

**REPORT OF  
THE ADVISORY COMMITTEE ON  
MINORITY VETERANS**



***Annual Report***

**JULY 1, 2009**

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## **Advisory Committee on Minority Veterans (ACMV)**

### **Executive Summary**

The 2009 Report of the Advisory Committee on Minority Veterans provides the Committee's assessments, recommendations and supporting rationale that addressed the three key focus areas:

- Outreach Programs
- Diversity and Inclusion
- Demographic Data Collection

Public Law 103-446 Section 510 specifies that ACMV will conduct a minimum of two meetings per year. This year, the Committee was not able to conduct two separate meetings. The normally scheduled Fall meeting at Veterans Affairs Central Office (VACO) was cancelled due to the November 2008 Presidential Elections and the expected changes in the Veterans Affairs (VA) administration. Instead, the Committee conducted a combined VACO meeting and a site visit to Baltimore, Maryland on April 6 – 10, 2009. In addition, the Committee held two Town Hall meetings, one at the DC VA Medical Center and the other in Baltimore, to convey VA's commitment to minority Veterans and to listen to their issues, concerns, and recommendations.

The intent of the Committee's sessions was to assess and determine the effectiveness, if any, of the three key focus areas on minority Veterans. The Committee was also exposed to a wider range of issues which have systematically affected all Veterans, such as claims processing, women Veteran health care issues (accessibility and safety), and homelessness (outreach and services availability). The last two issues have been addressed extensively in the Advisory Committee on Homeless Veterans (ACHV) and Advisory Committee on Women Veterans (ACWV) 2008 annual reports.

The Committee's previous annual report on July 1, 2008, contained 22 recommendations. Our task was to follow up as to whether any improvements were made by VA to enhance the availability and accessibility of services to minority Veterans. Our meeting with VA leaders and site visits proved that some improvements have indeed been implemented while others need further attention and new issues have been exposed.

However, the Committee strongly recommend added emphasis be given to the specific concerns outlined below with regards to recommendations previously stated in the 2008 Annual Report. These include the following:

**Outreach** – The Veterans Health Administration (VHA) and Veterans Benefits Administration (VBA) must make a concerted effort to address the need to fund Minority Veterans Program Coordinators (MVPC) as full-time employees in areas with a high concentration of minority Veterans. The MVPC program facilitates making services more accessible to minority Veterans throughout the country. The Committee found that when MVPCs performed this function as a collateral duty, it resulted in a reduced level of services and dissemination of outreach information to minority Veterans.

**Diversity and Inclusion** – The VA Diversity and Inclusion Strategic Plan 2009-2013 published on February 9, 2009, requires added emphasis from VA's most senior leadership. The Committee applauds Secretary Shinseki's commitment to strengthening and enabling diversity and inclusion by directing the entire leadership chain to support this program in a manner consistent with the vision and mission of the Department. We share his views that diversity and inclusion is not a secondary issue, but is critical to supporting VA's mission and purpose.

**Demographic Data** – In the Committee's annual report of July 1, 2008, it was strongly recommended that the Department formulate a plan to establish a credible set of racial and ethnic data replete with analysis to assess and evaluate services and programs provided to meet the increasing needs of minority Veterans and their families. During our site visits and exchanges with Veterans, there remains the perception among minority Veterans and their families that they are not being provided services by VA commensurate with those provided to majority Veterans. This perception in the field cannot be evaluated without the aforementioned data. Secretary Peake addressed this issue in his November 2008 memo to the Committee and tasked the Veterans Benefits Administration to provide a plan for the collection of the data. In a letter from the Chairman ACMV to Secretary Shinseki dated April 23, 2009, the Committee requested that VBA's plan (for collecting race/ethnic data) be provided to the ACMV NLT May 31, 2009. To date, the Committee has not received a response from VBA.

**Collaboration of Advisory Committee Reports and Recommendations** – The Committee strongly recommends that reports and recommendations from several advisory committees, namely the Minority Veterans, Women Veterans, and Homeless Veterans, be cross analyzed to determine trends and needs to address the common themes reflected during our respective scheduled meetings. The convergence of issues and recommendations could potentially be helpful to the Department in evaluating the effectiveness of programs given the increased funding to the Department. It would also obviate the stove piping effect and provide a programmatic approach to addressing the systemic challenges facing the Department.

In Part I is a list of 14 recommendations with supporting rationale. These recommendations stemmed from discussions and information exchanges with

VA senior executive leaders, employees, minority Veterans, families and Veterans Service Organization representatives. The Committee strongly feels that these recommendations will add tremendous value for the Department to effectively address the many and varied needs of minority Veterans, and collaboratively, with the needs of women and homeless Veterans.

We thank the Department's leaders and staff, especially the Center for Minority Veterans, for their strong support of the Committee in making our site visits and interaction within VA and the community possible. We also extend our sincere appreciation to the leaders and staff at the VA sites and facilities for their extraordinary efforts to improve services and benefits to minority Veterans. Lastly, the Committee will remain fully committed in supporting Secretary Shinseki's Transformation efforts and obligations to be actively involved and prepared to help change and meet Veterans' needs now and in the future.

## **HIGHLIGHTS**

**Town Hall Meetings** - The Town Hall meetings were very informative and gave the Committee the opportunity to hear directly from Veterans, their families, and Veterans Service Organizations. Issues most commonly raised were: (a) mistreatment of Veterans and families at the VA facilities – these statements ranged from lack of communication from VA staff to apathy in the care of Veterans; (b) lengthy processing of claims – Veterans did not understand why claims take so long; (c) women Veteran's health care issues – accessibility and safety were discussed; (d) homeless Veterans – outreach is needed to reach these Veterans who are at most risk for health issues; and (e) closing of the Washington, D.C. Regional Office.

