VA

U.S. Department of Veterans Affairs

2012 Tribal Consultation Report

Lincoln, Nebraska, and Denver, Colorado

Office of Tribal Government Relations

2012 Consultation Report

Lincoln, Nebraska, and Denver, Colorado

Eric K. Shinseki, Secretary
United States Department of Veterans Affairs

Thomas Sowers, Ph.D., Assistant Secretary
Office of Public and Intergovernmental Affairs

John Garcia, Deputy Assistant Secretary
Office of Intergovernmental Affairs

Stephanie Birdwell, Director
Office of Tribal Government Relations

810 Vermont Avenue, NW
Washington, DC 20420

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The Office of Tribal Government Relations gratefully acknowledges the input and participation of representatives of the Veterans Benefits Administration, the Veterans Health Administration, and the National Cemetery Administration in the 2012 tribal consultation events and in the creation and review of this report. Thank you for your ongoing commitment to VA's government-to-government relationship with American Indian and Alaska Native tribal governments.

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Executive Summary

American Indians and Alaska Natives have served with distinction in the Armed Forces of the United States. Since World War I, they have enlisted at rates higher than any other racial or ethnic group, and they continue to do so today. There are currently 30,000 American Indians and Alaska Natives serving in the U.S. military and 383,000 who are Veterans. It is the duty of the U.S. Department of Veterans Affairs (VA) to honor their service by ensuring that eligible Veterans receive the benefits to which they are entitled. In the words of Secretary Eric Shinseki, **VA has only one mission—to care for the men and women who have secured our Nation**.

While American Indians and Alaska Natives are overrepresented as Servicemembers and Veterans, they are underrepresented among Veterans who apply for and access VA services and benefits. It is VA's goal to ensure that American Indian and Alaska Native Veterans and their families are applying for services in greater numbers and taking full advantage of VA programs that include education benefits, life insurance, medical services, home loans, burial benefits, and more.

VA recognizes that a foundational step toward reaching this goal is engaging in government-to-government consultation with American Indian and Alaska Native nations. In engaging in tribal consultation, VA's goal is to build meaningful relationships, to learn about American Indian and Alaska Native Veterans' needs, and to gain the necessary knowledge and understanding to make VA benefits programs accessible and culturally appropriate.

In fiscal year (FY) 2012, VA held a cycle of four consultation events in different areas of the United States to meet with tribal government officials and their representatives. The aim of these consultation events was to discuss areas of policy identified by each VA Administration, with the goal of enhancing the delivery of services to American Indian and Alaska Native Servicemembers and Veterans. This report presents the outcomes of the final two FY 2012 consultation events, which took place in Lincoln, Nebraska, and Denver, Colorado. (The first two consultation events, in Washington, DC, and Anchorage, Alaska, are covered in a separate report.) This report includes the following major sections:

VA Tribal Consultation offers an overview of VA's engagement with tribal governments, including VA's 2011 tribal consultation policy and the Office of Tribal Government Relations (OTGR), the office formed in 2011 to house and direct VA consultation efforts.

Introduction to Lincoln, Nebraska, and Denver, Colorado, Consultation Events describes the two consultation events covered in this report. The events

took place in Lincoln, Nebraska, on June 17, 2012, and in Denver, Colorado, on September 24, 2012.

Consultation Findings offers a detailed report on the tribal input received at these events. The findings are organized by policy area and include comments from attendees, summaries of issues raised, and responses from VA. Policy areas addressed are:

- **VA-Indian Health Service 2010 Memorandum of Understanding (MOU) and Reimbursement Agreements and Sharing Agreements** – The 2010 MOU agreement between the Veterans Health Administration (VHA) and Indian Health Service (IHS) creates many areas of collaboration to enhance the delivery of care and services provided by VA, IHS, and tribal health facilities. Reimbursement agreements and sharing agreements are an important subtopic of collaboration between VA and IHS and were addressed in detail at the Denver, Colorado, consultation event in a separate listening session.
- **Tribal Cemetery Grants** – This grant program is available to tribes to develop Veterans' cemeteries on tribal land.
- **Native American Direct Loan Program** – This home loan program allows American Indian and Alaska Native Veterans to access VA home loan benefits for homes on tribal or Native corporation land.
- **Vocational Rehabilitation & Employment (VR&E)** – This program includes a wide range of rehab and employment services, including programs well-suited to Veterans living in rural areas and Indian lands.
- **Other Findings** – This section reports tribal input offered at the consultations that addresses other topics.

Appendices include supporting materials to assist in the understanding of this report, such as policy-specific documents for further reference and a list of all abbreviations used throughout this report, with their definitions (see Appendix 10).

VA Tribal Consultation

VA recognizes and respects the sovereignty of tribal nations and is committed to working in partnership on a government-to-government basis to better identify and meet the needs of American Indian and Alaska Native Veterans. VA's formal tribal consultation and other cooperative efforts with tribes are founded on the VA tribal consultation policy and directed by VA's OTGR.

VA Tribal Consultation Policy

As an executive agency of the U.S. Government, VA shares in the responsibility identified in Executive Order 13175 (issued in 2000) for increasing consultation between the Federal Government and American Indian and Alaska Native tribes and villages. Reiterating this Federal responsibility in 2009, President Obama signed a memorandum on tribal consultation that required all executive agencies to develop a plan for regular and meaningful consultation with tribal governments on any Federal policies with implications for tribes, tribal governments, or tribal lands and resources.

To meet these Federal requirements, Secretary Eric Shinseki signed VA's tribal consultation policy on February 4, 2011. VA explicitly identifies this document as a draft, a living document that is subject to amendment in response to changing circumstances and as VA deems appropriate. VA's tribal consultation policy provides a formal mechanism for agency leadership to consult with tribal governments on programs, policies, or initiatives that may affect Veterans in tribal communities. The VA consultation policy recognizes the importance of formal consultation events, such as those documented in this report, as well as informal consultation processes, which include collaboration, communication, and the sharing of ideas and best practices as a part of ongoing relationships between VA, tribes, and service providers at local and regional levels.

"As a Veteran myself, I ask other Veterans to file for the benefits you've earned, for yourself and for your family."

—Deputy Assistant Secretary John Garcia, Office of Intergovernmental Affairs

VA initiated formal tribal consultation on a national scale for the first time in 2012. These consultation events represent the beginning of ongoing efforts throughout Indian Country to build trust and strong working relationships between VA and tribal governments, in order to more effectively serve Native American Veterans.

Office of Tribal Government Relations

OTGR was established in January 2011 within VA's Office of Public and Intergovernmental Affairs (OPIA) to implement VA tribal consultation policy and support VA's process of developing government-to-government relationships with tribal nations. Deputy Assistant Secretary for Intergovernmental Affairs John M. Garcia serves as the primary point of contact for coordinating VA's relationships with tribal governments and represents VA Secretary Eric Shinseki in these relationships. Stephanie Birdwell (Cherokee Nation of Oklahoma) is the OTGR Director.

In addition, OTGR is staffed with four regional specialists who are tasked with building a network of relationships with tribal leaders and Veterans' service providers from all 566 federally recognized tribes. OTGR specialists also connect with all VA Administrations to bring tribal concerns to VA as a whole for attention and resolution.

Region	OTGR Specialist
Western Region	Terry Bentley (Karuk Tribe of California)
Central Region	Peter Vicaire (Listuguj Mi'gmaq)
Eastern Region	Erika Moott
Southwestern Region	Mary Culley (Seminole), acting specialist

OTGR's approach mirrors the combination of formal and informal consultation recognized in the VA tribal consultation policy. OTGR focuses on outreach and consultation at a formal level, directed to tribal leaders, but also complements formal processes with relationship building and supporting connections among tribal communities, Veterans' organizations, and a wide range of related service providers. It is the goal of OTGR's team of specialists to understand and connect two aspects of services for American Indian and Alaska Native Veterans: first, the varied landscapes of tribal communities, including who the service providers and Veterans are, and what geographic, political, cultural, and historical challenges and opportunities exist there; and second, the resources available for Veterans, including programs, services, service providers, and leadership within VA, as well as from other Native and non-Native organizations that serve Veterans.

Through these strategies, OTGR hopes to facilitate increased engagement between tribes and VA, which can assist in building trust, sharing information and best practices, and continuing to improve VA services to Native Veterans by addressing barriers to access and ensuring cultural competency. VA recognizes the complexity of the issues faced by Veterans and their families across Indian Country, and is committed to working with tribal nations on an ongoing, government-to-government basis to address them.

Introduction to Lincoln, Nebraska, and Denver, Colorado, Consultation Events

This report presents the findings from the final two VA tribal consultation events held in FY 2012. Preceded by events in Washington, DC, in April and Anchorage, AK, in May (these findings are presented in a separate report), the two events in this report, taking

place in Lincoln, Nebraska, and Denver, Colorado, concluded VA OTGR formal consultation events for 2012.

An important best practice that OTGR has begun to implement for formal tribal consultation events is to plan them in connection with other national events in Indian Country, allowing audiences already attending these events to easily join the consultation. This strategy was used in both events reported here, and made it possible for a geographically diverse audience to attend.

The first consultation event took place in Lincoln, Nebraska, on June 17, and was conducted in conjunction with the 2012 Mid-Year Conference of the National Congress of American Indians (NCAI). The Lincoln consultation was attended by approximately 20 participants, including tribal leaders, Native Veterans, and national and regional VA staff. (See Appendix 1 for the Lincoln consultation agenda and Appendix 2 for a list of consultation attendees.)

The second event took place in Denver, Colorado, on September 24, in conjunction with the Annual Consumer Conference of the National Indian Health Board (NIHB). NIHB's event created the opportunity for an unprecedented level of collaboration between NIHB and VA, and the following events were included at the Annual Consumer Conference:

- The VA-tribal consultation,
- A keynote address by VA Secretary Eric Shinseki (see Appendix 6 for the full text of the address),
- A full VA workshop track throughout the NIHB conference that was focused on Veterans' needs and services, and
- A special listening session on VA-tribal government collaboration in providing Veteran services.

VA was grateful for this opportunity to partner with NIHB to reach a wide Indian Country audience and to demonstrate VA's full commitment providing accessible and culturally appropriate benefits—in health and other areas—for American Indian and Alaska Native Veterans and Servicemembers. (See Appendix 3 for the Denver consultation agenda and Appendix 4 for a list of consultation attendees.)

The Denver listening session created an opportunity for a deeper discussion of collaboration opportunities between VA and tribal governments on providing health care services. The session featured a panel of VA subject matter experts, including a representative from VA's Chief Business Office and administrators of several VA medical centers (VAMC) that have active collaborations with tribal health programs. The panel was available for questions and answers, and the session was attended by

approximately 45 people, not including VA staff. (See Appendix 5 for the Denver Listening Session agenda.)

Consultation Findings

Sections below cover the main topics for consultation that were presented at the Lincoln, Nebraska, and Denver, Colorado, events. Each section begins with an introduction to the policy background on the topic and then present tribal questions, concerns, and comments. Comments from the Lincoln and Denver events are combined in this report. Important topic areas are presented in the following table format:

ISSUE	Identifies the main concern or topic
TRIBAL COMMENTS/ SUMMARY	Collects the tribal feedback on the issue, sometimes combining comments on various aspects of a concern
VA RESPONSE	Reports responses, if any, offered by VA staff present at the consultation
VA DISPOSITION	Presents the formal agency response from VA departments, including planned action steps and timeframe, if applicable

This thorough treatment of the issues, including providing official VA dispositions, is part of the VA effort to be an effective and respectful partner in consultation with American Indian and Alaska Native tribal governments.

Consultation topics and policy issues were presented by each VA Administration: Veterans Health Administration (VHA), National Cemetery Administration (NCA), and Veterans Benefits Administration (VBA), including VR&E. Relevant policy information and tribal comments from the Denver listening session are included under the discussion of the VA-IHS 2010 Memorandum of Understanding. These major topics, with policy background and related tribal comments, are presented below.

VA-IHS 2010 Memorandum of Understanding

At both consultation events, the VHA presented policy information and updates on the VA-IHS 2010 MOU. They requested comment on the MOU and other health care-related topics and reminded attendees that MOU implementation work groups are open for tribal participation. In the Denver, Colorado, listening session, questions and comments were received on tribal government and VA cooperation in providing health

care. The listening session also discussed reimbursement agreements and sharing agreements between VA and IHS and VA and tribal health programs in detail.

Policy Background

Signed in 2010, the current VA-IHS MOU builds upon decades of cooperation between the two agencies. (See Appendix 7 for the full text of the VA-IHS 2010 MOU). The 2010 MOU aims to foster increased coordination, collaboration, and resource sharing between VA and IHS to improve health services for American Indians and Alaska Native Veterans. Expanding on an existing agreement from 2003, the 2010 MOU defines more focus areas, mutual goals, and plans for shared services. Thirteen work groups have been formed to address various topics. Areas of focus under the 2010 MOU include the following:

- Coordination of care between VA and IHS;
- Health information technologies;
- New health technologies;
- Payment and reimbursement;
- Program collaborations, including pharmacy and PTSD;
- Training and recruitment;
- A Joint Implementation Task Force to coordinate and monitor all efforts; and
- An Alaska work group to address MOU implementation in Alaska, including working closely with the fully compacted Alaska tribal health system.

Implementation of the 2010 MOU is overseen and monitored by the VHA Office of Rural Health (ORH). The mission of ORH is to increase access and quality of care for rural and highly rural Veterans, who make up 41 percent of all Veterans enrolled in the VA system. ORH understands that American Indian and Alaska Native Veterans represent the highest proportion of rural Veterans and that, along with experiencing challenges of health care delivery, Native Veterans also face challenges related to access to benefits and cultural competence of providers. Because of its specialization in rural access and care delivery, ORH has taken the lead within VA on implementation of the 2010 MOU.

VA recognizes that, while the MOU is national in scope, it will necessarily be local in implementation. Specific, local efforts that support the full implementation of the 2010 MOU are the Native Domain project and the development of local reimbursement and sharing agreements between VA and tribal health programs.

Native Domain

Native Domain, in the Veterans Rural Health Resource Center-Western Region, is an ORH project that is working to investigate the health care needs of Native rural Veterans at the local level. Native Domain's goal is to evaluate and analyze current programs, conduct clinical demonstration projects, and identify and disseminate best practice models for serving Native Veterans. Native Domain is intended to serve as a national resource on health care issues for Native rural Veterans. Demographic information gathered and analyzed, best practices identified, and models developed under Native Domain will be disseminated throughout VA and used to inform the collaborative work of the 2010 MOU. More information about Native Domain can be found online at http://www.ruralhealth.va.gov/native/.

A special area of focus under Native Domain is telemental health for Native Veterans with Post-Traumatic Stress Disorder (PTSD). Telemental health delivers mental health care, medications management, and other mental health support services to Veterans in highly rural locations using virtual communications technologies such as videoconferencing. Telehealth strategies can address geographic and transportation barriers to health care access, along with increasing access to culturally specific care. Preliminary results suggest the effectiveness of this model in delivering mental health care, and patients have reported satisfaction with the services.

Sharing Agreements Between VA and IHS and VA and Tribal Health Programs

Development of payment and reimbursement policies and mechanisms is an important aspect of health care collaboration between VA and IHS under the 2010 MOU. As with other parts of the MOU, payment and reimbursement have both national and local aspects. A National Reimbursement Agreement was developed between IHS and VA. This agreement aimed to allow IHS health care facilities to receive reimbursement from VA for direct care services provided to eligible American Indian and Alaska Native Veterans, and in turn, it would allow Native Veterans to access their VA health benefits closer to home, through a local IHS clinic and without having to travel long distances to a VA health facility.

The VA-IHS National Reimbursement Agreement was signed by VA and IHS on December 5, 2012—*after* both of the consultation events in this report took place. Therefore, the tribal comments below reflect an interim period between June and September 2012 when the draft national agreement was in review but had not yet been finalized. Several VA dispositions below reflect this change of circumstances and note that the National Reimbursement Agreement has now been finalized.

