency-wide training encouraging such coordination.

Director Birdwell said it would be helpful for IHS to complement VA's implementation of a tribal health office by establishing a Veterans' health office so that each agency has an office focused on the health of tribal Veterans. She also suggested that the two agencies collaborate to establish regional VHA-IHS coordinators to help promote the full implementation of the MOU.

Director Tso agreed that the MOU must be fully implemented to improve the lives of Native American Veterans. She said that protecting IHS' relationships with tribes and urban Indian organizations is a top priority. In many cases, personnel who deal with Veterans' issues are already present in IHS facilities. She acknowledged that these positions can be increased and improved. She also acknowledged the need to improve data collection. Director Tso expressed a commitment to remind staff of the importance of sharing health records in a timely manner. In addition, she declared a commitment to promoting the importance of culturally appropriate care. She acknowledged the uniqueness of each tribe and noted that a true partnership will be key to educating IHS and VA personnel about how to align efforts with the needs and traditions of individual tribal communities. Finally, she committed to engaging with and listening to the committee regularly in the future.

Public Comment Session

Two members of the public provided comments.

Frank Dayish (Navajo Nation) began by expressing his appreciation to the committee for their work. He noted that no progress has occurred in regard to GAO's recommendations on the VHA-IHS MOU. He highlighted the urgency of creating a timeline for updating the MOU, as the recommended updates will improve services for Native American Veterans. For example, when a Veteran is seen at both VA and IHS facilities, they often have to repeat health tests because the facilities do not communicate test results to one another. In Arizona, VA personnel are only present in one IHS facility, which is the IHS hospital in Prescott. He also shared that Navajo Nation has yet to receive financial assistance for resources for Veterans, noting that there seem to be more roadblocks than assistance. He said that Veterans' needs often seem to go unheard, and moving the MOU forward would help resolve this issue. The PACT Act, which is very promising, needs to be fully implemented.

Nelson Begaye (Navajo Nation) agreed with Mr. Dayish's comments. He said that for his community, the closest VA office is 200 to 300 miles away in Albuquerque, New Mexico. While there is a hospital nearby, VA no longer has an office within that facility. He also shared concerns about the political appointment of the Navajo Nation Veterans Administration director. For political reasons, the current director was the only applicant, even though more qualified individuals were present in the community. He asked VA to provide guidance on how to improve this situation. He pointed out that financial allocations for the Navajo Nation Veterans Administration take a long time to reach Veterans' organizations due to a heavily regulated process. He observed that winter is approaching, and these funds are critically needed to help care for Veterans, including homeless individuals.

Benefits/Memorial Affairs Subcommittee Discussion

Mr. Zwierlein, who chairs the Benefits/Memorial Affairs Subcommittee, reviewed the subcommittee's activities and the recommendations they are proposing to the committee for possible adoption.

The subcommittee members include:

- Jim Zwierlein, Chair
- Angela Pratt, Co-Chair
- Galyn Minkel
- Chief Bill Smith
- Geno Talas
- Fred Urbina
- Manaja Hill

Subcommittee Activities

Since the previous committee meeting, the subcommittee convened twice. These meetings focused on the NADL program, T-REP, and the Native American Veterans Program. Notably, the subcommittee is formulating a recommendation on the Native American Veterans Program, but the recommendation is not developed enough for presentation to the committee at this time.

To develop strong potential recommendations, subcommittee members considered the following questions for each topic.

- What is the purpose of the recommendation?
- Does the recommendation follow the SMART format?
- Does the recommendation follow a logical progression?
- Does the recommendation address specific details?
- Does the recommendation leave any unanswered questions?

The resulting potential actions for the committee's consideration are described in the following sections.

Potential Actions for TAC Consideration

The following sections summarize the Benefits/Memorial Affairs Subcommittee's proposed recommendations, accompanied by rationales and background information.

The NADL Program

Recommendation

The NADL Program should explore and consider adopting a formula similar to what HUD uses and authorizes for tribally designated housing entities to subsidize loans for new homes.