**Site Visit at the Maryland Center for Veterans Education and Training (MCVET)** - The Committee considered this to be the model of a community based Veterans program resourced by the local community and funded by a multitude of sources – Federal (VA), State (Maryland), donations, and Veterans Service Organizations (VSO). It is a “non-profit organization established in 1993 to provide homeless Veterans and other Veterans in need with comprehensive services that will enable them to rejoin their communities as productive citizens.” COL Charles Williams (USA, Ret) leads the facility. The establishment of a similar program in other sites throughout the U.S. and abroad would prove valuable to the Department's Homeless Veterans program. We strongly recommend your staff visit this facility in the near term.

**Exit Interview with Washington DC and Baltimore, MD VA Leaders** - The open discussion with VA senior leaders at this forum proved worthwhile. The lessons learned that resulted from discussions, observations and collection of data from the site visits, some that needed to be reiterated, were covered. Collectively, the Committee members and VA senior leaders agreed that active

intervention and involvement with minority Veterans' issues and concerns will be measured by those who are the beneficiaries of VA services. And that we must be fully supportive of Secretary Shinseki's vision of transforming VA into a 21<sup>st</sup> century organization for the sake of our Veterans.

## **Part I – Recommendations, Rationales and VA Responses**

The Advisory Committee on Minority Veterans (ACMV)  
April 6-10, 2009  
Marriott Inner Harbor Baltimore, MD  
Stadiums 1-2-3

### **Background**

The Committee's site visit to Washington, D.C. and Baltimore, MD; interviews with VA leadership; direct contact with local Veterans and their families; and Veteran Service Organizations (VSO) have illuminated a range of issues and/or concerns. The Committee has analyzed, discussed, and formulated recommendations for Secretary Shinseki's consideration to improve benefits and services for minority Veterans and their families.

### **Recommendations**

**1. Promote culturally and geographically relevant outreach programs and efforts throughout the VA by increasing and funding more full-time Minority Veterans Program Coordinator (MVPC) positions in areas where there is a large minority Veteran population.**

Note: The Committee strongly recommends that it is imperative that MVPCs attend monthly training meetings/teleconferences. The Secretary should express his support of this recommendation in a VA-wide memorandum. Where there are 30% or more minority Veterans in their catchment area (i.e. Los Angeles VAMC – 44%, Chicago VAMC – 56%, Houston VAMC – 43%, New York City VAMC – 42% and Hampton VAMC – 35%). The Committee strongly recommends that VA leadership support the outreach initiatives reflected in the MVPC Handbook 0801 that provides structural guidance on how to support the MVPCs, time needed to participate on monthly teleconference calls, and funding necessary to attend Biennial MVPC National Training Conferences.

**Rationale:** The Secretary's endorsement of the MVPCs is critical for the provision of quality service and coordination to our Veterans. Currently, the MVPC position is viewed as "other duties as assigned," however, this position needs greater visibility and support from facility directors and staff. The outreach responsibility of MVPCs is essential to achieving the goal of the VA in providing to our service members.

The VA Maryland Health Care System in Baltimore recently briefed the Committee during our site visit on some of the events and activities the MVPCs are conducting to promote, inform, and educate Veterans in the local community about the health care services available to them. They are conducting collaborative efforts through assistance of social workers from various services to

attend targeted outreach events and maintaining regular contact with state and city agencies. The Maryland VAMC sponsors a monthly cable show to provide health and wellness information to Maryland's Veterans, their family members and the local community. They also broadcast on local government access cable stations throughout the state, in waiting and patient rooms through the medical centers and on the website. These are some of the best practices the MVPCs are doing in Baltimore, MD.

**VA Response: Concur in principle.** The National Cemetery Administration (NCA) is in the process of establishing a full-time MVPC position at Central Office in Washington, D.C. This newly established position will require the MVPC to work collaboratively with the MVPCs at each of the cemeteries, VAMC and Regional Offices nationwide on developing outreach initiatives. The MVPC will assist in strengthening and developing new partnerships with minority service organizations, Veterans Service Organizations (VSO) as well as internal and external stakeholders within the local areas served by that facility.

The Veterans Health Administration (VHA) has a designated Minority Veterans Program Coordinator (MVPC) at each medical center. Each MVPC is responsible for developing a local plan for outreach activities to minority Veterans. In addition, each MVPC is responsible for submitting a quarterly report for tracking and trending of outreach activity data and ethnicity data for Veterans served in each primary service area. Medical centers have ongoing efforts to evaluate the appointment and penetration of MVPCs areas with a high concentration of minority Veterans to determine if sufficient outreach activities are occurring to adequately serve the minority Veteran population. Several medical centers have converted their MVPC positions to full-time to meet minority Veteran populations outreach needs. These full-time MVPCs serve in the Houston Veterans Affairs Medical Center (VAMC), Seattle VAMC, Black Hills VAMC, and Long Beach VAMC. Outreach requirements are also addressed at VAMCs through the efforts of other medical center assets such as medical center public affairs and marketing staff. VHA has also appointed a MVPC Liaison in the Office of the Deputy Under Secretary for Health for Operations and Management.

Also, the Department of Veterans Affairs Learning University (VALU) supports the Center for Minority Veterans by planning biennial training conferences to provide training to MVPCs across the VA system. The 10<sup>th</sup> Biennial MVPC Training Conference was held June 1-5, 2009 in Atlanta, Georgia. Approximately 164 MVPCs attended.

To address disparities in care that might result from cultural issues, advisory bodies have recommended that health care organizations provide continuing education on culturally and linguistically appropriate service delivery for health care providers, clinical care managers and front line clerical staff with significant responsibilities for patient interactions. Within VHA, a task force has worked to develop cultural competency training for health care providers. The

goals of the training are to enhance self awareness of attitudes toward people of different racial and ethnic groups; improve care by increasing knowledge about cultural beliefs and practices, attitude toward health care, and the burden of various diseases in different populations served; and improves skills such as communication. Training products are available to health care staff across VHA. This training was developed to increase awareness of findings that both providers of health care and consumers can bring perceptions, traditions and patterns of communication based on cultural, racial and ethnic identity to the clinician-patient interactions.