The VA-IHS National Reimbursement Agreement applies only to IHS direct care facilities, but the agreement can inform agreements negotiated between VA and tribal

health programs operating under contracts or compacts. The VA-IHS reimbursement agreement has a phased implementation plan, but tribal health programs are not bound by this schedule and are free to begin negotiations on reimbursement agreements with local VA medical facilities at any time. VA OTGR has made available a template agreement for Direct Care Services Reimbursement that can be used as a starting point for creating an agreement between a tribe and VA. See the OTGR Web site at http://www.va.gov/tribalgovernment/ for more information.

Strong local collaborations between VAMCs and tribal health programs are already in place. One such collaboration is the Cherokee Project, developed between the Charles George VAMC and Cherokee Indian Hospital (Eastern Band of Cherokee) to provide home-based primary care to rural American Indian Veterans in western North Carolina. Representatives from the Charles George VAMC were present at the Denver, Colorado, listening session to provide comment on collaborative health care delivery and reimbursement agreements.

Tribal Comments

Tribal leaders and representatives offered the following comments on the VA-IHS 2010 MOU and other issues related to health benefits and health care delivery to American Indian and Alaska Native Veterans.

ISSUE	**VA-IHS 2010 MOU Implementation Timeframe**
TRIBAL COMMENTS/ SUMMARY	The VA-IHS MOU has been approved for almost 3 years, but Veterans—and especially Native Veterans—are still falling through the cracks. Why have IHS and VA taken so long to begin implementing the MOU?
VA RESPONSE	• VA and IHS began to revise the MOU in mid-2010, to create a framework for cooperation to promote more aggressive work by both agencies. • Initially, 12 work groups were created, and a 13th was added for Alaska. Tribal work groups were not included at that time, because the work groups were really focusing on getting two very large Federal bureaucracies organized to work together. That task took some time, but after 6-12 months of work, the two agencies are better coordinated. • At this time, VA and IHS are now seeking tribal representation on work groups, in order to bring input from the tribes to the foreground.
VA DISPOSITION	• On December 5, 2012, VA and IHS signed the VA-IHS National Reimbursement Agreement. This agreement establishes that VA can reimburse IHS for direct care provided at IHS facilities to eligible American Indian and Alaska Native Veterans. This is a critical

	milestone in increasing access to care for Veterans, a goal under Work Group 6 (Payment and Reimbursement). • In addition, VA has worked closely with tribal governments across the country to implement local Tribal Health Program Reimbursement Agreements, which fulfill the spirit of MOU implementation. As of January 2013, 28 signed agreements are in place in Alaska and Oklahoma. More than 30 additional tribes have expressed interest and are in some stage of agreement development.

ISSUE	**Eligibility and Quality of Care in the VA-IHS MOU**
TRIBAL COMMENTS/ SUMMARY	• It is important to ensure a high level of care for the individual Veteran. Some tribes report that they are very excited about the VA-IHS MOU because the VA health care is "the Cadillac system," and they hope cooperation between VA and IHS can improve the quality of care and service offered in IHS clinics. Some Veterans have experienced much faster care and turnaround time in accessing VA services, as compared to IHS services, and they hope that VA can guide IHS in developing better service processes. • The MOU also needs to focus on eligibility, so that IHS workers become very familiar with eligibility for VA care. It is a complex topic, and it would be good to have at least one person in an IHS health care facility who focuses full time on Veterans and VA care eligibility.
VA RESPONSE	VA benefits and eligibility can be complex. We have identified that having a VA eligibility coordinator housed within health facilities is a best practice. But how to implement that at the level of each facility has not been determined yet.
VA DISPOSITION	The MOU Work Group 6 (Payment and Reimbursement) includes a monthly training for IHS and tribal health programs on VA eligibility, enrollment, and the Veteran Medical Benefits Package. The VHA Health Eligibility Center (HEC) makes this training available to any tribal member, including tribal Veterans. This training will continue as long as necessary.

ISSUE	**Sharing Expertise Among Providers Under the MOU**
TRIBAL COMMENTS/ SUMMARY	• Tribal health programs offer a unique benefit to the Native Veterans they serve. Whether Veterans see a Native provider in the programs or not, they are still going to a program run by their tribe,

	where people have an understanding of their culture, languages, background, and what they gave up to serve and what they are coming home to. VA health programs, no matter how strong they are, can never replace that piece of culture. • Alternately, however, VA has expertise in the special needs of Veterans, including post-traumatic stress disorder and traumatic brain injury, which tribal providers may not be aware of. Some Native Veterans report driving great distances to go to Veterans facilities to talk to another Veteran, because people back home may not understand what a Veteran is going through. • While it is vitally important to determine the payment and reimbursement aspects of the MOU, it is also important that tribal providers and VA providers get to share expertise. Tribes should send their providers for training with VA, and VA providers should receive cultural competence training from tribes.
VA RESPONSE	• The Chinle facility is an example of this type of sharing. The facility is focusing a lot on mental health, and everyone is getting to know what other providers have to offer. While the VA staff has a strong clinical background in PTSD and TBI, they are working to learn the cultural component from the Native staff at Chinle.
VA DISPOSITION	• VA-IHS MOU Work Group 7 (PTSD) produced a DVD on PTSD in American Indian Veterans including VA resources available for IHS and tribal health care providers and aspects of Native American tribal cultural issues for VA providers. • At a national level, VA's ORH partnered with IHS on each MOU objective; specifically Work Group 1 (Services and Benefits) is working to increase access to services and benefits, and Work Group 2 (Coordination of Care) will improve coordination of care between our agencies. Within these work groups, VA will collaborate with IHS and look for ways to address behavioral health and suicide prevention together.

ISSUE	**Telehealth and Providing Services in Rural Areas**
TRIBAL COMMENTS/ SUMMARY	• A Nevada tribal chairman reports that telehealth will not work. American Indian and Alaska Native Veterans need and deserve one-on-one care. • In a Reno, NV, meeting on Veterans services, the chairman of the Pyramid Lake Paiute Tribe was told by the chief of staff of VISN 21, "I will not send my staff 600 miles round trip to help Indian Veterans." This response has done a great deal of damage to VA's

	relationship with all 27 Nevada tribes. There are 23,000 psychologists in the VA system and 23 are American Indian or Alaska Native. These providers should be detailed to reservations. Providing one-on-one culturally competent care is extremely important. • Rosebud, SD, reports that the telehealth program is not working well there. They want to keep it, not get rid of it, but currently the program is not working well and needs improvement. • In Standing Rock, ND, the Veterans Service Officer reports that no one comes to him for help. Similar reports come from Nevada—that very, very few American Indian or Alaska Native Veterans are being seen or provided services.
VA Disposition	• There is good evidence that telehealth is effective for a wide range of clinical consultation services, and can provide the appropriate care to the appropriate patient in an appropriate manner. VHA has published research showing the appropriate manner in which telehealth can be provided to tribal populations. • ORH Native Domain has created resources about telemental health and how it can provide effective services to American Indian Veterans. More information, including a video that overviews American Indian telemental health in this program, can be found on their Web site at http://www.ruralhealth.va.gov/native.

Issue	**Telehealth and Needs of Remote Rural Veterans**
Tribal Comments/ Summary	Tribes whose land is split across more than one state have experienced difficulties in collaborating with local VA clinics when part of the tribal land falls outside of the VA clinic service area. In these instances, the nearest VA clinic can be more than a 2-hour drive away. These tribes have had difficulties conveying to the VA clinics how rural and remote their situation is, and consequently, Veterans in these areas are lacking services.
VA Response	In remote situations where distance and drive time are limiting factors, consider asking VA about telehealth programs. VA has found that in some circumstances, states are willing to provide assistance with establishing bandwidth for Internet connectivity in extremely rural areas.
VA Disposition	VA Office of Telehealth Services (http://www.telehealth.va.gov/) uses health informatics, disease management, and telehealth technologies to target care and case management to improve access to care, improving the health of Veterans. Telehealth changes the location where health care services are routinely provided. OTGR and ORH

	have regional representatives knowledgeable of the telehealth program and can provide additional guidance.

ISSUE	**Continuity of Care for Traveling Veterans**
TRIBAL COMMENTS/ SUMMARY	• For Native Veterans who live in many different locations, IHS is better able to provide continuity of care with fewer delays. When Veterans move to a new location and attempt to enter a new VA system for care, or attempt to switch from an IHS provider to a VA provider, they can experience extreme delays and feel like they are starting over. This problem seems to recur. Native Veterans are fortunate enough to have IHS as an alternative care provider—what do non-Native Veterans do in this situation? • IHS provides tremendous continuity of care. There are records of a family's medical history back to the 1800s.This information is important in treating multi-generational issues like diabetes and Agent Orange exposure.
VA RESPONSE	For a particular situation cited at the consultation event, VA officials present asked for a chance to address the issue locally.
VA DISPOSITION	ORH has partnered with IHS on each MOU objective in this area. Specifically, Work Group 2 (Coordination of Care) will improve coordination of care between our agencies. Additionally, sharing agreements have been established which will increase coordination of care and information sharing between VA, IHS, and tribal health programs, consistent with the efforts of Work Group 6 (Payment and Reimbursement).

ISSUE	**Eligibility and Re-enrollment for VA Programs**
TRIBAL COMMENTS/ SUMMARY	• To access some VA benefits, a Veteran has to be a prisoner of war, disabled, low income, or meet some other specific qualifying criteria. Many of our tribal Veterans are just above low income, or narrowly miss other criteria, and yet they are in just as much need of help and support from these programs. It should be easier for them to access the programs they need. • Also, Native Veterans are in the position of continually having to reapply, re-enroll, and update their enrollment status. This is a cumbersome process and can be a barrier to access to care for Native Veterans. They feel that they have to jump through hoops to gain and maintain access.

VA Disposition	• The MOU Work Group 6 (Payment and Reimbursement) includes a monthly training for IHS and tribal health programs on VA eligibility, enrollment, and the Veteran Medical Benefits Package. The VHA Health Eligibility Center (HEC) makes this training available to any tribal member, including tribal Veterans. This training will continue as long as necessary. • The National VA-IHS Reimbursement Agreement will increase eligible American Indian and Alaska Native Veteran access to care.

Issue	**Turnaround Time to Register with VA**
Tribal Comments/ Summary	Some of our tribal Veterans who are not yet registered with VA are Veterans of World War II and Korea. They are older and in need of treatment, so delays in getting them registered are very harmful.
VA Response	• The form to register is not lengthy, and the standard wait time on processing registrations is 14 days. Any subsequent exams are completed within 30 days. In addition, VA Secretary Shinseki has committed to moving requests from older Veterans to the front of the line. • For specific instances where you encounter delays, please seek assistance by making a phone call to a VA specialist in your area. Person-to-person contacts can often help expedite the resolution of problems. Service officers are often available to go out and assist Veterans in signing up.
VA Disposition	VA concurs with the response given at the consultation event. Additionally, the relationships being established between local VAMCs and IHS and tribal health program facilities through local reimbursement agreements will increase the assistance and coordination of care.

Issue	**Counts of Veterans by Race in Census Data**
Tribal Comments/ Summary	How did VA come up with 200,000 as the number of American Indian Veterans? In talking to Veterans across the country, we have discovered that many American Indian Veterans were registered as White or Black. We have met Native Veterans who have their race listed incorrectly on their discharge papers. We are concerned that the number of American Indian and Alaska Native Veterans is much higher than this.
VA Response	• This figure comes from 2010 Census data, but VA acknowledges

	that underreporting is very likely. • To the extent that tribes can undertake a count of their own Veterans, this would be very helpful in establishing more accurate counts. • VA strongly encourages all eligible Veterans to enroll in VA health care.
VA Disposition	VA concurs with the response given at the consultation. Additionally, the MOU work groups will increase coordination and understanding of populations between our agencies, enabling us to increase the accuracy of our figures as VA, IHS, and tribal health programs continue to work together.

Issue	**Cooperation With State Directors of Veterans Affairs**
Tribal Comments/ Summary	• Navajo Nation, including the Navajo Housing Authority, was able to cooperate with the state of Arizona to get a $650,000 loan to build a Veterans health care facility in Chinle, AZ. Planning has also included an MOU with IHS, and it is anticipated that the facility will be finished in a year or so. • Navajo Nation is now working to create a similar program on Navajo lands in the state of New Mexico and requests VA assistance in advocating with the state of New Mexico for resources and support for this facility. Governor Susana Martinez of New Mexico has not been receptive to requests for assistance from the Navajo Nation, even though land for the proposed facility is already identified.
VA Response	The State Director of Veterans Affairs in New Mexico might be an appropriate partner for an effort like this. VA would be pleased to bring this question up with the New Mexico Veterans Affairs director.
VA Disposition	State directors of Veterans Affairs can be critical partners in connecting tribes with Veterans services. VA encourages tribes to contact the state director in their state(s). A list of state Veterans Affairs offices, along with their contact information, can be found online at http://nasdva.us/, the Web site of the National Association of State Directors of Veterans Affairs (NASDVA).

Issue	**State Offices of Rural Health**
Tribal Comments/ Summary	Utah's ORH has already reached out to the Navajo Nation on the Utah side to help serve Navajo Veterans. It would be great if the Arizona and New Mexico offices would do the same thing.

VA Disposition	OTGR and ORH have regional representatives assigned across the United States. The contact information for Arizona and New Mexico as well as all State Offices of Rural Health can be found online at: http://www.nosorh.org/regions/directory.php

Issue	**Collaborations with the Administration on Aging**
Tribal Comments/ Summary	Because many Veterans are older, tribes suggest combining VA efforts with Administration on Aging (AoA). The Alaska Commission on Aging is doing the same thing in terms of working for health care access and other issues, so VA and AoA should collaborate and work together.
VA Disposition	VA actively collaborates with the Administration on Aging, now the Administration for Community Living (ACL), in the development and expansion of home- and community-based services (HCBS). Specifically, VA and ACL have established Veteran-directed HCBS programs at 42 sites. This program allows Veterans to employ family members and friends as caregivers in providing personal care assistance in the home. The program is able to reach Veterans in rural areas where traditional home care agencies are scarce.

Issue	**Services for Female Veterans**
Tribal Comments/ Summary	• Services for women Veterans are greatly needed. Among these, mental health services are a high priority. • American Indian and Alaska Native women Veterans are reluctant to access services. They have as many—or sometimes more—needs as the male Veterans. They face more than male Veterans face emotionally, but they feel they cannot tell anyone. The husbands, boyfriends, or parents in their lives are often not supportive of them seeking help or services.
VA Disposition	• VA is working to address barriers to accessing care for all women Veterans. From our evaluation of VA data, we know that 31 percent of women Veterans who use VA health care have a mental health diagnosis and proportionately, women Veterans use VA mental health services more often than male Veterans. • VA recognizes that lack of family and social system support for seeking care can increase stigma as well as logistical barriers to seeking needed mental health and other health services. In addition, when a Veteran is subject to interpersonal violence, they may have difficulty accessing and engaging in care. VA providers will screen women Veterans and assist with resources related to

	interpersonal violence. This requires cultural sensitivity and knowledge about specific tribal circumstances, particularly for isolated areas. • VA is using telehealth technologies as a way to expand access to both health and mental health services for women Veterans who live in rural and highly rural areas, have limited mobility, or lack transportation resources. VA is assessing what women think about using telehealth, and will need to address cultural differences in perception of this care. VA is releasing an informational video to help women Veterans become familiar with what telehealth consists of and how it can benefit them. • VA is working to ensure that timely, equitable, high-quality, comprehensive health care services (including mental health services) are provided to women Veterans in a sensitive and safe environment at VHA facilities nationwide. • VA recently announced it would invest more than $2 million for facilities to run projects to enhance their Women's Health programs in areas including telehealth, emergency services, and staff education. The Web site for Women's Health is http://www.womenshealth.va.gov/. Additional assistance can be gained from contacting your local VAMC Women Veterans Program Manager or your regional OTGR representative. • VA's Environmental Epidemiology Service provides quarterly updates on the number of American Indian and Alaska Native Veterans serving in Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn who have sought VA care broken out by gender and Veterans Integrated Service Network (VISN). The request for this information originally came from the VA-IHS MOU Work Group 7 (PTSD). A copy of the latest report is provided (see Appendix 9).