Under this approach, instead of offering mortgages to Veterans who wish to apply, the program would subsidize the cost of home construction based on the Veteran's net income. For this program, disability compensation is considered as part of the Veteran's income.

Since its inception in 1992, the NADL Program has initiated 1,205 loans across the VISNs. Most of these loans (969) originated in VISN 21, which includes Hawaii and other island communities. This data shows an uneven distribution to Veterans in the continental United States. Through discussions with VA, the subcommittee has learned that the likely explanation for this uneven distribution of NADL loans is a lack of employment opportunities that would enable individuals in the continental United States to qualify for loans in today's market. Currently, the cost of construction is extremely high. For example, in some areas, the cost of construction has more than doubled compared to pre-COVID costs.

Tribal Representation Expansion Project (T-REP)

Recommendation

- OGC and VBA should jointly issue a checklist to guide VSOs and VSRs through the process of obtaining a PIV card.
- Hold regional in-person trainings or an online training module to help users understand how to navigate the VBMS system.

As the first tribally operated Veterans administration to go through the T-REP accreditation process, the Navajo Nation Veterans Administration has uncovered areas for improvement within the process.

The first is challenges with obtaining a PIV card, which enables users to access the VBMS portal to directly upload Veterans' claims and power of attorney paperwork. A checklist would help individuals work with their regional offices to submit their background check information and complete the required training modules and ultimately obtain their PIV cards and login credentials.

The second primary challenge pertains to the VBMS user manual, which is not reader friendly. For those with no familiarity with the system, the manual is difficult to understand. Training for VSOs and VSRs would help ensure they understand the processes.

Native American Veterans Program

No recommendations at this time.

The subcommittee is in the process of drafting a recommendation on this issue, but they are still refining this recommendation.

At the previous committee meeting, the Albuquerque Regional VA Office delivered a presentation about their Native American Veterans Program, which the subcommittee would like to see duplicated across other areas. Currently, the subcommittee is gathering more information on the financial and personnel implications of recommending this program on a larger scale.

Committee Discussion of Proposed Recommendations

In regard to the NADL Program, Chief Smith pointed out that the term "trust land" in the program language is problematic, as it does not include Alaska Native corporation land. This language must be changed for Veterans in Alaska to be able to participate in the program.

Mr. Zwierlein said the subcommittee discussed this issue and learned that a separate VA advisory committee is planning to promulgate a recommendation to make this change.

Chief Smith noted that the tribal advisory committee also putting forward this recommendation would show additional support for this action. He suggested including this recommendation as part of the draft NADL Program recommendation.

RADM Meeks agreed, noting that the NADL Program needs to account for all of Indian Country. He pointed out that the lands of many Oklahoma tribes are considered former reservations.

Chief Smith remarked that the NADL loans should be issued directly through VA instead of through a bank, which can sell the loans to other institutions.

Ms. Tetnowski expressed her support for both Benefits/Memorial Affairs Subcommittee recommendations, as well as Chief Smith's proposed addition to the recommendation regarding the NADL Program.

Administrative Subcommittee Discussion

RADM Meeks, who co-chairs the Administrative Subcommittee, reviewed the subcommittee's activities and the recommendations they are proposing to the committee for possible adoption.

The subcommittee members include:

- RADM Kevin Meeks, Co-Chair
- James Zwierlein, Co-Chair
- Jack Austin, Jr.
- Reyn Kaupiko
- Angela Pratt
- Manaja Hill
- Ted Tenorio

Subcommittee Activities

The subcommittee's areas of focus include the revision of the VA tribal consultation policy, legislation and regulations that would affect Native American Veterans, and review of recommendations to the VA Secretary.

Potential Actions for TAC Consideration

The following sections summarize the Administrative Subcommittee's proposed recommendations, accompanied by rationales and background information.