The Veterans Benefits Administration (VBA) has Minority Veterans Program Coordinator (MVPC) positions assigned to each of its 57 regional offices. MVPCs conduct outreach activities to improve minority Veterans' awareness and access to VA services; train VBA employees about the needs of minority Veterans; and meet with facility leaders to discuss trends, correct deficiencies, and address concerns/issues related to minority Veterans. Local managers work with the MVPCs to provide time to attend minority Veteran events and assist minority Veterans. Currently, a need for full-time MVPC positions in VBA has not been demonstrated.

**2. Establish an enduring strategic communication plan to emphasize the Post 9/11 Veterans Education Assistance Act of 2007; Executive Order 13360, Contracting with Service-Disabled Veterans' Businesses; P. L. 109 - 461, the Veterans Benefits Healthcare and Information Technology Act of 2006; the Center for Veterans Enterprise (CVE); the WWII Filipino Veterans Equity Compensation Fund; and other Veteran empowerment programs that emphasize minority Veterans.**

**Rationale:** An effective measure of effectiveness to ensure consistency between policy and execution at the field level is critical.

**VA Response: Concur in principle.** In regard to healthcare issues included in the Veterans Benefits Healthcare and Information Technology Act of 2006, VHA has initiated communication plans in the following areas:

**Section 203, mental health outreach re educational material on PTSD and effort to educate Veterans about PTSD.**

The Department of Veterans Affairs (VA) is actively engaged in educational outreach to Veterans and their families on Post-Traumatic Stress Disorder (PTSD). One of the best sources of educational materials is the VA National Center for PTSD Web site: [www.ncptsd.va.gov](http://www.ncptsd.va.gov). This site has resources for Veterans of all service eras including Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans. It also has materials relevant to Veterans of various racial and ethnic groups as well as for women Veterans. VA's MyHealtheVet Web site, [www.MyHEALTHeVet](http://www.MyHEALTHeVet), also has information on PTSD

for Veterans and families. The most recent source of informational outreach on PTSD and other mental health issues is a web based resource designed for support of college students and their counselors which is found at [www.mentalhealth.va.gov](http://www.mentalhealth.va.gov). Information about VA services is also provided about PTSD and other mental health issues at a variety of community interactions such as stand downs or other opportunities for face-to-face information sharing. Stand downs are typically 1 to 3-day events providing services to homeless Veterans such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment and substance abuse treatment. Stand downs are collaborative events, coordinated between local VA facilities, other government agencies, and community agencies who serve the homeless.

### **Section 213, Outreach Program to Veterans in Rural Areas.**

The Office of Rural Health (ORH) fully appreciates the need for strategic outreach to the Nation's rural Veteran community. In response to this recognized need, ORH has implemented a number of initiatives designed to communicate to the entire rural Veteran community, which includes minority Veterans. The ORH has undertaken significant steps to not only increase rural Veteran's access to health care, but also to increase outreach efforts that will inform Veterans, their families, and other stakeholders within the rural communities of the multitude of available benefits that VA provides.

Specific ongoing initiatives include:

- ORH web site: ORH recently launched its web site, [www.ruralhealth.va.gov](http://www.ruralhealth.va.gov), which will serve as a central repository for rural health information;
- Veterans Rural Health Advisory Committee (VRHAC): The VRHAC advises the Secretary of VA on health care issues affecting enrolled Veterans residing in rural and highly rural areas and examines ways to improve and enhance VA services for enrolled Veterans residing in those areas. The Committee evaluates current ORH program activities, identifies barriers to providing services and provides recommendations. The VRHAC invites the public to participate during at least two meetings each year;
- Veterans Rural Health Resource Centers (VRHRCs): VRHRCs serve as satellite offices to the ORH and assist the office with monitoring and meeting the needs of rural Veterans by implementing practices and products designed to address these critical issues facing the Veterans;

- Veterans Integrated Service Network (VISN) Rural Consultants Network: Twenty-one VA staff located across the country work to establish an ORH Community of Practice and develop a stronger link between VA Central Office, ORH and the VISNs; and
- ORH Educational Symposia Series: This series consists of information events that are hosted in public venues and addresses topics relevant to rural and highly rural Veteran health care. Many of these symposia are focused toward VA and non-VA service providers; however, public interaction is encouraged.

ORH will continue to explore opportunities to engage and inform the rural health community stakeholders and develop and implement communication strategies that align with the core mission of the office and result in improved care to its Nation's Veterans.

### **Section 215, Expansion of Outreach Activities of Vet Centers.**

Readjustment Counseling Service (RCS) has hired and is maintaining a cadre of 100 Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans assigned to Vet Centers throughout the country to provide outreach services to their fellow Veterans returning from combat in Iraq and Afghanistan. The OEF/OIF Veteran outreach workers actively outreach Veterans at Active Duty Military, National Guard and Reserve demobilization sites, as well as other community events attended by Veterans and their family members. The Vet Center outreach workers also accompany Vet Center counselors in attendance at every Post Deployment Health Reassessment event. These fellow Veteran outreach specialists provide Veteran peer services to effectively build immediate rapport and mitigate the stigma among combat Veterans related to seeking professional assistance.

Post-9/11 GI Bill Veterans Education Assistance Act of 2007: VA developed a comprehensive outreach campaign on the Post-9/11 GI Bill. VA conducted a national rollout event for August 3, 2009, announcing the issuance of the first benefit payments. Additional outreach materials promoting the Post-9/11 GI Bill will be distributed to state Veterans Affairs offices and VA facilities, including medical centers, and community-based outpatient clinics, and national cemeteries. VA is contracting with an advertising agency to assist us in promoting and educating individuals on the Post-9/11 GI Bill throughout the coming year.