ISSUE	**Services for Male Veterans**
TRIBAL COMMENTS/ SUMMARY	American Indian culture strongly influences how Veterans interact with Veterans services—the image is that you grow up and, as a man, you go to war, come home, and get on with your life. That is what it means to be a warrior. You are not supposed to have lingering problems or need assistance.
VA DISPOSITION	VA is working to address this image for men. That is why services for this population are often called Wounded Warrior programs, in order to connect to people who are warriors and are tough. Veterans services need to employ more Veterans, people who understand exactly what

	that means—who have been there and who can relate.

Additional Comments on Veterans Services

- It should be a priority to document all Native Veterans in every region, so they can get services, headstones, anything they are eligible for. One tribal leader offered to provide a list of every Veteran who lives on his Alaskan island. The MOU work groups will increase coordination and understanding of populations between IHS and VA.
- Tribes want their Veterans to receive the honor, the medals and recognition, and the benefits they deserve while they are still alive. Some are very old. When requests for benefits are made, the request may need to be expedited. The answer we receive is always "60 days or longer." People continue to wait for a response, while some of these Veterans are literally in their death beds.
- Please provide a map of the VISNs, so people can easily see who is part of what area.
    - A map of VA VISNs is available online on the VA Web site. On the VA site, choose Locations, then Hospitals and Clinics. The direct address is: http://www2.va.gov/directory/guide/division_flsh.asp?dnum=1

Tribal Comments on VA-Tribal Health Program Reimbursement Agreements

Tribal leaders, designated representatives, and others offered the following comments and questions on reimbursement agreements between VA and tribal health providers. These comments are drawn primarily from the Denver, Colorado, listening session which focused on reimbursement agreements and sharing agreements.

ISSUE	**Local Tribal-VA Agreements**
TRIBAL COMMENTS/ SUMMARY	• Does there have to be a formal reimbursement agreement between each tribe, VA, and the IHS? Some tribes that have Public Law (P.L.) 638 contracts or compacts are not certain how to connect to this process since they have been self-administering their medical programs for some time, and have not had a great deal of involvement with IHS. • Certainly, however, these tribal programs have been treating Veterans for some time for injuries and conditions that are likely service-connected. Tribes want to know how to proceed with getting VA reimbursement for these services.
VA	• The National VA-IHS Reimbursement Agreement was signed on

DISPOSITION	December 5, 2012, to allow VA to reimburse IHS for direct care services provided to eligible American Indian and Alaska Native Veterans in IHS facilities. It is being implemented in two phases. Phase 1 begins on February 11, 2013, with 10 initial sites. • In addition to the national agreement with IHS, VA has continuously facilitated the development of local reimbursement agreements between tribal health programs and VAMCs. As of January 2013, there are 28 signed agreements in Alaska and Oklahoma. More than 30 other tribes are at some stage of agreement development.

ISSUE	**State Support in Creating Local Reimbursement Agreements**
TRIBAL COMMENTS/ SUMMARY	VA should encourage state representatives to meet with tribes to determine how reimbursement agreements might work at a state or regional level. Alaska has had the opportunity to do this already, because of the 2012 MOU Alaska Work Group, and the results have been excellent. Agreements have been developed and finalized very quickly in Alaska. However, other states do not have the same level of familiarity with the issues as Alaska did, because they do not have a statewide work group the way Alaska did. The other national work groups under the MOU are not creating the same level of local familiarity that the Alaska work group has.
VA DISPOSITION	Since the summer of 2012, the VHA team implementing MOU Work Group 6 (Payment and Reimbursement) has worked closely with more than 30 tribes across the United States to develop tribal health care program reimbursement agreements. This coordination will continue for each tribe interested in establishing reimbursement agreements with VA.

ISSUE	**Explaining the Benefits of the Sharing Agreement**
TRIBAL COMMENTS/ SUMMARY	As part of trainings, outreach, and education on the Affordable Care Act provided to tribes by inter-tribal organizations, some tribal representatives asked how to provide the most persuasive explanation of why American Indians and Alaska Natives should pursue care through VA or under private insurance. A common viewpoint is, "Why should I bother [with private insurance or VA care] if I already have care through IHS?" How can tribal organizations best advocate among Veterans and others for the importance of a sharing agreement?
VA DISPOSITION	There are multiple benefits of American Indian and Alaska Native Veterans signing up for VA health benefits, and for tribal health programs entering sharing agreements with VA.

	• Multiple types of coverage (IHS, VA, private insurance) allow an eligible user to walk in any door and be assured of care. • Sharing agreements allow VA to bring care out to rural areas where VA does not have capabilities today, increasing access for rural Veterans. • Sharing agreements can also include the confidential sharing of health information. It is a safer way to get care when providers in all facilities have access to a patient's complete health records.

ISSUE	**Sharing Electronic Medical Records**
TRIBAL COMMENTS/ SUMMARY	It is clear that sharing health records will be theoretically possible under an IHS-VA national sharing agreement, but what kind of commitment is being made so that the systems required for electronic sharing are put into use? What resources are being committed to this project, and how soon can we expect it to be implemented?
VA RESPONSE	• Currently, any VA records are accessible throughout the entire VA system. In addition, VA is working on a national project to create a virtual lifetime electronic record for all VA patients. VA can investigate how this can be compatible with IHS records. • In particular examples where sharing agreements are already in place, such as the Charles George VAMC in Asheville, NC, records are already shared electronically between VA and tribal facilities. • Although electronic record sharing is underway on some fronts, consultation and listening sessions like these are also helpful to identify where problems still remain.
VA DISPOSITION	VA-IHS MOU Work Group 3 (Health Information Technology) has the responsibility to address major facets of this issue. Work Group 6 (Payment and Reimbursement) also promotes the sharing of medical records between tribal health care facilities and VAMC.

ISSUE	**Wait Times for Specialty and Contracted Care**
TRIBAL COMMENTS/ SUMMARY	One Veteran reported long waits for diagnostic tests and treatment through a VA facility that contracted with Humana. After these delays, he wonders if he should have gotten this care through IHS. The need for more timely treatment is significant, especially when someone is living with pain 24 hours a day, 7 days a week.
VA RESPONSE	• VA recognizes that delayed care is denied care, and making care available in rural areas is a high priority, especially technologically

	intensive procedures such as imaging studies. VA acknowledges that the agreements and demonstration projects to bring these services to new areas are not working perfectly yet, and work is being done to modify these agreements and contracts. • A good discussion point when negotiating sharing agreements with the Chief Business Office is to ask about specialty care, about where Veterans might be referred, and what the wait times are. That way, the tribal health program can know what to expect, especially regarding issues such as wait times. • VA officials would like to receive information on situations like these so that they can make an attempt to resolve such issues locally. Delays like this are the exception and not the rule in VA care.

ISSUE	**Reimbursement Rates in VA-Tribal Health Program Agreement Template**
TRIBAL COMMENTS/ SUMMARY	• The sharing agreement template says VA will reimburse at the Medicare rate, but the Alaska sharing agreement uses a higher rate. Can tribes negotiate a higher rate? The OMB rate is also a rate accepted by CMS. • Representatives at the Listening Session (Denver) understand that there are administrative concerns on VA's side about processing payments at a non-standard rate. Would it be possible to accept the Medicaid rate in the interim, and then reconcile payments quarterly, or every 6 months, to adjust up from the Medicaid rate to the Office of Management and Budget (OMB) encounter rate? • Are there other concerns about the rate beyond the administrative ones shared here?
VA DISPOSITION	Based on the VA-IHS National Reimbursement Agreement, signed on December 5, 2012, certain reimbursement rates are included in the VA-Tribal Health Program reimbursement agreement template. The rates are as follows: • Inpatient hospital services are based on Medicare Inpatient Prospective Patient System. • Outpatient services will be based on the IHS All-Inclusive Rate published in the Federal Register. Under the VA-IHS Agreement, administrative fees in the amount of $15 on each outpatient claim will be applied for the first 2 years. • Critical Access Hospitals will be reimbursed at the established rate as determined by Medicare.

	• Ambulatory Surgical Services will be reimbursed at Medicare rates.

Additional Comments on Negotiating or Reconciling Rate Differences

- Tribes in the Portland Area are currently reimbursed at the Federally Qualified Health Center (FQHC) rate, which is higher than the OMB encounter rate. Portland tribes will bring this up in sharing agreement negotiations.

VHA offered the following official clarification on rates.

- FQHCs are Critical Access Hospitals. Critical Access Hospitals will be reimbursed at the established rate as determined by Medicare, which is the IHS Cost-to-Charge (CTC) ratio.

Myra Munson, an Alaska attorney who helped negotiate the Alaska sharing agreement, offered the following comments from the Alaska negotiation experience:

- The Medicaid rate is built into certain provisions of the Alaska template agreement. Those rates appealed to both sides because they reflected the costs of delivering care in remote regions.
- While VA noted that the rate seemed high for outpatient ambulatory encounters, it was important to use those reimbursement rates to build the overall capacity of tribal health services in Alaska.
- Even if that rate does overcompensate in a small rural setting, the money is still returned directly into health services for Veterans and their families. Those dollars never become profit for the facility.
- Many small outpatient systems have very high encounter rates, but these rates accurately reflect the costs of the system.
- The IHS encounter rate system offers savings opportunities for VA also, because inpatient rates are extremely reasonable. You pay an encounter rate for the whole package, instead of paying for each tiny service received in the hospital, and it ends up being a significantly lower cost than referring out to a private hospital.

Ms. Munson concluded by urging VA to reconsider the reimbursement rate in the template. Otherwise, she predicted, every agreement negotiation will become a "monumental encounter" as these rates are renegotiated one by one.

ISSUE	**Delays in Reimbursement**

TRIBAL COMMENTS/ SUMMARY	Some tribal facilities that already had reimbursement agreements with VA hospitals reported problems and delays in getting reimbursement for services provided to Veterans. Instead, the tribal facilities end up using up their own budgets for services to Veterans.
VA RESPONSE	VA representatives present offered to set up a meeting with the local VAMC director to investigate new options for receiving local care from VA.
VA DISPOSITION	• For the reimbursement agreements, claims will be centrally processed. VA hopes the centralization will improve the speed and accuracy of a proper payment to the tribal health care facility. • If problems such as these are encountered in local sharing or reimbursement agreements, VA requests that tribes contact local VA officials first, to attempt to resolve these difficulties on a local level. Especially as reimbursement agreements become more widely implemented, we expect that delays in reimbursement will be the exception, not the rule.

Tribal Cemetery Grants

NCA requested comment on tribal cemetery grants—VA grants that tribes can apply for to establish Veterans' cemeteries on tribally owned lands. This topic was addressed only at the Lincoln, Nebraska, consultation and not at the Denver, Colorado, events.

Policy Background

The Veterans Cemetery Grants Service is an NCA program to assist tribal, state, and territorial governments in establishing, expanding, or improving Veterans' cemeteries. VA provides 100 percent of development costs for approved projects that conform to NCA guidelines on site selection, planning, and construction. Funds cannot be used for acquisition of land or for maintenance. To apply for a grant through this program, tribes should submit applications to VA on July 1 to be considered for funding in the following fiscal year.

Three tribal Veterans' cemeteries have been funded thus far: Monte Calvario Cemetery in Tucson, AZ (Pascua Yaqui Tribe); Sicangu Akicita Owicahe Veteran's Cemetery in Rosebud, SD (Rosebud Sioux Tribe); and Yurok Tribe Veteran's Cemetery in Humboldt, CA (Yurok Tribe). Ten other tribes are in various stages of the application process for cemetery grants.

Tribal cemeteries create the opportunity for grounds and facilities design that reflect the varying cultural practices of tribes. In one planned cemetery, space is designated for burial scaffolds and tie-ups for horseback escorts. Cemetery grants cannot always fully accommodate design requests, however. Grant funding cannot be used for banquet or kitchen space in conjunction with a cemetery, nor can it fund buildings such as chapels.

For elements not allowed under a cemetery grant, tribes may set aside spaces for these features in the cemetery design and construct them using funding from other sources.

Like states, tribes can establish requirements that are more stringent than the Federal guidelines for determining who may be buried in their Veterans' cemetery. Requirements can include residency standards, tribal membership, or other qualifications.

Tribal Comments

Tribal representatives present at the consultation events offered the following questions and comments on the tribal cemetery grants program.

ISSUE	**Burial Benefits in Rural Alaska**
TRIBAL COMMENTS/ SUMMARY	• In rural Alaska, transportation of headstones has proved to be a problem. In some locations, headstones can only be flown out, since there are no roads. If they are set with concrete, that is additional weight that must be transported. In the past, villages have received headstones that were broken in transport and had to be remade. In rural areas in Alaska, to take a body to a gravesite for burial, sometimes the family must personally transport it in a 4-wheeler or snow machine, using a homemade trailer, since there are no roads. Graves are dug by community members using shovels or augers. Is it possible to get reimbursement for expenses like that, which are necessary parts of the burial in remote Alaskan areas? • In Alaska, options can be limited because of location and high costs. These issues need to be considered when policies are being made for Alaskan areas. If VA can ask for input, Alaska Native communities are happy to help come up with solutions for these issues.
VA RESPONSE	• NCA does consider additional costs for rural areas. The focus of the Veterans Cemetery Grants Program (VCGP) is establishing and expanding state and tribally managed Veterans cemeteries, and they advocate on behalf of the cemeteries they fund. Headstone and markers are managed by NCA's Memorial Program Service (MPS). VCGP staff can advocate with the Memorial Program Service for these needs. • Another memorial option is a bronze medallion that can be affixed to a family marker. Veterans can request a medallion if the Veteran died after November 1, 1990.

Native American Direct Loan Program

The Native American Direct Loan Program (NADL) provides home loans to eligible American Indian and Alaska Native Veterans for the purchase, construction, or improvement of homes on Native American trust land. This program is offered under the Veterans Benefits Administration. VBA presented this program for tribal comment at the Lincoln, Nebraska, and Denver, Colorado, consultation events with the goal of increasing its visibility and receiving suggestions on how to publicize it to tribes.

Policy Background

The NADL program was created in 1992 to enable Veterans from American Indian and Alaska Native tribes or American territories to build, purchase, or improve homes on trust land. The NADL program is related to the VA home loan guaranty program, but with important differences: in the VA home loan guaranty program, VA serves as the loan guarantor and a private lender makes the loan, but in the NADL program, VA is the lender.

The NADL program can only be used on trust lands, such as those held in trust by the United States for Native Americans and those subject to restrictions imposed by the United States on Indian lands. It can cover the purchase, construction, or improvement of a home. In certain cases, a NADL loan can also be used to lower the interest rate on existing home loans. Interest rates are established by VA and generally set lower than market rates.

To establish a NADL loan on Native American trust land, the following steps are necessary:

1. An MOU between VA and the Veteran's tribe is required. Creating the MOU establishes the rights and responsibilities of both nations regarding access to the land and home. It also allows VA personnel to contact the Veteran or their family to address any problems that arise with the loan or property. Once an MOU is signed, it will remain in place unless a tribe formally cancels it. (See Appendix 8 for the current NADL MOU template.)
2. Once the MOU is in place, the Veteran can apply for a loan. Qualification for a loan is income-based. Unlike many conventional home loans, most Veterans will obtain a NADL loan with zero down payment, depending on qualifications.

As of 2012, 900 loans were established under the NADL program. Of these loans, only 40 were 6 months or more delinquent. Because VA is the lender, it has great discretion in working with a Veteran to resolve mortgage issues and to avoid foreclosure wherever possible. There are currently 82 tribes and territories that are actively working with VA for this program, although more MOUs are on record with VA.

Other VA programs can be used in combination with NADL. For example, Specially Adapted Housing, a grant program for Veterans who are 100 percent disabled that can fund housing adaptations to an existing home or the purchase of a different home, can be combined with NADL. Despite these possible combinations with other programs, the NADL program is available to all American Indian and Alaska Native Veterans, regardless of disability status. Dishonorably discharged Veterans are not eligible.

Tribal Comments

Tribal representatives present at the consultation events offered the following questions and comments on the NADL program.