Tribal Consultation

Recommendation

- Incorporate recommendations from the VA TAC and tribal leaders' input for the revision of the VA tribal consultation policy in FY2023.
- Post the revised VA tribal consultation policy incorporating the TAC and tribal leader in the Federal Register by February or March 15 with a 60-day comment period.
- Post the final VA tribal consultation policy and disseminate to the 574 tribal leaders through a Dear Tribal Leader letter.

As part of the revision process, VA has sent the tribal consultation to tribes for comments twice. The subcommittee reviewed the comments and identified several key themes:

- Tribal consultation must happen as early as possible.
- Tribes need to be included in the development of tribal consultation policies, rather than being asked to review them after they are drafted.
- Agency engagement with tribal organizations is important to fully understanding issues but should never take the place of tribal consultation.
- VISNs should host regular listening sessions with tribes to stay informed on tribal concerns.

Urban Confer Policy

Recommendation

Develop an Urban Confer Policy to partner with Urban Indian programs more effectively in their provision of health services to urban Native American Veterans.

Currently, IHS is the only federal agency that has implemented a policy for conferring with urban Indian organizations. The subcommittee believes that VA should review IHS' urban confer policy as a starting point for developing their own.

Attendance of VA Officials at Committee Meetings

Recommendation

The VA Secretary should require appropriate and relevant VA officials to prioritize in-person attendance at future TAC meetings when requested by the TAC.

The participation of high-level federal officials promotes effective dialogue and shows that federal agencies take committee input seriously.

VHA-IHS MOU

Such partnership would promote the full implementation of the MOU. If there are any VISNs with no IHS, tribal, urban Indian, or Native Hawaiian health programs within them, this recommendation will not apply to them.

Recommendation

The VA Secretary should require each VISN director to partner annually with at least one IHS, tribal, urban, or Native Hawaiian health program to meet a specific goal or objective as indicated in the current VHA-IHS MOU and to host annual listening sessions with tribal leaders in their service area.

Native Hawaiian Communities

Native Hawaiian communities face the same level of complexity as AI/AN tribes, but they are a distinct ethnic group with some different challenges. The committee's charter references Native Hawaiian communities and indicates that the committee should elevate their issues alongside AI/AN issues.

Recommendation

In accordance with applicable federal law, TAC recommends that VA include Native Hawaiian communities by name when appropriate in all VA TAC decisions and subsequent actions.

Cultural Awareness Training

Recommendation

VHA and IHS should partner with tribes in each VISN to develop a cultural awareness training curricula specific to those "local" tribes and Hawaiian Native communities. Such training should be required and included as an element in the federal officials' performance rating plan.

There are 574 federally recognized tribes across the country, each of which is a sovereign nation. It is imperative that VA understand and respect those relationships.

Committee Discussion of Proposed Recommendations

Chief Smith suggested calling for regular tribal consultations, rather than listening sessions under the tribal consultation recommendation. He described the distinction between these two forms of engagement as whether tribal leaders are present who can make decisions.

Ms. Tetnowski said she supports all of the proposed recommendations in their entirety.

Mr. Talas also expressed his support for the proposed recommendations. He asked how VA determines who receives Dear Tribal Leader letters notifying tribes of tribal consultation requests.

Director Birdwell responded that the relevant senior VA official sends the letters via both mail and email to the elected tribal leader. In recognition that program staff also need to be aware of tribal consultation requests, VA leverages partners, such as NCAI, NIHB, and the Tribal Advisory Committee, to inform relevant program staff.

Voting on Recommendations

The committee reviewed the working draft report from the committee to the VA Secretary, which included all proposed recommendations. The draft report begins by providing information on the committee's background, authority, membership, and subcommittees. It then lists all proposed recommendations along with any accompanying rationales or context provided by the subcommittees. Within the report, the recommendations are grouped by the subcommittee that proposed them, as follows:

- Administrative Subcommittee
- Benefits/Memorial Affairs Subcommittee
- Health Subcommittee

For easy reference, recommendations are labeled with a letter and a number, with the number representing the subcommittee that provided it and the letter indicating where it appears in the respective subcommittee's list. For example, the Health Committee's first recommendation is labeled 3A. Notably, the order does not denote priority; rather, it is merely a labeling system.