World War II Filipino Veterans Equity Compensation Fund: Section 1002 of the American Recovery and Reinvestment Act of 2009 authorizes one-time payments to eligible Filipino Veterans through the Filipino Veterans Equity Compensation Fund (FVEC). On February 20, 2009, VA issued a nationwide press release informing the public of the benefit and how to apply. In addition,

the Manila Regional Office (RO) conducted extensive outreach to inform Veterans about the FVEC payments and assist them in filing applications. VA released procedural instructions addressing FVEC payments to all regional offices on March 27, 2009; and on April 3, 2009, VA began releasing FVEC payments to eligible beneficiaries. VA has received over 30,000 claims for this benefit.

Office of Small and Disadvantaged Business Utilization (OSDBU) will establish an organizational strategic plan which aligns with the Department's new FY 2010-2014 strategic plan. One component of the OSDBU plan will be to establish a formal strategic communications plan, in coordination with the CMV and other VA offices.

### **3. Stress collaborative efforts among State Directors and Commissioners of Veteran Affairs in preparing VA's Biennial Report to Congress for all outreach activities.**

**Rationale:** State Directors and Commissioners of Veteran Affairs know the rights, benefits, and the needs of the Veterans like their own peers in their respective states. Most of the State Veterans Affairs Directors and Commissioners usually have evaluated the current programs and identified the barriers to healthcare associated with the Veterans in their own state. The VA functions best when all its state Veterans Affairs offices work together with the VA.

**VA Response: Concur in principle.** VA leadership recognizes the need to enhance the Department's working relationship with State Directors, Commissioners of Veterans Affairs and County Veterans Service Officers. VA's Office of Intergovernmental Affairs is partnering with states and counties to improve outreach efforts to Veterans and their families, support and share best practices, and increase communication between the Department, State and County officials.

### **4. All VA outreach activities should follow an integrative approach.**

**Rationale:** The need for an effective integrated, coordinated outreach approach was highlighted at a July 12, 2007 joint hearing of the Subcommittee on Health and the Subcommittee on Disability Assistance and Memorial Affairs of the Committee of Veterans Affairs regarding issues facing women and minority Veterans. Most recently, Town Hall meetings conducted by the Committee in April 2009, in Washington, DC and Baltimore, MD, identified a wide range of outreach concerns. Veterans expressed concerns about effective coordinated and integrated outreach efforts for benefits such as health care, disability, homelessness, vocation training, employment, business development opportunities, and others.

**VA Response: Concur in principle.** The Deputy Assistant Secretary of Intergovernmental Affairs is working with senior leadership in VHA, VBA, and NCA to develop an integrated, department-wide outreach plan to ensure that the Department's outreach efforts are coordinated across Administrations. Additionally, VA's website is being redesigned to make it more user-friendly for Veterans, their families, and other stakeholders trying to access information about benefits and services from the internet.

NCA has taken steps in making all Veterans more aware of the benefits and services they provide. NCA has a national outreach effort each year conducted primarily by cemetery directors and employees at the community level. Each year, NCA participates in thousands of local events such as VSO meetings, stand-downs, community fairs and celebrations, and other civic events. On the national level, NCA participates in 12 to 14 national conventions each year, primarily conferences of VSOs and professional organizations such as the National Funeral Directors Association. NCA has also participated in the Women in the Military Service for America Reunion and the National Summit on Women Veterans' Issues. NCA recently created a new outreach flyer directed towards women and minority Veterans on their external website.

The Veterans Health Administration (VHA) views outreach as an important component of its mission. Every VA medical center (VAMC) has a Minority Veterans Program Coordinators (MVPC) assigned to provide outreach to local minority communities. VHA has also seen fit to convert four MVPC positions to full time. Outreach is also a function of other staff offices in VAMCs medical centers (e.g., business offices, public affairs, voluntary services). At the VA Central Office (VACO) level, collaborative efforts are conducted with other Federal partners (including Department of Defense, Department of Labor, Department of Health and Human Services, Bureau of Indian Affairs), Veteran Service Organizations (VSOs), and with staff from Veterans Benefits Administration (VBA), and the National Cemetery Administration (NCA). At the Veterans Integrated Service Network (VISN) and local facility levels, VHA conducts outreach activities with state, county, city; faith based, and service organizations to meet the needs of local Veteran populations. The following examples provide an overview to VHA's commitment to conduct outreach to minority Veterans in an integrative manner coordinating with other parts of VA.

### **Alaska VA Healthcare System**

- The Alaska VA Healthcare System (VAHCS) updated its MVPC Minority Veterans Program Coordinators trifold informational pamphlet. The trifold lists the VHA, VBA, and NCA Minority Veterans Program Coordinators.
- The Alaska VAHCS is coordinating an outreach table at the annual Alaska Federation of Natives conference. This will be the 6th year

- An interdisciplinary team consisting of a VHA psychologist, public affairs officer, OEF/OIF transition patient advocate, Eligibility/Fee staff, Vet Center Native American Counselor, and VBA staff, along with representatives from Tricare, conducted outreach visits to seven Alaska Native Tribal Health organizations from February through April 2009. The clinical presentation included information about Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and Suicide Prevention and Awareness. Eligibility/Fee staff, VBA, and Tricare made presentations to Business Office staff at the health care facilities. In addition, the team staffed information tables in the community. During that time, 53 events were held with 227 participants.
- In April 2009, the OEF/OIF case manager presented to the Bristol Bay Regional Corporation Community Health Aid Program training conference.
- The OEF/OIF Program Manager and Transition Patient Advocate have joined the National Guard on several Yellow Ribbon outreach trips to rural communities in efforts to present information on VA benefits. Veteran Service Officers have also participated in these outreach events.
- VHA continues its annual Tribal Veteran Representative (TVR) Program. The Alaska VAHCS conducted its first training outside of Anchorage. This year, it was conducted as a first step towards regional training. The training in March 2009 was held in Southeast Anchorage. Both VHA and VBA coordinate and conduct the training. In addition, quarterly updates are mailed to the TVRs to keep them informed and connected to changes throughout VA.
- The Alaska VAHCS continues to offer community events that include outreach to minority Veterans and other Veterans. A community forum was also offered in Fairbanks, Alaska, this year.
- The Alaska VAHCS is piloting a position called Rural Veteran Liaison. This is a 3-year temporary position. The position serves as a VA point of contact in the local community for Veterans residing in a particular area. The position has been hired and is based in Bethel, Alaska to cover the Yukon Kuskokwim Health Corporation area. Both VHA and VBA provide training and regular

points of contact for this position. Setting up video teleconferencing between Veterans in the area for VHA- and/or VBA- type of interviews will also be offered as part of this outreach program.