ISSUE	**Loan Opportunities for Veterans from Landless Tribes**
TRIBAL COMMENTS/ SUMMARY	Are the opportunities for home loans different when a Veteran comes from a tribe that does not have trust land or a reservation?
VA RESPONSE	Ivonne Perez, who represented NADL at the Denver consultation event, explained that NADL's legal counsel, Erica Lewis, could assist on questions like this. Erica Lewis can be reached at Erica.Lewis@VA.gov.
VA DISPOSITION	The laws pertaining to the NADL program specifically require that NADL loans only be made on "trust land" (38 USC 3765). The legal definition of "trust land" includes tribal trust and allotted lands in Indian Country, as well as lands held by Alaska Native Regional Corporations or Village Corporations or land in certain South Pacific islands that is, by tradition, considered communally owned. Veterans seeking loans for the purchase or construction of a home located elsewhere (on non-Federal trust lands) may use their VA home loan entitlement to obtain a VA-guaranteed home loan.

ISSUE	**NADL Loan Qualification or Denial**
TRIBAL COMMENTS/ SUMMARY	Veterans from some tribes have been denied for VA loans because of their credit ratings. However, they cannot obtain a denial letter from VA. This denial letter would qualify them for a loan from the tribal bank, but without the letter, it has been difficult to move forward.
VA DISPOSITION	• The VA loan programs do not use credit rating as a qualifier. Instead, they look at debt-to-income ratio and ability to pay. • Ivonne Perez agreed to work with the tribal representative who brought this concern and with St. Paul Regional Loan Center to address the specific situation. • To the best of VA's knowledge, the individual case behind this

	inquiry has been satisfactorily resolved, and no systemic changes are needed. VA Regional Loan Centers (RLCs) are able and willing to work with individual Veterans to provide necessary documentation. RLCs are a good place to bring local concerns to VA's attention.

ISSUE	**Cooperation Between VA and BIA**
TRIBAL COMMENTS/ SUMMARY	One commenter reported that although his tribe had signed a NADL MOU in the early 1990s, tribal members were currently having difficulties with the local VA in Denver. The Denver VA and BIA seemed to be having difficulties understanding the existing agreements. The tribe hopes for help in educating the local BIA about how NADL loans work.
VA DISPOSITION	Ensuring that our Federal partners are familiar with NADL is an ongoing effort. We would be happy to work with our Federal partners to familiarize them with the NADL program and share the history of our agency-to-agency cooperative efforts to provide the NADL benefit to eligible Veterans.

ISSUE	**Cooperation with Housing Authorities**
TRIBAL COMMENTS/ SUMMARY	In Alaska, many housing issues are addressed by the housing authorities, which already have established relationships with many tribes and villages. An MOU between VA and the housing authorities would greatly increase outreach about this program to Alaska tribes and villages.
VA RESPONSE	The NADL program successes in Hawaii have come from working hand-in-hand with Hawaiian housing authorities, so the suggestion to connect with Alaskan housing authorities is an excellent one.
VA DISPOSITION	VA welcomes opportunities to partner with local housing authorities to help Veterans use this valuable program. We have been working to establish relationships with local housing authorities through resources of the VHA Alaska Healthcare System, Rural Health Program, in Anchorage, AK.

ISSUE	**Definition of Trust Land**
TRIBAL COMMENTS/	What if a Veteran lives on reservation land of a federally recognized tribe, but the land is not Federal trust land or allotted land? For

SUMMARY	example, is the entire Navajo Nation considered "trust land" for the purpose of these loans?
VA DISPOSITION	As a rule, reservation land under the control of a federally recognized tribe is considered eligible for this program. For purposes of the NADL program, the law (38 USC 3765) sets out that the land eligible for this program as "any land" that is: • Held in trust by the United States for Native Americans; • Subject to restrictions on alienation imposed by the United States on Indian lands (including native Hawaiian homelands); • Owned by a Regional Corporation or a Village Corporation, as such terms are defined in section 3(g) and 3(j) of the Alaska Native Claims Settlement Act, respectively (43 USC 1602(g)(j)); or is on any island in the Pacific Ocean if such land is, by cultural tradition, communally owned land, as determined by the Secretary."

ISSUE	**Utilities and Services Requirements for NADL Loans**
TRIBAL COMMENTS/ SUMMARY	Does a NADL home loan include the cost of bringing utilities, such as water and electricity, out to a home site? Or are utilities required on the land before a home can be built? Other housing programs often ask about a home's proximity to utilities or services, such as hospitals or fire response. On a reservation, services and utilities are not always available.
VA DISPOSITION	VA requires that the homes be safe, sound, and sanitary, as defined by local community standards. Depending upon the circumstances of each loan, it may be possible to use loan proceeds to bring utilities to the home site.

ISSUE	**Combining NADL with Community-Wide Housing Assistance**
TRIBAL COMMENTS/ SUMMARY	Is it possible to combine home assistance programs such as NADL with community-wide housing programs such as NAHASDA,* so that housing resources can be planned and allocated at a community level?
VA RESPONSE	VA representatives tentatively responded that allocating a certain portion of housing assistance specifically for Veterans could a part of tribes exercising self-determination.

* The Native American Housing Assistance and Self Determination Act of 1996 reorganized housing assistance provided to Native Americans by the Department of Housing and Urban Development (HUD), combining several smaller programs into two block grant programs. NAHASDA, a program known by the same name as the 1996 Act, refers to these two grant programs available to American Indian and Alaska Native communities through HUD.

VA Disposition	Eligibility for home loan benefits under both NADL and the VA-guaranteed home loan program are personal to the Veteran, rather than available at a community level. However, on individual NADLs, we have been able to work with local housing programs to combine resources to provide greater resources to individual Veterans.

Issue	**"Ownership Interest" in Tribal Lands**
Tribal Comments/ Summary	The presentation at a consultation event stated that a Veteran must have an "ownership interest" in the land, but many tribes do not have "ownership" or "buying in" in that way for individuals living on tribal land. Instead, the land always belongs to the tribe and people are allowed to live on certain allotments.
VA Response	A Veteran does not need to own the land, but they do need proof that they have the tribe's permission to live and to build there. Other tribal documentation, such as a lease, could serve the same purpose. This is an issue that can be addressed in the MOU between VA and the tribe by specifying what type of documentation is appropriate to establish that a Veteran has permission to live on a land allotment.
VA Disposition	The phrase "meaningful interest" is part of the law that established this program. We recognize that outright ownership of the land is not common on trust land. The underlying principle is that the individual Veteran must have an undivided interest in a certain plot of land on which the house is or will be located. This interest may be a leasehold, a life estate, an allotment, or a beneficial interest in a revocable family living trust. The NADL program is happy to work with tribes to find a way to meet the requirements of the statute while respecting traditional land ownership practices.

Issue	**Lower, Fixed NADL Interest Rates**
Tribal Comments/ Summary	• While recognizing that 3.5 percent (as of September 2012) is a reasonable interest rate, tribal leaders recommended that VA seek a lower interest rate for home loans to Veterans. They also recommended that the interest rates be fixed, rather than fluctuating. • By a show of hands, tribal leaders present at the Denver consultation indicated they were in favor of VA seeking a lower fixed interest rate for NADL loans.
VA Response	VA representatives confirmed that the current NADL interest rate is tied to the Freddie Mac rate, so that while it is currently 3.5 percent, it could

	increase or decrease in the future, depending on market conditions.
VA Disposition	• VA does not offer adjustable-rate NADLs; all NADLs are fixed-rate. VA establishes the interest rate on NADLs after considering market conditions and bearing in mind the unique income and credit issues confronting Native American Veterans who reside or who wish to reside on Federal trust land. The established interest rates historically tend to trail the market (i.e., generally they have been lower than prevailing home loan interest rates). In setting the interest rates on these loans, VA personnel are obligated to balance the needs of the Native American Veteran population with the need to be responsible fiduciaries of taxpayer dollars. • Once a home loan has closed, the interest rate on that loan will not change. If, in the future, VA lowers the prevailing interest rate for NADLs, VA contacts all Veterans with NADLs to determine if they wish to refinance their existing loan into a new loan at the lower rate.

Issue	**NADL Loan Default Procedures and Land Ownership**
Tribal Comments/ Summary	If a Veteran cannot make payments on a NADL loan, can the land where their home is located be taken by the Federal government?
VA Response	• VA's first goal when working with a Veteran who is struggling with housing payments is to keep them in the home. VA is able to be very flexible on renegotiating loan terms to make it possible for the Veteran to keep their home. • If the loan is in default, and the Veteran has indicated they do not wish to have the loan anymore, VA would work with the tribe to dispose of the house. • The terms of the MOU would determine how to proceed; for example, the tribe might have the option to buy back the house from VA. In any event, if the loan is secured by the land, VA agrees in the MOUs to sell or assign the land to other tribal members, with the tribe's assistance.
VA Disposition	The law requires that VA and the tribe with jurisdiction over the land negotiate and enter into an MOU setting forth the rights and obligations of all parties to a loan before VA may make a loan to any individual Native American Veteran. This MOU ensures that tribal law, including restrictions on the disposition of the land, are respected in the course of working through the disposal of the property should the loan go into foreclosure. VA will not proceed to foreclosure without consulting with the tribe regarding whether the tribe wishes to take over the loan or find

	another homeowner.

ISSUE	**Assistance for Homeless Veterans**
TRIBAL COMMENTS/ SUMMARY	Is there assistance for homeless Veterans? Would the NADL program offer an opportunity to remodel an old hospital to provide services and assisted living for Veterans?
VA DISPOSITION	The VA homeless program is through VHA, not VBA. Under VHA, grants and per diem programs are available for homeless Veterans and for services, including building or remodeling facilities.

Questions and Answers on Native American Direct Loans

During the two consultation events, the following informational questions were raised about the NADL program. VA staff provided answers and clarifications as recorded below. This information is included in the consultation record to share relevant details about the NADL program with the audiences of this report.

Home Loans for Native Veterans Not on Trust Lands

Q: What arrangements should be made if a Native Veteran wants a loan to build a home in a location not on their reservation?

A: If a Native Veteran wants a home loan for a location that is not on trust land, the Veteran should access the VA home loan guaranty program for loans on fee simple land. The NADL program only applies to trust land. For all fee simple land—even when it is a Native Veteran who is building a home there—the additional steps of the NADL program (such as a signed MOU between VA and the tribe) are not necessary.

Choice of Housing

Q: Is there a free choice of location and housing type for Veterans who wish to apply for a NADL loan?

A: Yes, the house and the location are entirely the Veteran's choice. The only qualifying criteria for the house itself are that it is safe, structurally sound, and sanitary. If housing plans meet these three criteria, any type of home is permitted.

VA understands that housing needs vary based on geographical location. For example, approved housing in Guam includes homes that have 12-foot concrete ceilings, for typhoon safety. Another example is the special weather and insulation needs for housing to be considered safe and structurally sound in Alaska.

NADL Loans and Additional Costs

Q: How can the NADL program address the additional costs that can be associated with building a home on rural reservation lands? In an example from the Seminole Tribe of Florida, building costs can include hiring an architect, getting a land estimate, and bringing sewer and water out to the property, which can be difficult and costly on Everglades land.

A: Additional services related to building a home can be added to the total loan package so that these costs are covered by the loan.

NADL Age Limits

Q: Could the home loan assist an elderly person to move out of their current residential situation and into a new home?

A: Yes, the home loan benefit has no age limits.

Additional Comments on the NADL Program

- The name of the NADL program should have "home" in the title somewhere. People come to the program because they are looking for a loan, not a house. A confusing experience like that can turn people away from trying to access VA benefits at all in the future.
    - NADL presenters at both consultation sessions acknowledged that the name is confusing and does not clearly explain that the program is for first mortgages. They get calls related to personal loans or small business loans at their offices.
    - VA has the goal of increasing the visibility of this program, so Veterans and service providers are aware of it, understand the benefits offered, and can encourage Veterans to take advantage of these services while clarifying exactly what type of assistance is available.
    - Veterans and communities should be aware that small business loans may be available through the Small Business Association (SBA), and that a certain portion of Federal contracts are reserved by law for service-disabled Veterans.
- The VA NADL program currently collaborates with other housing-related organizations. For example, NADL has given presentations at the National American Indian Housing Council.

Vocational Rehabilitation and Employment

VetSuccess on Campus is an initiative to support Veterans attending college. It is provided through the VR&E Program, under VBA. During 2012, VetSuccess counselors

were established on 32 campuses. The goal is to have counselors at every school with a Veteran population of 500 or more. There has been a special focus on reaching out to colleges serving high minority populations, including historically black colleges and universities and colleges with high Hispanic student populations.

Tribal Comments

ISSUE	**VetSuccess on Campus Outreach to Tribal Colleges and Universities**
TRIBAL COMMENTS/ SUMMARY	With the focus of VetSuccess on schools with high minority populations, have special outreach efforts been made to tribal colleges and universities?
VA RESPONSE	Information on this program has been provided to the tribal colleges and universities, but the Lincoln, Nebraska, presenter reported that they had not expressed interest in the program at this time.
VA DISPOSITION	VetSuccess on Campus information has been provided to the tribal colleges and universities, and they will be including this information in VR&E's ongoing outreach efforts. VA welcomes this interest in the program and encourages any interested tribal colleges and universities to contact Linda Murphy, the VetSuccess on Campus Project Lead.

Other Findings

In the course of the Lincoln, Nebraska, and Denver, Colorado, consultation events, participants raised questions and comments on other issues beyond the policy and program items identified by VA Administrations for consultation. VA welcomes these comments and questions, and the issues raised are reported below.

Tribal Comments

ISSUE	**Tribal Consultation and the Government-to-Government Relationship**
TRIBAL COMMENTS/ SUMMARY	• If VA officials are not addressing a tribal council or assembled tribal leaders, a meeting is not consultation or government-to-government dialogue. While the FY 2012 cycle of VA meetings have included Veterans and Veterans service providers, these meetings have not truly been tribal consultation because tribal leaders have not been present at the table. • Holding meetings with Veterans is a good thing, and it works to build trust and relationship between VA and Native Veterans on an individual scale—a step that is badly needed. Going to social events like the Indian Summer Festival (Milwaukee, WI) and others could assist in bringing the message to many Native Veterans who would

	like to hear from VA. • Meeting individuals, like the regional coordinators, at these events can demonstrate there is an actual person—often a Native person—in these roles, which greatly encourages trust and relationship-building with tribes and Veterans.
VA DISPOSITION	• VA's tribal consultation policy provides a formal mechanism for agency leadership to consult with tribal governments on programs, policies, or initiatives that may affect Veterans in tribal communities. VA initiated tribal consultation on a large scale for the first time in 2012. VA OTGR supports these varied consultation efforts—with formal government-to-government consultation events that occur nationally, and in informal relationship building that enables regional OTGR specialists to be as connected, informed, and responsive as possible to the needs of local tribal communities. • VA agrees that tribal consultation is not meaningful if tribal leaders are not at the table. VA plans to continue improvements to outreach and communication with tribes about consultation activities, and also requests that Veterans in tribal communities convey to tribal leadership the importance of making Veteran services and programs a priority. • OTGR understands the importance of connecting with Veterans and tribal community members, and prioritizes the invitations received to attend tribal events. • OTGR hopes that increasing engagement between tribal governments and VA will increase participation by tribal Veterans in VA programs and services. Along with that, VA hopes that tribal leaders will avail themselves of opportunities to have their voices represented in tribal consultation sessions. Their perspectives can then be represented in VA programs and policies to better support the needs of Veterans in tribal communities.

ISSUE	**Setting the Consultation Agenda**
TRIBAL COMMENTS/ SUMMARY	When VA defines the agenda and topics of a meeting, tribal leaders have no voice until they are directed about what topics to comment on. When consultation meetings occur, tribal leaders request that VA share information in advance about why tribal leaders are coming together and what they will be asked to comment on.
VA DISPOSITION	VA concurs with the concern raised by tribes. In the future, VA will provide tribes with advance briefing materials relevant to the consultation topics.

ISSUE	**Connecting with State-Recognized Tribes**
TRIBAL COMMENTS/ SUMMARY	Government-to-government dialogue only reaches federally recognized tribes and does not allow a place at the table for state-recognized tribes. State-recognized tribes have not benefitted from outreach by VA; in many cases, Veterans in state-recognized tribes only have the Center for Minority Veterans to connect with.
VA DISPOSITION	All tribes, including state-recognized tribes, are encouraged to connect with the state directors of Veterans Affairs in their state(s) as a way of communicating needs and concerns to VA. A list of state Veterans Affairs offices, along with their contact information, can be found online at http://nasdva.us/, the Web site of the National Association of State Directors of Veterans Affairs (NASDVA).