Mr. Ward facilitated the committee's voting on each recommendation. He explained that committee members had the options to vote in favor, vote against, or abstain from voting. For a recommendation

to move forward, the committee must reach consensus in favor of that recommendation. Any recommendations for which a consensus in favor is not reached would be struck from the report.

The voting outcomes are summarized in the table below.

Table 2. Committee Voting on Proposed Recommendations

Recommendation	Motioned by	Seconded by	Voting outcome
1A. Tribal consultation policy	James Zwierlein	Chief Bill Smith	Consensus: In favor
1B. Requirement for VA functional area leadership to attend ACTIA meetings	James Zwierlein	Chief Bill Smith	Consensus: In favor
1C. VHA-IHS MOU	Geno Talas	Sonya Tetnowski	Consensus: In favor
1D. Urban confer policy	Sonya Tetnowski	Galyn Minkel	Consensus: In favor
1E. Native Hawaiians	Manaja Hill	Chief Bill Smith	Consensus: In favor
1F. Cultural awareness training	Nickolaus Lewis	Angela Pratt	Consensus: In favor
2A. NADL program	RADM Kevin Meeks	Angela Pratt	Consensus: In favor
2B. T-REP	Chief Bill Smith	Angela Pratt	Consensus: In favor
3A. Behavioral health/suicide prevention	RADM Kevin Meeks	James Zwierlein	Consensus: In favor
3B. Cultural healers/natural helpers	Nickolaus Lewis	Manaja Hill	Consensus: In favor
3C. Homelessness as a health disparity	Geno Talas	Galyn Minkel	Consensus: In favor
3D. Joint advisory committee meetings	James Zwierlein	Angela Pratt	Consensus: In favor
3E. Advance appropriations for IHS	Chief Bill Smith	RADM Kevin Meeks	Consensus: In favor

As shown in Table 2, the committee reached consensus in favor of every recommendation.

The committee briefly discussed next steps for finalizing the report. Mr. Zwierlein said that according to ACMO, the next step is to forward the recommendations that the committee voted in favor of to Chairman Austin. The committee will then finalize the report, which will be forwarded to VA offices and advisory committees.

Mr. Lewis noted that the committee may wish to format the final document so it lists recommendations that may be more intuitive to readers, rather than grouping them by subcommittee. He also cautioned that the report will need to make it clear that the order does not indicate priority, since all recommendations are of equal importance. RADM Meeks agreed and suggested including a cover letter or report introduction that emphasizes that recommendations are not ordered by priority. Ms. Tetnowski agreed that such language should be included.

Mr. Zwierlein noted that as a matter of public record, the specific recommendations need to be presented so the public can view them. He asked whether the cover letter or instructions that the committee will develop on how to read the report need to be presented to the public before the report

is shared with the VA Secretary. Mr. Ward said he will follow up with Mr. Moragne on the requirements for this language. He also indicated he will share the voting results with Chairman Austin.

Wrap-up and Closing

Chief Smith provided a closing prayer.

Day 3

Thursday, November 10, 2022

Opening Remarks

Mr. Ward welcomed the participants to the third day of the meeting and provided a reminder that Chairman Austin would be unable to join the meeting due to a family emergency. He called the meeting to order and then conducted roll call.

Ms. Tetnowski provided an opening blessing.

VA Office of Tribal Health Presentation

Travis Trueblood, VA Office of Tribal Health Director, provided a brief overview of the newly established Office of Tribal Health (OTH).

The impetus for establishing this office was to create an office within VA dedicated to the health of tribal Veterans. Their key focus areas include access, resource sharing, information technology, and improving the health care experiences of all Native American Veterans. Other VA offices have expressed excitement to learn from the office on how to best provide services to Native American Veterans. The office's goals align with the overarching VA strategic goals. While the office deals with all types of inquiries form other VA offices regarding Native American Veterans, they aim to serve as a strategic partner that helps other offices understand how to work with tribes and connect with Native American Veterans, rather than taking on that work for them.