- The Alaska VA Social & Behavioral Health Service has set up a Peer-to-Peer consultation process with the Mental Health staff at the Yukon Kuskokwim Health Corporation. VA screening tools for PTSD, substance abuse, and TBI have also been shared with the staff.

### **Traditional Healing**

- VHA facilities that serve substantial numbers of Native Americans incorporate the traditional mind-body-spirit approach to healing. For example, Native American Veterans in treatment for substance abuse at the VA Salt Lake City Health Care System may have opportunities to participate in meditation, fire ceremonies, drumming sessions and sweat-lodge purification ceremonies.

### **Veterans Readjustment Counseling Service**

- Veterans Readjustment Counseling Centers (Vet Centers) have traditionally made a priority of outreach to high-risk Veteran populations, including ethnic minorities. Every Vet Center maintains an outreach plan that is tailored to the diversity of the local Veteran population. The Vet Center program reflects diversity in the composition of the Veterans served and in the composition of the local staff.

### **Research and Development. VA's office of Research and Development includes a wide variety of activities in support of effective outreach and improved clinical care for minority Veterans, including:**

- Research on racial and ethnic disparities has been a priority area for the Office of Research and Development (ORD) since the 1990s. VA has an extensive and broad-ranging portfolio of research on disparities, focused on understanding possible reasons for disparities and, more critically, on developing interventions to reduce disparities. VA supports resource and infrastructure development for research in this area and requires investigators to include women and minority research participants in their studies, as appropriate.
- Of particular note is VA's Center of Excellence for Health Equity Research and Promotion, based in Pittsburgh and Philadelphia. The Center, funded by ORD's Health Services Research and

Development Service (HSR&D), focuses on disparities related to race or ethnicity, socioeconomic status, and comorbid illness in patients with conditions prevalent among veterans, such as cardiovascular disease, Human Immunodeficiency Virus (HIV) and alcohol and substance abuse. HSR&D also funds the Center for Disease Prevention and Health Interventions for Diverse Populations in Charleston, South Carolina. Investigators with the program study racial and ethnic variations in treatment and outcomes for chronic diseases and develop interventions to eliminate disparities.

- ORD's implementation research, —such as that conducted through the Quality Enhancement Research Initiative, in partnership with VA's Office of Quality and Performance, —translates the findings of disparities research into improved clinical care for veterans.
- ORD's Community Outreach program, as part of its outreach to all VSOs, educates minority VSOs about VA research by attending and participating in national, regional and Washington, DC-based meetings. The program has working partnerships with some about 20 minority VSOs.

VBA works closely with VHA and NCA to provide information on VA benefits and services to service members, Veterans, dependents, and survivors. Upon entry into the military, service members receive information in the form of VA Pamphlet 21-00-1, *A Summary of VA Benefits*. VBA provides media products and presentations that outline VA benefits and services, including the "Check it Out" video and Transition Assistance Briefings. VBA Central Office and field facility staff collaborate closely with their VHA counterparts on outreach initiatives, including the Disability Evaluation System pilot, pre-discharge programs, "Welcome Home" events, the Yellow Ribbon Reintegration Program, and Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) case management support programs.

**5. The Director of the Washington, D.C. VA Medical Center and the Director of the Washington, D.C. VA Regional Office must hold scheduled Town Hall meetings in order to enable minority Veterans in the Washington, D.C. area to provide feedback on their issues.**

**Rationale:** In accordance with VA's Minority Veterans Program Coordinator (MVPC) Handbook 0801, Facility Directors are required to ensure outreach to minority Veterans by supporting MVPCs conducting Town Hall/stakeholders/Veterans Service Organizations/Veterans meetings (at a minimum two per year) to discuss issues and concerns.

**VA Response: Concur in principle.** The Washington DC VAMC is scheduling quarterly town hall meetings in the DC metro area in order to obtain feedback on their issues and concerns. During the April 7, 2009, town hall meeting, the VAMC took immediate action to address each Veteran's concerns. All Veterans who submitted comments were individually contacted for follow-up, and each recorded concern has been resolved.

In partnership with the Washington DC Medical Center, VA's Regional Office in Washington, DC, has participated in previous minority Veterans town hall meetings. VA's Regional Office will continue to provide informational resources for town hall meetings and is available to participate as the need arises.

Leaders at the Washington, D.C. Regional Office (WRO) and the VA Washington DC Medical Center communicate regularly to strengthen outreach to minority Veterans and expand opportunities for advocacy. Partnership with VHA is a key component of the WRO's Minority Veterans Program Operating Plan for FY 2010. The WRO MVPC collaborates with the VAMC MVPC on outreach efforts, including joint Town Hall meetings.

NCA is aware of VA's MVPC Handbook 0801 requiring Facility Directors to conduct town hall meetings at a minimum of two per year. NCA's MVPCs will work with VAMC, Regional Offices, VSOs, minority service organizations and stakeholders to hold town hall meetings every six months to provide minority Veterans an opportunity to express their issues or concerns and develop collaborative strategies to address unmet needs.

**6. VHA, VBA, NCA and Office of Policy & Planning (OPP) must utilize common racial and ethnic categorical data in gathering specific information from available sources/modalities in order to conduct demographic analysis. This should include the following:**

**a. Track utilization of benefits of Unique Users by racial and ethnic groups in the same manner that VA tracks utilization by gender and period of service.**

**VA Response: Concur in principle.** Currently, NCA does not track racial and ethnic data of minority Veterans that claim benefits. NCA will strategize and develop a method to capture this type of data to conduct demographics analysis.