ISSUE	**Rebuilding Trust and Moving Forward**
TRIBAL COMMENTS/ SUMMARY	• Tribes "have seen a lot of dog and pony shows over the years." They have seen elected and appointed individuals get into Federal agency positions, and these individuals do not know what is happening on the ground. While they appreciate the efforts that Secretary Eric Shinseki is making, there is not a feeling that he has a deep understanding of what is happening at a tribal level. • Tribes have been participating in the Federal consultation process for quite some time now—in National Congress of American Indians records from 50 years ago, the record shows that they were discussing the same things as are being discussed today. • Some tribal representatives present encouraged the group to help make OTGR's consultation efforts a success. When government programs aren't perceived as performing well, often the government discontinues them, telling tribes that the tribes didn't make enough use of the programs. Even if there have been frustrations in the past, tribes have a job now to help make VA OTGR successful.
VA DISPOSITION	Secretary Shinseki acknowledged historic and current problems in VA-tribal relationships in his remarks at the NIHB Annual Consumer Conference (Denver, Colorado) in September 2012. He also communicated his intention to direct VA efforts at all levels to improve the situation. He offered the following comments to the NIHB audience, which included tribal leaders, Veterans, tribal health directors, senior officials, and representatives from the Indian Health Service: "I know there is a record of mistreatment and injustice in your

	history, as there was in my community [citizens of Japanese ancestry during World War II]. I cannot change that history, nor the lack of trust that some may have about my government and my department. But in our time, yours and mine, I intend to make things different. We are not where I want to be for eligible Veterans in your tribes, but VA has not and will not stop reaching out to improve the care we provide for our American Indian and Alaska Native Veterans." He also described current specific efforts where VA is reaching out to meet the priorities and needs of Veterans in tribal communities. Please see Appendix 6 for the full text of Secretary Shinseki's NIHB keynote address.

ISSUE	**Invitations to VA**
TRIBAL COMMENTS/ SUMMARY	• VA needs to be responsive to invitations for consultation from tribes and tribal coalitions. For instance, VA was invited to attend the United South and Eastern Tribes, Inc. (USET) Veterans Affairs meeting in 2012. The invitation was issued, but no one from VA showed up. • Tribes understand that Federal officials face travel restrictions, but an opportunity to consult with all 27 tribes of the Inter-Tribal Council of Nevada during a council event is a worthwhile opportunity to take advantage of. • Consider responding to these requests for consultation by meeting with tribes at their events, rather than having VA hold its own event and asking tribes to come out to it. • Tribes invite VA to come to Denver in conjunction with the NIHB Consumer Conference. We have hoped for years to get VA to this event.
VA DISPOSITION	VA representatives from OTGR and VHA Chief Business Office attended the USET meeting during the week of February 4, 2013. VA representatives are making attendance at future tribal events a priority and make every effort to honor requests for participation.

ISSUE	**Cultural Sensitivity Within VA**
TRIBAL COMMENTS/ SUMMARY	Cultural awareness needs to be created within VA structure itself. VA should hire more American Indian and Alaska Native people at all levels to increase cultural sensitivity.

VA DISPOSITION	The MOU has objectives to address increased cultural sensitivity. Additionally, OTGR provided "Working with Tribal Governments" training to VA staff to provide education and increase cultural sensitivity.

ISSUE	**VA Outreach to Tribes**
TRIBAL COMMENTS/ SUMMARY	• The absence of actual outreach in the field ultimately ruins VA's credibility with tribes. Tribes have a long history of broken treaties, of hearing the song and dance from the Federal government, without any follow up on a local level. • Why don't VA people come out to the reservation and meet people there to teach about their programs? • Some state Veterans Affairs offices have no outreach at all to American Indian and Alaska Native populations. They say they do, but it is all talk and no action.
VA RESPONSE	Deputy Assistant Secretary John Garcia explained that a tactical plan is needed to put VA's strategy for consultation and tribal engagement into concrete actions. A goal of the consultations is to get input on making this tactical plan, increasing engagement between VA and tribes, and addressing the 65 percent of American Indian and Alaska Native Veterans who do not file for benefits.
VA DISPOSITION	The VA-IHS 2010 MOU has objectives to address improved outreach to tribes. Additionally, MOU Work Group 6 (Payment and Reimbursement) includes Joint Tribal and VA Orientation Briefs on reimbursement agreements. In addition, CBO-PC has established a centralized mailbox, tribal.agreement@va.gov, so that tribes can reach out freely to receive answers to questions or set up a discussion. VA personnel have also participated in inter-tribal organizational meetings and Indian Health Boards.

ISSUE	**Tribal Veterans Representatives**
TRIBAL COMMENTS/ SUMMARY	Representatives present reported general awareness that the Tribal Veteran Representative program exists, but few had any direct experience with it.
VA RESPONSE	VA feels that the Tribal Veteran Representative program has had many success stories in reaching tribal communities and providing culturally appropriate services and access.
VA	There are a variety of options for interested tribes to connect with the

DISPOSITION	TVR program. Contact the OTGR tribal government relations specialist for your area, or the rural health consultants on staff at your VISN office.

ISSUE	**State-Level Veterans Services**
TRIBAL COMMENTS/ SUMMARY	• In some states, the idea of outreach is to come to a tribe's annual celebration, when the tribe is recognizing and celebrating its Veterans. The celebration is not a workshop, so it is an awkward time to host representatives of VA programs. • Tribes request that VA hold state directors accountable for outreach to tribes and American Indian and Alaska Native Veterans. Please ask them what they have done to meet with tribal leaders, ask them specifically who they have talked to. If VA does not ask them, they will continue to ignore local tribes. This accountability needs to start at the top of the VA system; it is not something tribes can instigate. • Alaska needs tribal Veterans Service Officers who are knowledgeable and qualified to represent the needs of Alaska Native populations. Right now, when Alaska Native Veterans ask about benefits, they are often told "go back to your tribe."
VA RESPONSE	• Every state has a state director of Veterans affairs appointed by the governor. Every state contributes money to outreach. Deputy Assistant Secretary Garcia meets with the state directors and can encourage them to address tribal needs more directly. • State directors usually have an outreach director to American Indians and Alaska Natives. Recommend reaching out to state directors to tell them that you need services; if tribes do not communicate with them, they may assume everything is okay.
VA DISPOSITION	• VA's mission is to serve all Veterans, and state-level Veterans offices are expected to serve all Veterans in their states. VA OTGR is under VA OPIA and OPIA is also the central point of contact for all state and local Veterans officials. OTGR leadership briefs state directors about tribal needs and concerns twice a year during National Association of State Directors of Veterans Affairs meetings. • Intergovernmental collaboration and communication is essential if organizations are to increase access to services and benefits for our Veterans. IGA and OTGR are making effective communication with states about tribal Veterans' needs a priority. • In Alaska, for example, more than 100 Tribal Veteran Representatives (TVRs) have been trained during the past 2 years. TVRs provide a vital local link to information regarding Veteran

	benefits and services. The state of Alaska requires service officers to work with TVRs. Other states have staff responsible for outreach to tribal communities. Through OTGR, VA will continue to invest in relationships with tribal governments and improve outreach to tribes, and will work with state directors through IGA to do the same at the state level.

ISSUE	**VA Web Site**
TRIBAL COMMENTS/ SUMMARY	• The VA Web site is not very user-friendly in finding information about Veterans benefits. It has to be easier to use, because many of the people who want to use it have less education. People in rural areas do not have access to computers at all. It seems as though the VA Web site is only geared toward other people in the government, not to reach out to the public. It is very frustrating to use right now. • When a VA representative shared about how much information can be accessed on the VA Web site, an older tribal chairman joked, "I can't even turn on a computer." • Many additional links should be included on the VA Web site, including links for each cemetery and information about health and education benefits. It should also include Alaska-specific links for services and links about the Alaska Territorial Guard.
VA RESPONSE	• VA is redesigning its Web site to make it more interactive. If the current VA Web site proves to be unworkable for certain inquiries, the best thing to do is use it to find a regional contact, and take inquiries to that person. • VA's tribal Web site is a work in progress. VA is open to suggestions for what links should be included.
VA DISPOSITION	• VA Web site transformation is underway. The Web site includes a page dedicated to tribal government, with links to specific information relevant to Veterans living in tribal communities. The Web site will continue to evolve to be responsive to the specific needs expressed by tribes and Veterans in Indian Country. • OTGR's Web site is being used to publish VA-Tribal Health Program Reimbursement Agreement information: http://www.va.gov/tribalgovernment/ • The Veterans Benefits Administration encourages tribal Veterans to enroll in eBenefits. eBenefits is a joint VA/Department of Defense Web portal that provides resources and self-service capabilities to Veterans, Servicemembers, and their families to research, access,

	and manage their VA and military benefits and personal information. eBenefits uses secure credentials to allow access to personal information and gives users the ability to perform numerous self-service functions, thereby eliminating the need to call or visit VA. Veterans can register at http://www.ebenefits.va.gov.

ISSUE	**"Dear Tribal Leader" Letters and VA Communication**
TRIBAL COMMENTS/ SUMMARY	• Consultation participants widely report not receiving or hearing about the Dear Tribal Leader letters sent out by VA. While the letters may reach tribal officials, they are not always passed on to the correct people in government or service agencies. They may get lost or delayed on the chairman's desk. • Suggested communication strategies include sharing the letters with Tribal Veterans Service Officers in communities, with other Veteran contacts, or with Veterans committees of inter-tribal organizations. For example, the All-Indian Pueblo Council includes 20 pueblos. The group has a Veterans committee and would be interested in receiving information from VA.
VA DISPOSITION	• VA communicates with tribes about consultation issues using conventional methods, such as Dear Tribal Leader letters to federally recognized tribes and Federal Register notices. It also supplements those conventional notices with other outreach methods, including Web site postings, social media, conference calls, phone calls, newsletters, and attending large inter-tribal gatherings. • Ongoing relationship-building between OTGR specialists, Veteran points of contact in tribal communities, and IHS and tribal health directors is increasing awareness that VA is ramping up its efforts to engage with tribal communities. As these efforts progress, OTGR plans to build new ways of communicating effectively with tribes. VA is employing its tribal government page on the VA Web site, social media, newsletters, conference calls, and participation in large inter-tribal briefings and gatherings to increase its communication with tribal governments. • Tribes may be learning about VA programs for the first time because the current level of engagement between VA and tribal communities is greater, on a national level, than it ever has been. • VA will continue to work with tribal representatives, Tribal Veterans Service Officers (TVSOs), and VSOs to determine the best way to reach all tribal communities.

ISSUE	**Answering Tribal Comments**
TRIBAL COMMENTS/ SUMMARY	• An important way to improve the VA-IHS 2010 MOU and other agreements involving tribes is to provide feedback on the tribal comments received in consultation. • Share publicly the comments that all tribes make, unless there is a specific request to keep a comment private. This will allow tribes to learn from each other. This opportunity is important, because not all tribes have policy experts on each issue they are asked to comment on. • Put the comments on a webpage and put the agency responses in the same place. People can learn about your agency by the responses you post, and it reassures us that this is not just one-way communication. Right now, the conversation feels very one-sided.
VA DISPOSITION	• OTGR will post comments received during the course of consultation to the VA Tribal Government Web page. • Detailed reporting on consultation events, such as the two 2012 consultation reports, is another aspect of the ongoing effort to share VA feedback with tribes, and to complete the circle for two-way communication.

ISSUE	**Outreach to Tribal and Highly Rural Veterans**
TRIBAL COMMENTS/ SUMMARY	• Outreach for NADL and other benefits programs is not reaching all Veterans, especially those who live in highly rural areas. The shift to eBenefits that are accessed online means that our Veterans who do not have Internet service or fiber optics lose out on this information. • Service utilization for rural tribes can very low, because Veterans have to drive 5 hours to reach a city where a VA office is located.
VA DISPOSITION	• VA OTGR works closely with all VBA benefits programs available to Veterans to coordinate targeted outreach to rural and highly rural areas while also responding to tribes' requests for training and information on the NADL program and other VBA benefits. • VA is aware of technology challenges in rural communities and is working to bridge this gap through innovative special projects supported by ORH grant funding and through local relationship building and advocating for training to Tribal Veteran Representatives who can be a local conduit for information and access to VA services and benefits.

ISSUE	**Tribal Veterans Service Officers (TVSOs)**
TRIBAL COMMENTS/ SUMMARY	• Tribes would like to see increased funding to establish Tribal Veterans Service Officers. P.L. 93-638 allowed tribes to take on the management of many Federal programs. Training programs for TVSOs should be contracted to tribes to allow them to establish TVSOs in many different service areas, which could greatly increase the scope of VA outreach to Native Veterans. • Just as HHS has successfully contracted out many programs to tribes, VA should cooperate with the Department of the Interior to do the same. • Because VA benefits are a Federal program, tribes should not be responsible for funding outreach for Veterans' benefits. Federal funding should be provided.
VA DISPOSITION	The Indian Self-Determination and Education Assistance Act, P.L. 93-638 is not applicable to VA services and programs.

ISSUE	**Complaint Process for Veterans and VA Accountability**
TRIBAL COMMENTS/ SUMMARY	There is no forum for Native Veterans to bring up issues they have with VA care. Right now, you can go to a patient advocate or a service unit director and get a pat on the head, but nothing is ever done. If you really advocate for yourself, you get red-flagged—many Native and non-Native Veterans report this. Veterans are looking for a place to share honest feedback with VA, without penalty, about what is going on in the system. We are looking for accountability to the Veterans, not just MOUs for organizations to talk with each other.
VA DISPOSITION	VA takes customer service and consumer responsiveness very seriously. Protocols are in place at local VAMCs and Regional Offices for Veterans who have complaints about care or quality of service. In the event these local options are not satisfactory, VA Central Office has a Consumer Affairs desk through the Office of Public and Intergovernmental Affairs.

ISSUE	**Recognition of Tribes as Veterans Service Organizations (VSOs)**
TRIBAL COMMENTS/ SUMMARY	Navajo Nation proposes that CFR 14.628 be amended to include tribes as recognized Veterans' service organizations. This Federal recognition will authorize tribes to function as accrediting agencies in recognizing Veterans service agencies. To enhance the government-to-government relationship between VA and tribes, authority granted by

	VA to tribes could assist in processing benefits claims and could increase outreach to rural tribal areas. Services would be closer to where American Indian Veterans are. Currently, the Department of Navajo Veterans Affairs can only provide these services up to a point; beyond that, Veterans must rely on state organizations and VSOs.
VA DISPOSITION	This proposal may be an effective way to increase the reach of service officers in rural tribal areas. In the event the statute is changed to include tribal governments, tribal governments should be held to the same rigorous standards as state organizations and VSOs in order to ensure quality representation for Veteran claims.

Conclusion

This report represents the input received at the final two VA tribal consultation events that took place in FY 2012—the first in Lincoln, Nebraska, in conjunction with the National Congress of American Indians Mid-Year Conference, and the second in Denver, Colorado, as part of the National Indian Health Board's Annual Consumer Conference. In addition, a report on the first two VA consultation events of FY 2012, taking place in Washington, DC, and Anchorage, AK, was also released. Together, these two reports make up the record of VA's first year of formal government-to-government consultation events with American Indian and Alaska Native tribes and villages. Both reports present the comments of consultation attendees, including tribal leaders and their designated representatives, along with formal responses provided by VA Administrations. This format was chosen in an effort to maximize accountability and to support the usefulness and responsiveness of VA's tribal consultation and reporting process.

"How do we best serve our Veterans in Indian Country? The place to start is by asking our tribal leaders."

—Stephanie Birdwell, OTGR

The four consultation events of FY 2012, and their two corresponding reports, represent VA's first implementation of tribal consultation on a national scale. By engaging in the critical mission of building working relationships with American Indian and Alaska Native tribes, VA intends to accomplish the following:

- To uphold the Federal requirement that all executive agencies establish meaningful consultation with tribal governments on any Federal policies with tribal implications, in order to fully respect the sovereignty of American Indian and Alaska Native tribes;

- To engage in dialogue with tribes and villages to identify needs of Veterans and challenges or barriers to service;
- To regain the trust of Native Veterans and tribal governments by becoming a more effective advocate for care, services, and improved coordination with systems such as the Indian Health Service;
- To build the foundation of trusting relationships, effective and accessible services, and culturally competent programs that will encourage American Indian and Alaska Native Veterans to access VA benefits, so that they can take full advantage of the benefits they have earned through their military service to this country.