Recruitment efforts are underway to staff the remaining positions in the Office of Tribal Health. The office has drafted a strategic plan and is currently developing its website and communications materials. In addition, they are drafting a tribal engagement plan.

As part of the efforts to engage with stakeholders proactively instead of reactively, the Office of Tribal Health staff have been traveling around Indian Country to learn more about Native American Veterans' needs. They have also conducted a legislative scan to identify legislation applicable to Native American Veteran health. Through this scan, they identified Megabus 3002 and Mission Act 403. In the future, the office will assume management of the VHA-IHS operational plan, which is currently handled by the Office of Rural Health. They have partnered with HUD-VASH and the National VA Chaplain Service and are exploring the possibility of partnering with VHA's sexual assault prevention program. They are also currently exploring issues related to spiritual care, health equity in data collection, and the closures of VA facilities in certain tribal communities.

Mr. Ward invited Mr. Trueblood to join future committee meetings to learn more about the issues they are bringing forward and to provide Office of Tribal Health updates.

Chief Smith asked whether the caregiver program will be moved under the Office of Tribal Health. He noted that the VA Secretary recently announced that after 2025, caregivers will need to become

certified. He also noted that Native Hawaiian communities are not mentioned within the office's mission, vision, and goals. Mr. Trueblood said he will follow up on whether the program is slated to be moved to his office and will look into whether verbiage can be updated to include Native Hawaiian communities.

Mr. Trueblood noted that the committee can now provide recommendations related to the Office of Tribal Health, such as a request for adequate resources for the office.

Ms. Tetnowski observed that OTGR has been working with tribes for many years to make sure their voices and the voices of Native American Veterans are heard. They have spent considerable time in tribal communities. To optimize resources and ensure the transfer of institutional knowledge, she encouraged the Office of Tribal Health to work very closely with OTGR.

Mr. Trueblood agreed and confirmed that his office partners closely with OTGR and hopes to eventually reduce OTGR's workload.

Ms. Tetnowski asked for the office's assistance in resolving an issue with a question about AI/AN status and the copay form 10-10EZ. This form was circulated in July, but if the committee had known about it in advance of its distribution, the need to retract it could have been avoided. There is an urgent need to retract it before it becomes too widespread. It is important for the committee to be involved in developing these types of materials.

Director Birdwell suggested that the committee and OTH should consider meeting in person to engage in strategic planning and discuss expectations and priorities. She also noted that OTGR plans to follow up with ACMO to discuss having representatives from IHS and HUD present at future committee meetings.

Mr. Kaupiko asked if there are any materials available that visually delineate OTGR from OTH.

Mr. Trueblood responded that such a resource has not been developed yet. However, the main difference is that OTH deals with health care related issues specific and not issues related to benefits or cemeteries. He recommended reaching out to OTGR first with questions or issues. OTGR can refer inquiries to OTH as appropriate.

Open Discussion

The committee discussed the location and dates for the next meeting. Director Birdwell reminded the group that Mr. Lewis had previously recommended holding the meeting in the Pacific Northwest on the Cow Creek Reservation. The committee discussed several other potential locations, including highly rural tribes such as Santee Sioux Tribe. Ultimately, five members voted in favor of Cow Creek Reservation and holding a working session before then. Most of them suggested April for the next full committee meeting. Mr. Ward said he will send proposed dates in April to the committee and follow up with Mr. Lewis to confirm the location.

Ms. Pratt requested clarity on how frequently the committee can convene. Director Birdwell said the minimum requirement is one meeting in Washington DC, and one in Indian Country each year, but they can meet as a full committee or hold working sessions more frequently than the required biannual convenings, though frequent meetings may be costly.

Chief Smith asked about the committee member term expirations in October 2023. Mr. Ward explained that the terms are likely to be staggered, meaning that half of the terms would expire, and the other half of the members would remain on the committee.

Wrap-Up and Closing

Ms. Tetnowski offered a closing prayer.

David C. Ward

12/7/2022