In 2003, the capture of race/ethnicity information on Veterans enrolling and using VA health care services was modified in accordance with Office of Management and Budget (OMB) Directive 15. As a result, VA implemented changes to reflect the new OMB race categories, moved from observe-reported to self-reported data collection and allowed selection of multiple race codes (all

consistent with OMB direction). VHA collects information on race and ethnicity as self-reported by the Veteran through the enrollment process (10-10EZ form) and in Veterans Health Information Systems and Technology Architecture (VistA) by VAMC staff. These data are voluntary fields of information provided by the Veteran and reflect the standard categories as defined by OMB.

With enhancements to information technology systems and further collaboration with the Department of Defense, VBA plans to capture racial or ethnic status through either self-identification or authoritative electronic means, including data transfers.

While OPP does not collect data, OPP concurs with the recommendation regarding the importance of gathering and analyzing race and ethnicity data. Though limitations exist, OPP's National Center for Veterans Analysis and Statistics (NCVAS) mines Defense Manpower Data Center (DMDC) databases to affect Departmental needs and requirements. To that end, NCVAS can take the lead in using DMDC data sources to provide reports on the reliance of minority Veterans on Department of Veterans Affairs' (VA's) portfolio of benefits and services.

**b. Track Priority 8 enrollment of minority Veterans by encouraging these Veterans to self-identify in accordance with race classification as defined by OMB.**

**c. Track New Post 9/11 GI Bill enrollment of minority Veterans by encouraging these Veterans to self-identify in accordance with race classification as defined by OMB.**

**Rationale:** The Committee noted that during the annual briefings, the reports did not present consistent racial and ethnic categorical data. While informative for individual VA Departments or Staff Offices, it would be logical that comparative analysis across VA Departments would produce compromised results without racial and ethnic categorical standards. In addition, the VA has an opportunity to gather this information by encouraging Veterans to self-identify during enrollment in new programs such as Priority 8 for medical services, the new Post 9/11 G.I. Bill, and any other program requiring application for services. The Committee is constantly struck by the realization that Veterans and their family members are not aware of VA programs available that can improve their quality of life, and repay the debt owed by a grateful nation. The Committee also finds that eligible Veterans and family members are hampered in attaining these benefits and services due to a lack of understanding of eligibility and application processes at their level.

**VA Response: Concur in principle.** Race and ethnicity data is requested as part of the 10-10EZ enrollment form to facilitate data collection. The Health Eligibility Center and Chief Business Office have encouraged clinic

and intake staff to collect and enter data on race/ethnicity for all Veterans enrolling with VA for health care.

OPP concurs with the two recommendations to track minority Veteran enrollment in the said programs via the utilization of the Office of Management and Budget's race/ethnicity categories. NCVAS will assist with the facilitation of these efforts.

**7. VA must continuously promote contract opportunities for Veteran-Owned Small Businesses (VOSB) and service disabled minority Veterans, and train a diverse workforce of acquisition professionals.**

**Rationale:** In order to maintain VA's exemplary status as the only federal agency that exceeds the statutory 3% goal for Service Disabled Veterans Owned Small Businesses (SDVOSB), and to develop a knowledgeable and diverse workforce of acquisition professionals.

**VA Response: Concur in principle.** The Office of Administration (OA), Procurement Section, is committed to providing opportunities to the Veteran-Owned Small Businesses/Service Disabled Veteran-Owned Small Businesses (VOSB/SDVOSB). It strives to increase the acquisition community's awareness of the value, dedication, and cost effective solutions that the veteran business community brings to the federal government.

OA manages to meet the goals established in accordance with P.L. 109.461 and FAR 19.14. It will continue to utilize the VOSB/SDVOSB in support of its nation's veterans for the acquisition of goods and services in the future. It is critical that OA identify vendors, counsel its customers, and support Veteran-Owned Small Businesses to enable them to help meet its objectives. The current goal is 7% usage for SDVOB and current usage as of June 2009 is 23.91%. While it can be a challenge to do so, OA has met all of its socio-economic goals since FY 2005 with special emphasis on the SDVOB goal. At the end of FY 2008, VACO's SDVOB usage was nearly double the goal at 13.91%.

Office of Small and Disadvantaged Business Utilization (OSDBU) will work with the Department's Acquisition Executive or designee in updating Small Business Program training for the acquisition workforce, to include purchase card holders, program managers, Contracting Officer's Technical Representatives and VA executives. Additionally, OSDBU will work with the CMV and other VA offices to more widely promote awareness of, and utilization of, all Veteran-owned small businesses, including those businesses owned by disadvantaged Veterans and women.

**8. Develop and implement a concerted recruitment strategy to improve the currently under-represented groups.**

Note: The Committee was concerned about the disparity in the data with Hispanics and Native Americans. At the end of FY 2008, VA had a work force of 277,568. Among this number, all race, national origin and gender groups are represented in VA above their respective levels in the Civilian Labor Force (CLF) except for white women and Hispanic men and women. White women represent 35.64% of VA's work force compared to 47.87 in the CLF. Hispanic men represent 3.20% and Hispanic women represent 3.52% or a combined 6.72% of VA's work force compared to 13.2% CLF.

**Rationale:** To develop a more diverse workforce representative of all Veterans and their families that VA serves.

**VA Response: Concur in principle.** In February 2009, the VA Office of Diversity and Inclusion (ODI) issued a Strategic Plan for FY 2009-2013. The concerted recruitment strategy is addressed in Goal 2, "Cultivate an inclusive workplace that enables full participation through strategic outreach and retention"; in Objective 2A "Promote strategic recruitment..." and Objective 2C "Create a diverse pipeline for recruitment..."