VA submits this report on 2012 tribal consultation, which is disseminated to 566 federally recognized tribes, as a part of its ongoing effort to forge strong and effective government-to-government relationships to serve and honor American Indian and Alaska Native Veterans. VA welcomes continued input from tribal nations, tribal Veterans, and tribal Veterans' organizations in pursuit of this goal.

Appendix 1. Lincoln, Nebraska, Tribal Consultation Agenda

VA Tribal Consultation Agenda
National Congress of American Indians- Lincoln, Nebraska
Sunday, June 17, 2012

I. **Opening Prayer/Welcome Address 9:00-9:15 a.m.**
Tribal Official
John M. Garcia, Deputy Assistant Secretary, VA Office of Intergovernmental Affairs, Washington, DC, Co-Facilitator
Stephanie E. Birdwell, Director, VA Office of Tribal Government Relations, Washington, DC, Co-Facilitator

II. **Veterans Health Administration 9:15-10:45 a.m.**
Dr. Mary Beth Skupien, Director, VA Office of Rural Health
Consultation Topic: VA-Indian Health Service MOU
- Education/ Overview of the program (15 min)
- Q& A Session: How can VA engage Tribes at the local and national level in activities related to implementation of the VA-IHS MOU (45 min)
- Open Dialogue (30 min)

III. **National Cemetery Administration 10:45-12:00 p.m.**
Howard Orr, Program Manager, Veterans Cemetery Grant Service
Consultation Topic: Tribal Cemetery Grants
- Education/ Overview of the program (10 min)
- Q& A Session: What are some of the challenges that Tribes experience in accessing the Tribal Cemetery Grant Program (45 min)
- Open Dialogue (15 min)

*****Lunch (45 min) *****

Afternoon Session will be in the Heartland Room

IV. Veterans Benefits Administration 1:00-2:30 p.m.

Robert Hart, Vocational Rehabilitation Counselor (Outreach), Vocational Rehabilitation & Employment Service

Morgan Pontiff, Loan Specialist, St Paul Regional Loan Center

Consultation Topic: Vocational Rehabilitation and Employment Service Program

Consultation Topic: Native American Direct Loan Program

- Education/Overview of the programs (15 min)
- Q& A Session: How can the Agency increase Veteran participation in the VR&E program? (45 min)
- How can the Agency improve outreach with the NADL program and what are some of the barriers that exist to accessing the program?
- Open Dialogue (30 min)

V. Closing Remarks/Closing Prayer

Tribal Official

John M. Garcia, Deputy Assistant Secretary, VA Office of Intergovernmental Affairs, Washington, DC, Co-Facilitator

Stephanie E. Birdwell, Director, VA Office of Tribal Government Relations, Washington, DC, Co-Facilitator

Appendix 2. Lincoln, Nebraska, Consultation Attendees

At the Lincoln, Nebraska, tribal consultation, 19 attendees signed in, as listed below.

NAME	TITLE, ORGANIZATION, OR TRIBE
Robert Primeaux	Standing Rock Sioux
Tome Roubideaux	Fox Talk Radio, Conifer, Colorado
Stephen Bowers	Seminole Tribe of Florida
John McNally	Nebraska Department of Veterans Affairs
Jennifer Hughes	Hobbs, Strauss, Dean & Walker, LLP
Carrie O'Toole	Prairie Band of Potawatomi
Tadd Johnson	Bois Forte Band of Chippewa
Daniel King	Oneida Nation
Robert Caldwell	Choctaw-Apache Community of Ebarb
John Prucell	
Iver Malutin	Sun'aq Tribe of Kodiak
Elsie Vaden	Norton Sound Health Corporation
David Tom	Washoe Nation
Lester Secatero	Albuquerque Area Indian Health Board, National Indian Health Board
Liz Malerba	United South and Eastern Tribes
Connie Moffitt	Veterans Health Administration, VISN 23
Robert Hart	VBA VAED
Dan Anderson	VBA Loan Guaranty
Morgan Pontiff	VA Loan Guaranty

Appendix 3. Denver, Colorado, Tribal Consultation Agenda

Department of Veterans Affairs
Tribal Consultation
National Indian Health Board Annual Consumer Conference - Denver Sheraton
Monday, September 24, 2012

I. Opening Prayer/Welcome Address 8:00-8:30 a.m.

John M. Garcia, Deputy Assistant Secretary, Office of Intergovernmental Affairs
Stephanie E. Birdwell, Director, Office of Tribal Government Relations, Co-Facilitator
Lester Secatero, Chairperson, Albuquerque Area Indian Health Board, Co-Facilitator

II. Veterans Benefits Administration 8:30-10:00 a.m.

Ivonne Perez, Veterans Benefits Administration, Loan Guaranty Service

Consultation Topic: Native American Direct Loan Program

- Education/ Overview of the program (30 min)
- Q& A Session: Administration will formulate questions (30 min)
- Open Dialogue (30 min)

***** *Break (15 min)* *****

III. Veterans Health Administration 10:15-11:45 a.m.

Dr. Mary Beth Skupien, Director, VA Office of Rural Health

Consultation Topic: VA/ Indian Health Service Memorandum of Understanding

- Education/ Overview of the program (30 min)
- Q& A Session: Administration will formulate questions (30 min)
- Open Dialogue (30 min)

IV. Closing Prayer/ Remarks

John M. Garcia, Deputy Assistant Secretary, Office of Intergovernmental Affairs
Stephanie E. Birdwell, Director, Office of Tribal Government Relations, Co-Facilitator
Lester Secatero, Chairperson, Albuquerque Area Indian Health Board, Co-Facilitator

Appendix 4. Denver, Colorado, Consultation Attendees

At the Denver, Colorado, tribal consultation, 69 attendees signed in, as listed below.

Name	Title, Organization, or Tribe
Donna Chapdelaine	Veterans Benefits Administration
William "Skip" Myers	Charles George VAMC/Cherokee Hospital
Penny James	Charles George VAMC
Geri Brennan	Government Accountability Office
Loretta Harjo	Hopland Band of Pomo Indians
Denise Dawson	Consolidated Tribal Health Project, Guidiville Rancheria
Colleen Bowls	Stillaguamish Tribe
Dee Pretty on Top	Crow Nation
Henry Pretty on Top	Crow Nation
Peggy Becker	Veterans Health Administration
Thomas John	Chickasaw Nation
Lori Fritz	Government Accountability Office
Sheila Cooper	SAMHSA Tribal Coordinator, Seneca Nation of Indians
Jacqueline Allen	Fallon Paiute Shoshone Tribe
Charity A.S. Hodges	Cowlitz Indian Tribe
Mickey Peery	Choctaw Nation
Robert J. Clarke	Bristol Bay Health Corporation, Yupik
June Shaw	Albuquerque Area Indian Health Board, Mescalero Apache Tribe
Frances Guerra	Ysleta Del Sur Pueblo/Tigua Tribe
Stephen Bowers	Liaison, Veterans Affairs, Seminole Tribe of Florida
C. Johnson	Ketchikan Indian Community Advisory Health Board
George F.	CEB
Marvin Loveto	Santo Domingo
Charles Damon	Navajo Nation
Cheryl A. Seidner	Wiyet Tribe and UIHS Board
Charlene Stow	UIHS Board, Tolowa Nation
Robert Dunsmore	TVSO, Cheyenne River Sioux Tribe

Name	Title, Organization, or Tribe
Jay Cochrane	DV AMC Advocacy Office (va.gov)
Wayne Lehi	Kewa Pueblo
David L. John	President, Navajo Area Health Board
Andrea Patton	IHS Office of Tribal Self-Governance
Rod Grove	Southern Ute Indian Tribe
Howard Richards	Southern Ute Indian Tribe
Dudley Weaver	Southern Ute Indian Tribe
Frances G. Avin	Tohono O'odham Nation
Debbie Lewman	Kaw Nation
Jackie Dodson	Kaw Nation
David P. Nez	Navajo Nation
Jane Wolframe	Northern Cheyenne
Jeanne Kaufmann	Veterans Rural Health Resource Center, Native Domain, VA
Vicki Rogers	VA Muskogee Oklahoma
Raphael Martin	Navajo Nation (Gallup)
Jim Segura	Southcentral Foundation
Alberta Unok	Alaska Native Health Board
Ben Tso	
Rick Colsen	Fond du Lac
Cynthia Sullivan	Pala Veterans, California
Bennie Cohoe	Navajo, Ramah, MN
Robert Sulaby	Winslow Indian Health Care Center
Martin Bahe	Winslow Indian Health Care Center
Gail Mason	Rosebud Sioux Tribe
Savannah Gene	Albuquerque Area Indian Health Board
Jerry Moses	Alaska Native Tribal Health Consortium
Michelle Hayward	National Indian Health Board, Californian Rural Indian Health Board
Mark LeBeau	Pit River Nation
Andrea Cazares-Diego	Greenville Rancheria
Nancy Ehlers	Ione Band of Miwok
Patty Kinswa-Gaiser	Cowlitz Tribal Council/Health Board
Melanie Fourkiller	Choctaw Nation

NAME	TITLE, ORGANIZATION, OR TRIBE
Sarah Yepa	Jemez Pueblo
Sam Chinan	Jemez Pueblo
Donna Whipple	Consolidated Tribal Health Project, Sherwood Valley Rancheria
LeRoy Thomas	Navajo Nation
Jennifer DeWinne	Veterans Health Administration, Albuquerque
L.H. Pawiki	Northern Arizona VA Health Care System, Prescott, AZ, Veterans Health Administration
Joyce Dutchie	Southern Ute Tribe
Rachel Ryan	HHS CMS Tribal Affairs Group
Marvin Trujillo	Pueblo of Laguna Veterans Program
Susan Karol	Chief Medical Officer, Indian Health Service

Appendix 5. Denver, Colorado, Listening Session Agenda

Department of Veterans Affairs
Listening Session
Tribal Governments and VA: Working Together to Serve Our Veterans
Wednesday, September 26, 2012
National Indian Health Board Annual Consumer Conference

4:30 p.m. Welcome/ Blessing (elder)

Erika Moott, VA Tribal Government Relations Specialist - Eastern Region
Agenda overview and introduction of panelists

4:40 p.m. Facilitator: Stephanie Birdwell, Director, VA Office of Tribal Government Relations

4:50 p.m. Remarks from Panelists (5-7 minutes each)

Each panelist has an important role in serving Veterans. Panelists also serve within areas that, through expanded agreements and partnerships with tribes, can increase access to care for American Indian/ Alaska Native Veterans. Our panelists will provide updates, announcements, share ongoing and current activities affecting tribes, Veteran service providers and Veterans in Indian Country, based on their role in the VA organization. Following initial introductory and summary remarks, the floor will be open to the audience for comment, question and answer and discussion.

Panel Members

- Stephanie Birdwell, Director, VA Office of Tribal Government Relations
- Cynthia Breyfogle, Director, Charles George VAMC, Asheville, NC
- Cynthia Kindred, Acting Deputy Chief Business Officer, Purchased Care, VHA Chief Business Office
- Connie Moffitt, Minority Veterans Program Coordinator, VA Black Hills Healthcare System

5:15 p.m. Open Discussion

6:00 p.m. Closing Remarks/Blessing

Appendix 6. Secretary Shinseki's Keynote Address (NIHB)

Remarks by Secretary Eric K. Shinseki
National Indian Health Board Consumer Conference
Denver, Colorado
September 25, 2012

Good morning, everyone. Lester (Secataro), thank you for that kind introduction and for your service on the National Indian Health Board. Let me acknowledge the tribal elders and tribal leaders who are present. Let me further recognize:

- Cathy Abramson, your Chair of the National Indian Health Board;
- All the other members of the board, among them President John Yellowbird Steele, Andy Joseph Jr., and Buford Rolin, who like Lester Secatero are all Veterans;
- Stacy Bohlen, National Indian Health Board Executive Director, and Paul Allis, program manager;
- Jefferson Keel, Chickasaw Nation Lieutenant Governor and President of the National Congress of American Indians;
- Dr. Yvette Roubideaux, Director, Indian Health Service;
- Fellow Veterans, VA colleagues, other distinguished guests, ladies and gentlemen.

My name is Ric Shinseki, and I'm a Soldier. I'm honored to be here today as the National Indian Health Board celebrates 40 years of advocacy on behalf of tribal governments—the NIHB's commitment to provide quality healthcare for all American Indians and Alaska Natives.

I greet the tribal elders and tribal leaders with respect and thank them for allowing me to participate in this meeting. I would also like to recognize all the Veterans in the audience. If you are able to, please stand, and if not able, please raise your hand, so we can acknowledge you. Thank you all for your service.

I was born on the island of Kaua'i, Hawai'i about a year after the attack on Pearl Harbor and grew up under martial law in the 1940s. Korea quickly followed on the heels of World War II, and then Vietnam became my turn to go to war in 1966. I never planned on an Army career but ended up serving 38 years in uniform. When my friends back home ask me, "Why?" I don't really have good answers, except that my fellow Soldiers never let me have a bad day, and because of that, key jobs kept coming my way.

I did my best to do two things in every one of those assignments: accomplish the mission and take care of soldiers the best way I knew how. And this also explains why I accepted this appointment as Secretary of Veterans Affairs. Here, I have the privilege of giving back—taking care of those with whom I went to war in Vietnam 45 years ago, those I sent to war as a service chief, and those true heroes who saved the world in the 1940's and who saved a country in the 1950's. Some of those heroes came from island communities like mine and from tribal lands like yours.

American Indians and Alaska Natives have long served this country with great courage and distinction: 14,000 in World War I; 44,000 in World War II, like the American Indian "code talkers," who sent sensitive communications in code developed from their tribal language. Over 80,000 served in Vietnam. Today, an estimated 30,000 American Indians and Alaska Natives serve in the United States military.

More American Indians and Alaska Natives have served in our Nation's armed forces than any other ethnic group, including mine. One of your heroes was Charles George, a member of the Eastern Band of Cherokee Indians.

Born in 1932, he grew up in Birdtown, North Carolina, enlisted in the Army at age 18, and following basic training, deployed to Korea. On 30 November 1952, Private First Class George was part of an infantry raiding party operating behind enemy lines to capture a prisoner for intelligence purposes. The patrol suffered several casualties from intense mortar and machine gun fire. PFC George fought valiantly, engaging the enemy in hand to hand combat.

As the raiding party completed its mission and began its withdrawal, PFC George and two other soldiers remained behind to provide covering fires. As they did so, an enemy grenade landed in their midst. PFC George shouted a warning to one soldier, pushed the other out of danger, and without hesitation, threw himself onto the grenade, absorbing its full explosion. Seriously wounded and in excruciating pain, he remained silent, not revealing their location. For conspicuous gallantry and courage above and beyond the call of duty, PFC Charles George was posthumously presented the Medal of Honor. Our VAMC in Asheville, North Carolina, is named in his honor.

The honor roll of Native American heroes is long and distinguished. We are privileged to have these brave and courageous men and women walking the halls of our VA facilities nationwide every day.

For these reasons, VA is privileged to partner with the National Indian Health Board to host the first-ever Veterans' track at this conference. We at VA are committed to working with and for tribal leaders on a nation-to-nation basis, to address the many

issues, some of them quite complex, being experienced by Veterans and their families across Indian Country.

From access to care in rural and remote locations, to engaging every generation of tribal Veterans, including those with unfavorable opinions about VA and those who have never been able to access VA healthcare before.

Three-and-a-half years ago, I committed to working with the Indian Health Service (IHS) to take the best care possible of our eligible American Indian and Alaska Native Veterans. Three-and-a-half years later, I am still trying to do this well, frustrated that time eludes my best efforts.

I know there is a record of mistreatment and injustice in your history, as there was in my community. I cannot change that history, nor the lack of trust that some may have about my government and my department. But in our time, yours and mine, I intend to make things different. We are not where I want to be for eligible Veterans in your tribes, but VA has not and will not stop reaching out to improve the care we provide for our American Indian and Alaska Native veterans.

You see, VA is a large healthcare provider, the largest integrated healthcare system in this country—152 medical centers, 80 percent of which are affiliated with one of the Nation's top medical schools. Clustered around these medical centers, we have 817 community-based outpatient clinics, 300 Vet Centers, and outreach and mobile clinics that deliver healthcare to the most remote areas where Veterans choose to live.

Through an extensive and growing telehealth network, linking these 1,300+ points of care, Veterans are able to access VA's benefits and services, including critical medical specialists at distant locations. We are overcoming the tyranny of long distances in this country through the technology of our telehealth networks. We are asking Veterans to drive less with each passing year.

Here's what's also true about VA:

- VA is second only to the Department of Education in providing educational benefits of $10 billion annually.
- VA guarantees nearly 1.6 million home loans, the only zero-down lender in the nation. Our foreclosure rate is the lowest in all categories of mortgage loans (2.25 percent).
- VA is the Nation's eighth largest life insurance enterprise with 7.1 million clients, and a 95 percent customer satisfaction rating.

- VA operates the country's largest national cemetery system—131 cemeteries. For the past 10 years, our cemetery administration has been this country's top-rated public or private sector organization in customer service, according to the American Customer Satisfaction Index conducted by the University of Michigan.

Three-and-a-half years ago, the VA budget was $99.8 billion. President Obama's 2013 budget request, currently before the Congress, is for $140.3 billion, a 40 percent increase since 2009. The President understands our obligation to Veterans, and has provided the funding needed to better care for them. We must better distribute these funds to benefit and care for eligible Native American Veterans and family members in the most direct and immediate way possible. VA has only one mission—to care for the men and women who have secured our nations.

To improve our outreach, we've embarked on a robust consultation effort that will focus on listening, aiding, and advocating on behalf of tribal Veterans. In January 2011, we stood up our Office of Tribal Government Relations to better communicate with tribes and better understand your needs. Deputy Assistant Secretary John Garcia and Director Stephanie Birdwell are my personal trusted agents in these initiatives.

In February 2012,* I signed VA's first Tribal Consultation Policy. This collaboration with tribal governments will help us develop, improve, and maintain partnerships with Indian Country. It is vital that we hear your voices—listen to your concerns—on issues that affect Veterans and their families.

We've held a series of four tribal consultations this past year alone, and we intend to continue both formal and informal dialogue with tribal leaders to better understand and meet the needs of Veterans in tribal communities. An aggressive outreach schedule to expand our relationships with the American Indian and Alaska Native governments is a top priority.

We are also committed to nurturing an environment that fosters trust and provides culturally competent care for Native American Veterans—including creating culturally sensitive outreach materials, incorporating traditional healing practices and rituals into treatment, and ensuring the best possible experience when Native American Veterans receive healthcare from us. We advocate for Veterans. There will be no difference in the quality or the safety of the care we provide to all Veterans, wherever they choose to live. We intend to earn the trust of Native American Veterans in the process.

We are proud of the quality and safety associated with VA's healthcare system. We are not proud that Veterans in Indian Country haven't always received the treatment they

* VA's tribal consultation policy was signed in 2011. The record of this speech incorrectly identifies the year as 2012.

deserve. VA is vitally interested in providing better access to care and to coordinating our activities with tribal health programs, the Indian Health Service, and urban Indian health programs to improve access and delivery of healthcare services and benefits.

Because so many native Veterans live in remote or rural locations, our Office of Rural Health, directed by Dr. Mary Beth Skupien, has dedicated $50 million to fund 54 projects in Indian country over the last four years—including telehealth, mental health and PTSD treatment, mobile clinics, home-based primary care, and transportation and homeless projects.

In partnership with the Indian Health Service and tribal governments, VA is expanding its home-based primary care program onto tribal lands, an initiative that will collocate home-based primary care satellites at IHS hospitals and clinics, tribal clinics, or VA community-based outpatient clinics adjacent to tribal lands. For the chronically ill, this will eliminate the long commutes, while increasing access to primary care through continuous telehealth monitoring.

A model of collaboration between the Charles George VAMC and the Eastern Band of Cherokee Indians, and its Cherokee Indian Hospital Authority, has been established to expand home-based primary care from a 45-patient model to a 120-patient model in western North Carolina. The program will:

- Enable Cherokees to receive services through both VA and the Cherokee Indian hospital systems;
- Expand home-based primary care services to the most remote parts of western North Carolina; and
- Develop a model that will better serve not only Cherokees, but all other Native American Veterans, as well.

In other initiatives, we have —

- Activated telehealth and tele-psychiatry sites that now serve 14 tribes at nine Indian Health Service and tribal healthcare sites in Montana, Wyoming, North and South Dakota;
- Provided funding for healthcare programs in five new community-based outpatient clinics in Indian country, increased our mobile clinic fleet, and increased cultural competency training for VA healthcare providers.

In 2010, our Veterans Health Administration and the Indian Health service signed an updated MOU—Memorandum of Understanding. One of the goals for VA and the IHS is to promote patient-centered collaborations with tribes. The MOU is national in scope,

but provides the necessary flexibility to tailor programs through local implementation. It spans areas from improving the delivery of care by sharing programs and increasing cultural awareness, to improving information technology and increasing efficiency through purchasing and reimbursement agreements.

Let me be clear: VA is responsible for the healthcare of any eligible American Indian or Alaska Native Veteran, and we will serve those Veterans with great care and pride. We have not always done the best job of providing care in the past. But I offer you that during my tenure we will do better. We are working to develop reimbursement agreements with tribes and the IHS. But we must move beyond negotiations and provide eligible tribal Veterans the healthcare they have earned. Let us codify the best processes possible for eligible Native American Veterans that will outlast our tenures.

The Alaska VA healthcare system has already negotiated and signed 25 reimbursement agreements with tribal health programs this year, and I am pleased to announce that we are now reimbursing tribal health programs, beginning last week. These agreements enable VA to pay for direct healthcare provided in tribal health programs for eligible Veterans, and we are looking to increase the number of these agreements with tribes across the lower 48 states.

As a direct result of the VA-IHS MOU, our suicide prevention office has collaborated with IHS through the Suicide Prevention Work Group to conduct 67 tribal outreach activities, engaging nearly 15,000 participants. A cultural competency work group has also been established and is developing, in collaboration with the tribes and IHS, culturally appropriate training materials for providers, patients' families, and caregivers in Indian Country.

One of our most successful outreach efforts is our Veterans' Crisis Line. Since 2007, over 640,000 people have called in, including over 8,000 active-duty service members. 99,000 were referred for care, and over 23,000 rescued from potential suicide—suicides in progress. In 2009 we added on-line chat, and in 2011, a texting service. We continue to find ways of reaching out to Veterans in need, including Native American Veterans.

VA is working with Veterans' Treatment Courts across the country to identify treatment options for many of our Veterans with substance abuse disorders or mental health conditions. We just published a how-to guide to help identify and link Native American Veterans involved with the criminal justice system with VA resources and other providers as an alternative to incarceration.

Veterans and their families need sustainable economic opportunities. Our Office of Tribal Government Relations is working closely with our Veterans Benefits Administration to increase tribal Veterans' access to established benefits such as

compensation and pension, vocational rehabilitation, and employment services. The Post 9/11 GI Bill offers college education benefits to eligible Veterans and their families and was expanded last year to provide vocational and other non-degree training.

Let me close with a story that exemplifies the kind of care VA is determined to provide to tribal Veterans.

"Victor" is a 52 year-old Lakota Sioux who served with the Marines from 1967 to 1970, deploying twice to Vietnam. He started to abuse alcohol during his military service, which continued when he came home from Vietnam. Two marriages and divorces followed over 17 years. After returning from Vietnam, he remembered a clinician suggesting that he might have PTSD, but he did not seek treatment. Warriors are strong enough to withstand combat. He wanted to participate in more traditional ceremonies, like a sweat lodge, yet he avoided them due to crowds and claustrophobic conditions, becoming more withdrawn at work and from his family.

Victor was reluctant to seek care from the local mental health services. Two broken marriages, alcoholism, and struggles at work finally led him to seek treatment at the local VA, where he participated in a telehealth clinic to treat PTSD.

Skeptical at first, Victor is now making progress. He participates in treatment sessions via video conferencing that provide the space and distance he needs to feel safe in exploring his combat memories.

We look forward to a future where Veterans like Victor will no longer have to suffer the effects of war alone—a future where tribal governments, tribal health programs, urban Indian health programs, and Native Veterans view VA as an advocate and a partner.

I appreciate this opportunity to speak with you today. I invite you to change our history. VA will be there for our Native warriors who have safeguarded this Nation for all of us.

Thank you.

Appendix 7. VA-IHS 2010 MOU

Memorandum of Understanding
Between the
Department of Veterans Affairs (VA)
and
Indian Health Service (IHS)

I. Purpose: The purpose of this Memorandum of Understanding (MOU) is to establish coordination, collaboration, and resource-sharing between the Department of Veterans Affairs (VA) and Indian Health Service (IHS) to improve the health status of American Indian and Alaska Native Veterans. The goal of the MOU is to foster an environment that brings together the strengths and expertise of each organization to actively improve the care and services provided by both. The MOU establishes mutual goals and objectives for ongoing collaboration between VA and IHS in support of their respective missions and to establish a common mission of serving our nation's American Indian (AI) and Alaska Native (AN) Veteran. The MOU is intended to provide authority for a broad range of collaboration between the agencies that facilitate development of additional agreements around specific activities. It is the intent of this MOU to facilitate collaboration between IHS and VA, and not limit initiatives, projects, or interactions between the agencies in any way. The MOU recognizes the importance of a coordinated and cohesive effort on a national scope, while also acknowledging that the implementation of such efforts requires local adaptation to meet the needs of individual tribes, villages, islands, and communities, as well as local VA, IHS, Tribal, and Urban Indian health programs.

II. Authority: The Indian Health Care Improvement Act, 25 U.S.C. Sections 1645, 1647; 38 U.S.C. Sections 523(a), 6301-6307, 8153

II. Background: The mission of the Indian Health Service, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social and spiritual health to the highest level. The goal of IHS is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native people. The foundation of IHS is to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

The mission of the Department of Veterans Affairs is to "care for him who shall have borne the battle and his widow and orphan." Those words were spoken by Abraham

Lincoln during his second inaugural address and reflect the philosophy and principles that guide VA in everything it does.

IHS and VA enter into this MOU to further their respective missions. This MOU builds upon decades of successful collaboration, as well as the 2003 MOU signed between IHS and VA. This MOU also conforms to the most current legislation. It is the intent of this MOU that, through appropriate coordination, collaboration, and resource sharing, both organizations will achieve greater success in reaching their organizational goals and in more effectively serving as stewards of public resources.

IV. Actions:

A. This MOU sets forth 5 mutual goals:

1. Increase access to and improve quality of health care and services to the mutual benefit of both agencies. Effectively leverage the strengths of the VA and IHS at the national and local levels to afford the delivery of optimal clinical care.
2. Promote patient-centered collaboration and facilitate communication among VA, IHS, American Indian and Alaska Native Veterans, Tribal facilities, and Urban Indian Clinics.
3. In consultation with tribes at the regional and local levels, establish effective partnerships and sharing agreements among VA headquarters and facilities, IHS headquarters and IHS, Tribal, and Urban Indian health programs in support of American Indian and Alaska Native Veterans.
4. Ensure that appropriate resources are identified and available to support programs for American Indian and Alaska Native Veterans.
5. Improve health-promotion and disease-prevention services to American Indians and Alaska Natives to address community-based wellness.

B. To further the goals of this MOU, VA and IHS agree to actively collaborate and coordinate:

1. To **increase access** to services and benefits of IHS and VA (including the Veterans Benefits Administration (VBA)) for AI/AN Veterans, by:
    a. Expanding the highly successful Tribal Veterans Representative (TVR) program into the Indian health system, through integration into existing infrastructure.
    b. Providing systematic training for Benefits Coordinators at IHS, Tribal, and Urban programs in eligibility requirements for VBA benefits and priority designations for VA services and tools to assist them with appropriate referrals for benefits and services.

c. Providing systematic training for appropriate VA staff on IHS services and IHS Contract Health Services (CHS) eligibility and tools to assist them with appropriate referrals for services.

2. To **improve coordination of care**, including co-management, for AI/AN Veterans served by both IHS, Tribal, or Urban Indian health programs and VA by:
   a. Developing and testing of innovative approaches to improve coordination of care and dissemination of best practices.
   b. Establishing standardized mechanisms for access by providers in one system to the electronic health records in the other system for patients receiving care in both systems.
3. To **improve care** through the development of health information technology, including the following:
   a. Sharing of technology
      i. Joint development of applications and technologies.
      ii. Adaptation of applications and technologies developed by one agency to permit use by the other.
      iii. Mechanisms for the exchange of funds to support this adaptation and sharing.
   b. Interoperability of systems to facilitate sharing of information on common patients and populations
   c. The VA and IHS will develop processes to share information regarding planned development of applications and technologies to facilitate this collaboration.
   d. The VA and IHS will develop standard, pre-approved language for inclusion in sharing agreements to support this collaboration.
4. To **enhance access** through the development and implementation of new models of care using new technologies, including:
   a. Tele-health services such as tele-psychiatry and tele-pharmacy.
   b. Services using mobile communication technologies.
   c. Enhanced telecommunications infrastructure to support collaboration in remote areas.
   d. Sharing of training programs and materials supporting these models of care.
   e. Sharing of knowledge gained from testing of new models of care.
5. To **improve efficiency and effectiveness** of both the VA and IHS at a system level through:
   a. Sharing of contracts and purchasing agreements that may be advantageous to both IHS and VA, supported by the development of:
      i. Standard, pre-approved language for inclusion of one party into contracts and sharing agreements developed by the other.

ii. Processes to share information at an early stage of strategic planning to facilitate inclusion of one party into contracts and sharing agreements developed by the other.

b. Development of pre-approved templates for agreements to facilitate local, regional, and national collaborations.

c. Development of standard policies for use when IHS and VA facilities are colocated.

6. To **increase availability of services, in accordance with law**, by the development of payment and reimbursement policies and mechanisms to:
   a. Support care delivered to eligible AI/AN Veterans served at VA and IHS.
   b. Facilitate the sharing and coordination of services, training, contracts, and sharing agreements, sharing of staff, and development of health information technology and improved coordination of care as specified elsewhere in this agreement.
7. To **improve the delivery of care** through active sharing of care process, programs, and services with benefit to those served by both IHS and VA.
   a. Examples of important collaborations currently underway include: the Consolidated Mail Outpatient Pharmacy, Post-Traumatic Stress Disorder, Home-Based Primary Care, and dementia care, but many additional opportunities exist and should be jointly pursued under this agreement. Especially valuable may be services where one party has unique expertise to share with the other, e.g. VA expertise in PTSD treatment and IHS expertise in diabetes management.
   b. To facilitate this sharing, IHS and VA will, in consultation with the Tribes, develop a strategic investment plan to identify high priority services and programs for collaboration and for possible joint investment of resources.
8. To **increase cultural awareness and culturally competent care** for VA and IHS beneficiaries. Recognizing that many cultures are represented in the populations served by IHS, Tribal and Urban Indian health programs and by VA, this will require:
   a. Attention to cultural issues of importance in caring for American Indians and Alaska Native Veterans in the unique systems of care represented by VA and by IHS, Tribal, and Urban Indian health programs.
   b. Attention to cultural issues of importance for the local Tribes and communities served.
9. To **increase capability and improve quality** though training and workforce development, including:
   a. Sharing of educational and training opportunities and the development of joint training initiatives.

b. Provision of continuing education units (CEUs) and continuing medical education (CMEs) activities at VA training to Indian health staff and at Indian health training to VA staff.
c. Education of residents, students, preceptors, and staff in IHS, Tribal, Urban and VA settings.
d. Sharing and exchange of staff for training opportunities.
e. Sharing of existing on-line and satellite training resources.
f. Collaboration on development of training opportunities.
g. Development of processes to share information regarding planned or projected training opportunities to facilitate this collaboration.