**There is not room here to list all the strategies identified in this plan but the major ones are:**

- ODI has automated the workforce data analysis and recruitment plans for each facility in response to Equal Employment Opportunity Commission Management Directive 715, and now provides workforce data analysis to support a detailed targeted recruitment plan in each facility.
- ODI has created the Community Prosperity Partnership (CPP) program, in which numerous federal agencies, affinity groups, churches, and local organizations cooperate to conduct job and service fairs for Veterans. We have conducted nine of these fairs and another is planned for November as part of the long term plan to do one in each state.
- ODI provides training and guidance to Special Emphasis Program and EEO managers, and develops specific outreach programs.
- ODI coordinates VA-wide non-traditional internship programs.
- ODI analyzes Federal Human Capital Survey and Annual Employee Survey data to identify trends with regard to diversity and inclusion.
- ODI has started the first VA-wide Diversity Council and brought targeted recruitment issues to them at the most recent meeting.

- ODI is establishing EEO and diversity training and training standards for managers and supervisors.
- ODI has issued a guide of Best Practices in Recruitment Outreach and Retention, which gives special emphasis to special hiring authorities and the non-traditional intern programs.
- ODI has issued a guide for EEO complaints.
- ODI regularly conducts Technical Assistance Reviews at VA facilities to evaluate their EEO program and provided needed guidance and training.
- ODI has encouraged a diversity focus in mentoring and leadership development programs.
- ODI develops Memorandums of Understanding with affinity groups.

NCA's EEO office will work closely with the Human Resource Center (HRC) and the MVPCs in identifying areas of under-representation. The MVPCs will participate in recruitment events providing job announcements and information. Additionally, NCA's EEO office and HRC will establish partnerships with the local colleges, universities and high schools by attending job fairs to provide information on the internship programs available at NCA.

VHA Veterans Integrated Service Network (VISN) Directors, as part of their performance measures, evaluate current initiatives to improve recruitment in under-represented groups, as well as to measure the effectiveness of the initiatives and identify any challenges. Additionally, VISNs are tasked with establishing relationships with minority colleges and universities and working groups as advocates for people with targeted disabilities and the Workforce Recruitment Program.

All succession initiatives in VHA are based on the High Performance Development Model and include programs such as:

- Graduate Health Administration Training Program (GHATP).
- Hispanic Association of Colleges and Universities National Internship Program (HACU/HNIP).
- National Association for Equal Opportunity in Higher Education (NAFEO).
- Presidential Management Fellows (PMF).
- Student Career Experience Program (SCEP).
- AHA Institute for Diversity Summer Enrichment Program (SEP).
- Student Temporary Experience Program (STEP).
- Technical Career Field (TCF).

- VA Learning Opportunities Residency (VALOR).
- Washington Internships for Native Students (WINS).

VBA is continuing its efforts to ensure that we have a diverse workforce that reflects the population of Veterans served. In FY 2008, VBA's workforce data reflects that the following groups were under-represented: White females, Hispanic Females, and Asian Females. VBA is making a concerted effort to recruit these under-represented groups by increasing the pool of qualified applicants through the use of various recruitment programs, including the Federal Career Internship Program, Summer Intern Program, Student Temporary Employment Program, Student Career Employment Program, and the promotion certification process. In FY 2008, VBA's new hires increased the membership of each under-represented group in our workforce.

**9. Publish an annual status report on the Department's progress in accordance with VA's Diversity and Inclusion Strategic Plan 2009-2013 as explicitly stated by SECVA's memorandum dated May 22, 2009.**

**Rationale:** Progress reports allow VA and this Committee to determine strict compliance and/or trends where implementation of this strategic plan needs further assistance from upper VA leadership.

**VA Response: Concur in principle.** The Office of Diversity and Inclusion (ODI) has initiated the task of updating VA's race, national origin, disability, and Veteran status categories in accordance with the new classification standards and expects this process to be completed by the end of this fiscal year.

**10. Expand the Community Prosperity Partnership program (CPP).**

**Rationale:** In order to focus on diversity and recruitment processes, and to meet the needs of all minority Veterans and their families.

**VA Response: Concur in principle.** The Community Prosperity Partnership (CPP) program was originally created to leverage organizational and community resources to promote employment, educational, and economic outreach to the Veteran population. It was organizationally placed in ODI because of the employment outreach focus. In recent practice, the program has operated primarily as an outreach vehicle to promote and deliver health and benefits services to the Veteran population primarily through Hispanic affinity organizations. While this is a valid and most beneficial service, it exceeds the programmatic scope and expertise of ODI. ODI is currently working on refocusing CPP as an employment outreach program to diverse constituencies, consistent with its mission. If however, the desire is to expand the focus, it is recommended that the program be organizationally placed in an office that is

equipped with the appropriate resources, expertise, and programmatic scope to effectively deliver these Veterans services.

**11. Improve career development programs by targeting newly promoted GS-11 and above grade employees to prepare them for senior management positions.**

**Rationale:** To enhance underrepresented groups in senior management positions and the Senior Executive Service across VA. VA's MD 715 Report (i.e. 2006-2009) indicates under representation of Hispanic and white women employees.

**VA Response: Concur in principle.** VA has developed and is continuing to enhance a comprehensive suite of leadership and management development programs. These programs are specifically targeted to the needs of individuals at each stage of their career. They enable employees of all backgrounds to enhance their leadership skills at their current level or prepare for higher levels. All VA employees have access to at least one program at each level of their career. Many of the programs are centrally funded which helps enhance the diversity of the participants by ensuring that all employees are able to compete for the programs, not just those who are in units which have funds.

Non-supervisory employees are able to select from a wide-variety of courses that will give them the skills and confidence to lead others. There are programs targeted at specific occupations as well as programs that focus on universal leadership skills. Examples of programs at this level include:

- The Leadership Advancement and Development Program.
- Central Office Development Program.
- Health System Management Training Program.
- Cemetery Director Intern Program...and many others.