10. To **increase access to care** through sharing of staff and enhanced recruitment and retention of professional staff, including:
    a. Sharing of specialty services.
    b. Joint credentialing and privileging of staff.
    c. Joint training initiatives.
    d. Sharing materials and training in the use of Title 38 wage and benefits system.
    e. Joint facility/service planning.
    f. Facilitation of the temporary assignment of Commissioned Officers to the VA
        i. For short-term training and projects.
        ii. For long-term training and service delivery
        iii. For deployment through existing rapid deployment force (RDF) programs and other Public Health Service emergency staffing systems to meet the needs of the VA in responding to public health crises of a regional and national nature.
11. To **address emergency, disaster, and pandemic preparedness and response**, including:
    a. Sharing of contingency planning and preparedness efforts, especially with regard to rural and vulnerable populations.
    b. Joint development of materials targeting AI/AN Veterans and their families and communities.
    c. Joint exercises and coordination of emergency response.
12. To **accomplish the broad and ambitious goals of this agreement** through the development of a joint Implementation Task Force to identify the strategies and plans for accomplishing the tasks and aims of this agreement, including:
    a. Development of joint workgroups for both short-term and ongoing work necessary to accomplish the aims of this agreement.
    b. Regular meeting of IHS and VA leadership at multiple levels in the organizations to review progress and set priorities.

c. An annual report of activities accomplished under the auspices of this agreement.

V. Other Considerations:

A. VA and IHS will comply with all applicable Federal laws and regulations, including those regarding the confidentiality of health information and the release of information to the public. For example, Medical records of IHS and VA patients are Federal records and are subject to some or all of the following laws: the Privacy Act, 5 U.S.C. 552a; the Freedom of Information Act, 5 U.S.C. 552; the Drug Abuse Prevention, Treatment, and Rehabilitation Act, 21 U.S.C. 1101, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act, 42 U.S.C. 4541, the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 1301, VA's Confidentiality of Certain Medical Records, 38 U.S.C. 7332; Confidential Nature of Claims, 38 U.S.C. 5701; Medical Quality Assurance Records Confidentiality, 38 U.S.C. 5705, and Federal regulations promulgated to implement those acts.

B. Care rendered under this MOU will not be part of a study, research grant, or other test without the written approval of both IHS and VA, subject to all appropriate IHS and VA research protocols.

C. VA and IHS agree to cooperate fully with each other in any investigations, negotiations, settlements or defense in the event of a notice of claim, complaint, or suit relating to care rendered under this MOU.

D. No services under this MOU will result in any reduction in the range of services, quality of care or established priorities for care provided to the Veteran population or IHS service population. Rather the intent of this MOU is to increase the efficiency of services rendered by VA and IHS.

E. VA will provide IHS employees with access to VA automated patient records maintained on VA computer systems to the extent permitted by applicable Federal confidentiality and security laws and policies. Additionally, IHS will likewise provide VA employees access to Veteran IHS records to the same extent permitted by applicable Federal confidentiality and security laws and policies.

F. Both parties to this MOU are Federal agencies and their employees are covered by the Federal Tort Claims Act, 28 U.S.C §§1346(b), 2671-2680, in the event of an allegation of negligence. It is agreed that any and all claims of negligence attributable to actions taken pursuant to this MOU will be submitted to legal counsel for both parties for investigation and resolution.

G. This MOU replaces and supersedes the MOU signed by the Department of Veterans Affairs and the Department of Health and Human Services on February 25, 2003.

VI. Termination: This MOU can be terminated by either party upon issuance of written notice to the other party not less than 30 days before the proposed termination date. The 30 days' notice may be waived by mutual written consent of both parties involved in the MOU.

VII. Effective Period: VA and IHS will review the MOU annually to determine whether terms and provisions are appropriate and current.

VIII. Severability: If any term or condition of this MOU becomes invalid or unenforceable, such term or provision shall in no way affect the validity or enforceability of any other term or provision contained herein.

FOR THE DEPARTMENT OF VETERANS AFFAIRS

/Robert A. Petzel/
ROBERT A. PETZEL
UNDER SECRETARY FOR HEALTH

Oct 01 2010
Date

FOR THE DEPARTMENT OF AND HEALTH AND HUMAN SERVICES

/Yvette Roubideaux/
YVETTE ROUBIDEAUX
INDIAN HEALTH SERVICE DIRECTOR

10/1/10
Date

Appendix 8. NADL MOU Template

MEMORANDUM OF UNDERSTANDING

BETWEEN

THE _____NATION

AND

(fill in the name of the reviewing/approving Agency)

Whereas, the Secretaries of Housing and Urban Development (HUD), Veterans Affairs (VA) and Agriculture (USDA) are authorized to make, insure and/or guarantee loans to American Indian borrowers for the purchase of one-to-four family residences located on certain Indian lands (as defined in each Federal Agency's authorizing statute), and

Whereas the Federal Agencies require, as a condition of making, insuring or guaranteeing these mortgages, that the tribal organization which has jurisdiction over the borrower enter into a Memorandum of Understanding with the Departments with respect to such loans, and

Whereas, the signature on this Memorandum of Understanding of any one of the Secretaries for the Department of HUD, VA, or USDA, is deemed to be acceptable to each of the other Departments per the Memorandum of Understanding between those Federal Agencies dated _____.

Now therefore, in consideration of the premises and other good and valuable consideration, the parties hereto do agree and establish as follows:

1. DEFINITIONS

American Indian or Native American shall refer to the borrower/mortgagor or Lessee as defined within each Agency's authorizing statute. Depending upon the authorizing statute, this may mean a member of a federally recognized tribe (Native American, Indian, Alaska Native individual or family), the tribe, a Tribally Designated Housing Entity (TDHE) or Indian Housing Authority (IHA).

Borrower shall mean a federally recognized Tribe, Tribally Designated Housing Entity (TDHE), Indian Housing Authorities (IHA) or any American Indian, Native American(s), Indian or Alaska Native who has executed a Mortgage as defined in this document, or any heir(s) successor(s), executor(s), administrator(s)

or assign(s) of the Tribe, TDHE, IHA or such American Indian, Native American(s), Indian or Alaska Native as may be eligible to participate in a federally sponsored loan program as defined in each Federal Agency's authorizing statute. Eviction the legal process by which lessees in violation of their lease are removed from occupancy of a given residence.

Federal Agency shall refer to the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Veterans Affairs (VA) and the U.S. Department of Agriculture (USDA).

Federally sponsored loan program refers to the loan programs, sponsored by HUD, VA and USDA whose purpose is to provide homeownership opportunities to Native Americans, American Indians or Alaska Natives on certain Indian lands as defined within each of those Federal Agency's authorizing statutes.

Leasehold interest is the name given to the interest conveyed by the tribe to the borrower under the lease. It consists of the right to the quiet enjoyment of the leased premises for the term of the lease, subject to the requirements of the lease.

Lender shall refer to any institution that the specific Federal Agency has approved to originate or service Mortgages made, insured or guaranteed under its programs. The term "lender" also includes any of the lender's successors or assigns of the lender's right, title to, or interest in, the Mortgage, including any subsequent noteholder and mortgagee and, without the consent from the tribe, any secondary mortgage market investor. In some cases, the lender may be the appropriate Federal Agency which is sponsoring a direct loan program.

Mortgage shall mean a mortgage loan made to an eligible borrower for the purchase or refinance of the borrower's real property interest (which may be a leasehold interest) in the trust land, restricted land or fee simple land, as applicable, and made in accordance with a Federally sponsored loan program and complying with the terms and conditions of the lender's mortgage program. The mortgage loan shall be either a first lien or a second lien, in accordance with the Federally sponsored loan program requirements.

Secretary shall mean the Secretary of the U. S. Department of Housing and Urban Development (HUD) or the Secretary of the Department of Veterans Affairs (VA) or the Secretary of the U.S. Department of Agriculture (USDA).

Tribe shall refer to any Indian tribe, band, nation, or other organized group or community of Indians, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act, that is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians pursuant to

the Indian Self-Determination and Education Assistance Act of 1975. For the purpose of this specific Memorandum of Understanding, Tribe refers to the _____ Indian Nation, a federally recognized tribe, of the _____ Indian Reservation as defined in the Tribal constitution, ordinance or other enabling document.

2. AGREEMENT

(a) That the Department of HUD, VA and/or USDA, will make, insure and/or guarantee mortgages available to qualified American Indian borrowers for the purchase, construction or rehabilitation of homes on Indian lands or refinances of such mortgages to the extent funds are available and subject to such terms and conditions as may be established by the Secretary of the applicable Federal Agency.

(b) That the _____ Tribe has established standards and procedures that apply to the conveyance of a leasehold interest in real property by an American Indian borrower/mortgagor to a lender, Federal Agency or their assignee as security for the loan, including procedures for foreclosing the interest, eviction and procedures for resale of the lot or the dwelling (or both) purchased, constructed, rehabilitated or refinanced using the proceeds of the loan. It is agreed that for the purpose of foreclosure and eviction actions, the court of jurisdiction is (__) the State of _____, or (__) the Tribal court , or (___) the Federal Court.

(c) That each American Indian who is under the jurisdiction of the Indian tribe and to whom a lender and/or Federal Agency makes direct, insures or guarantees a loan, holds, possesses or will obtain a leasehold or other acceptable interest in a lot that is located on Indian land and will purchase, construct, rehabilitate or refinance a dwelling on that lot with the proceeds of the loan.

(d) That each such American Indian will convey the above described interest to the lender and its assignees as specified in the borrower/mortgagor's loan documents, by an appropriate instrument, as security for the loan made pursuant to that Federal Agency's authorizing statute.

(e) That the tribe and each borrower/mortgagor who obtains a loan from a lender or Federal Agency under this agreement will permit the lender and/or the Federal Agency, its agents and employees to enter upon the land of the tribe and the borrower/mortgagor for the purpose of carrying out such actions as the lender and/or Secretary determines are necessary to evaluate the advisability of the proposed uses of the proceeds of the loan and to service the mortgage according to the applicable Agency's requirements.

(f) With respect to any leasehold estate financed by a loan, the tribe, as lessor, agrees that it shall not attempt to cancel, modify, amend, terminate, surrender or forfeit such a leasehold estate without the prior written consent by the Lender and the Secretary of the Federal Agency that has made direct, insured or guaranteed the loan, as long as such a

loan remains outstanding. With regard to any loan submitted to HUD, VA or USDA for guarantee or insurance, the authorizing Federal Agency shall have the same rights as the lender with regard to that loan and the security. No action with regard to the loan or security that requires consent of the lender shall be taken unless the Federal Agency also consents, so long as the guarantee or insurance remains in effect or the Federal Agency has an interest in the security.

(g) The tribe will to the maximum extent possible, assist the lender and the Federal Agency in its efforts to manage this program in a prudent and cost-effective manner. This will include assisting the lender or Federal Agency in finding qualified substitute purchasers if the initial borrower/mortgagor is unable to fulfill his or her obligations under the law. This may include carrying out evictions, assuring that mortgages and other legal instruments can be properly recorded and otherwise assuring that the program is operated in a responsible and prudent manner.

In Witness whereof, the parties hereto have signed this agreement as follows.

_____ DATE _____

(fill in name of the reviewing/approving Agency)

_____ DATE _____

XXXXXXXXX Tribe

Does the above named Tribe have constitutional authority to sign this Memorandum of Understanding without approval of the US Department of the Interior's Bureau of Indian Affairs?

____ Yes ____ No

If no, below is the approval of the Bureau of Indian Affairs.

_____ DATE _____

BIA Approving Official

Analysis of VA Health Care Utilization among 4,002 Female and 23,822 Male Native American Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans

Cumulative from 1st Qtr FY 2002 through 4th Qtr FY 2012
(October 1, 2001 – September 30, 2012)

Released January 2013

Epidemiology Program

Post-Deployment Health Group

Office of Public Health
Veterans Health Administration
Department of Veterans Affairs

Number of Native American Veterans of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND)[1] Treated at a VA Health Care Facility by Veterans Integrated Service Network (VISN) Providing the Treatment[2]

		Total		Males		Females	
Treatment Sites		Number[a]	%[b]	Number[c]	%[b]	Number[d]	%[b]
VISN 1	VA New England Healthcare System	891	3.20	777	3.26	114	2.85
VISN 2	VA Healthcare Network Upstate New York	428	1.54	366	1.54	62	1.55
VISN 3	VA New York/New Jersey Healthcare System	3,194	11.48	2,820	11.84	374	9.35
VISN 4	VA Stars & Stripes Healthcare System	672	2.42	573	2.41	99	2.47
VISN 5	VA Capitol Health Care System	748	2.69	620	2.60	128	3.20
VISN 6	VA Mid-Atlantic Healthcare System	1,301	4.68	999	4.19	302	7.55
VISN 7	VA Atlanta Network	846	3.04	658	2.76	188	4.70
VISN 8	VA Sunshine Healthcare Network	3,303	11.87	2,856	11.99	447	11.17
VISN 9	VA Mid-South Healthcare Network	464	1.67	366	1.54	98	2.45
VISN 10	VA Healthcare System of Ohio	278	1.00	238	1.00	40	1.00
VISN 11	Veterans in Partnership Healthcare Network	441	1.58	384	1.61	57	1.42
VISN 12	VA Great Lakes Health Care System	1,032	3.71	855	3.59	177	4.42
VISN 15	VA Heartland Network	497	1.79	406	1.70	91	2.27
VISN 16	South Central VA Health Care Network	1,766	6.35	1,516	6.36	250	6.25
VISN 17	VA Heart of Texas Health Care Network	3,590	12.90	3,062	12.85	528	13.19
VISN 18	VA Southwest Healthcare Network	3,346	12.03	2,908	12.21	438	10.94
VISN 19	VA Rocky Mountain Network	1,191	4.28	1,019	4.28	172	4.30
VISN 20	VA Northwest Network	1,354	4.87	1,145	4.81	209	5.22
VISN 21	VA Sierra Pacific Network	2,048	7.36	1,733	7.27	315	7.87
VISN 22	VA Desert Pacific Healthcare Network	5,209	18.72	4,323	18.15	886	22.14
VISN 23	VA Midwest Health Care Network[e]	443	1.59	369	1.55	74	1.85

[1] Effective September 1, 2010, the name of Operation Iraqi Freedom was changed to Operation New Dawn (Secretary of Defense memorandum, February 17, 2010). Because this is a cumulative report, Veterans who have served in any or all of these conflicts are included in the frequencies presented.

[2] Hospitalization and outpatient visits recorded as of September 30, 2012.

[a] The sum of the number of Native American Veterans receiving care across VISNs (n=33,042) is greater than the number of Native Americans receiving care (n=27,824) because a patient may visit more than one VISN.

[b] The percentage was calculated using the number of Native American OEF/OIF/OND Veterans (male/female) who received care as the denominator.

[c] The sum of the number of Native American males receiving care across VISNs (n=27,993) is greater than the number of Native American males receiving care (n=23,822) because a Veteran may visit more than one VISN.

[d] The sum of the number of Native American females receiving care across VISNs (n=5,049) is greater than the number of Native American females receiving care (n= 4,002) because a Veteran may visit more than one VISN.

[e] In 2002, VA merged VISNs 13 and 14 to form VISN 23.

Appendix 10. Abbreviations and Definitions

AI/AN	American Indian and Alaska Native
ANHB	Alaska Native Health Board
AoA	Administration on Aging
DBQ	Disability Benefits Questionnaire, a form to assess a Veteran's service-connected disability. This form is available online.
FY	Fiscal Year
IGA	VA Office of Intergovernmental Affairs
IHS	Indian Health Service
MOU	Memorandum of Understanding
NADL	Native American Direct Loan
NASDVA	National Association of State Directors of Veterans Affairs
NCA	National Cemetery Administration
NCAI	National Congress of American Indians
NIHB	National Indian Health Board
NP	Nurse Practitioner
ORH	VHA Office of Rural Health
OTGR	VA Office of Tribal Government Relations
PA	Physician's Assistant
PTSD	Post-traumatic Stress Disorder
TBI	Traumatic Brain Injury
TVR	Tribal Veteran Representative
TVSO	Tribal Veterans Service Officer
VA	Department of Veterans Affairs
VAMC	VA Medical Center
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network, VA's regional administrative units.
VR&E	Vocational Rehabilitation & Employment