Once an employee becomes a supervisor, there are a wide variety of support mechanisms to help that employee succeed in that new role. New supervisors are required to take basic training to ensure that they have the basic knowledge to succeed in their positions. As they become more experienced, there are several resources available to help them strengthen their leadership skills. A few examples include:

- Nursing Management Institute.
- Foreman Certification Training.
- VACO Mentoring Program...and many others.

If the employee becomes a middle manager, a whole new set of skills are required. VA offers a suite of resources designed to meet the needs of new and

experienced middle managers in their current roles and prepare them for more advanced roles. A few examples include:

- Leadership VA.
- Assistant Director Development Program.
- SESCDP.
- Leadership Coaching...and many more.

Once an employee reaches the executive level, VA continues to support his or her success through a variety of means. Some examples include:

- Senior Management Conference.
- Senior Leadership Academy.
- Senior Executive Orientation.

VA will continue to make major investments in these programs to ensure that all employees are given the opportunity to gain the skills that they need for their current positions and to advance in their careers.

NCA has consistently provided internship programs and career development training opportunities designed to prepare employees with the knowledge and skills necessary to perform successfully in senior level positions. NCA's Cemetery Director Intern Program prepares the selected employees for leadership positions as a cemetery director or an assistant director through an intense 12-month program. This program provides leadership, managerial and customer service skills to operate cemeteries throughout the Nation.

Additionally, the NCA Leadership Institute provides leadership development to employees who are competitively selected to the program. Eligible program candidates include all GS 7-12 employees; Wage Grade 6 employees and above; and all Federal Wage System supervisors/team leaders with high potential and motivation to succeed in a leadership position within the organization. The NCA Leadership Institute is based on the High Performance Development Model and was developed in collaboration with representatives from across the organization. The rationale for the program is that different leadership skills will be needed to support organizational initiatives and the culture of VA now and in the future.

The VHA continues to identify and promote progressive training based on executive development to satisfy potential loss that affect trends and forces that may impact decisions within the organization. VHA has consistently provided career development training opportunities designed to prepare all VA employees with knowledge and skills necessary to perform in higher grades. These programs include Executive Career Field, Health Care Leadership Institutes and Leadership VA. All of these programs are based on the High Performance Development Model Core Competencies.

The Performance Plans for Network Directors and Chiefs are designed to evaluate VHA executives, and identify actions that Senior Management can take to bring about positive change and improve the overall organizational performance. Additionally, the VA National Database for Interns (VANDI) was implemented to track interns in various VA recognized programs. Interns can submit their resumes and contact information using VANDI which gives management visibility of potential employees.

VBA's Office of Employee Development and Training manages leadership development programs targeted for employees at the GS-11 level and above: Leadership Enhancement and Development Program, Division Leadership and Management Training Program, Leadership Development Program, Assistant Director Development Program, Introduction to Leadership Course, Leadership Coaching, and the VBA track of the VA Senior Executive Service Candidate Development Program.

In addition to these VBA-specific programs, VBA also participates in both Office of Personnel Management (OPM) and VA-sponsored leadership development programs, designed for employees with demonstrated leadership potential. These programs include the Presidential Management Fellows program, seminars offered by OPM's Management Development Centers, the Federal Executive Institute, and Leadership VA. VBA's involvement in these programs promotes the training and development of a cadre of qualified potential leaders who represent the broad diversity of VBA's workforce.

**12. Develop and implement a strategy to conduct formal consultation with tribal governments (whom the U.S. Government recognizes as sovereign nations), tribal leaders, and Native American communities. Several presidential addresses state that before a government agency develops, edits, or implements any programs or services, they must consult with tribal governments.**

**Rationale:** It is imperative that a new strategy be developed to consult with all federal and state recognized tribal governments on actions the VA may take to establish or implement programs and services. The uniqueness of this concept is to enable a direct relationship between VA and the tribal governments of Native Americans as specified by Executive Order 13175.

**VA Response: Concur in principle.**

Note: Responses to recommendations 12 & 13 combined below.

**13. Establish an Office of Indian Affairs charged with communications, consultation and monitoring of the implementation of programs or services which directly affect Native Americans.**

**Rationale:** This model is similar to the Department of Health & Human Services' Office of Tribal Affairs that was established with the responsibility of communicating, consulting, and monitoring the implementation of any programs, services or policies that affect Native Americans. This is totally distinctive and separate from outreach programs.

**VA Response: Concur in principle.** Plans are being formulated to develop a staffing capability that will allow for frequent communications, consultation and outreach to Native American Veterans via tribal leadership.

The Center for Minority Veterans (CMV), in an advisory role, will conduct collaborative efforts with the Office of the Assistant Secretary for Public and Intergovernmental Affairs (OPIA) in developing and implementing a strategy to conduct formal consultation with all tribal governments prior to implementing any programs or services affecting Native American Veterans. In addition, CMV will assist OPIA in developing plans and staffing capability that will allow for frequent communications, consultation and outreach to Native American Veterans via tribal leadership.

**14. VA should continue to ensure that VA's internal advisory committees include minority members who are reflective of the Veteran population and their families being served to date.**

**Rationale:** Support in promoting SECVA's transformation objectives to include having Committee members who are knowledgeable and sensitive to issues related to Veterans afflicted with injuries such as Agent Orange, traumatic brain injuries, loss of limbs and vision, post traumatic stress disorder, and invisible injuries that require rapid, innovated and sustained medical and rehabilitative care that must be made familiar to the diverse groups supporting and assisting the VA.

**VA Response: Concur in principle.** Maintaining diversity continues to be a primary consideration as VA advisory committee members are selected. Each year, VA advisory committee membership is reviewed to ensure that various segments of the Veteran population are appropriately represented on the respective committees. As that review is conducted, particular attention is directed toward ethnic, gender, and geographic diversity.

## **Part II – Observation & Discussion – Washington, D.C. Meeting**

The Advisory Committee on Minority Veterans (ACMV)  
April 6-7, 2009  
Department of Veterans Affairs Central Office (VACO)  
Sonny Montgomery Conference Room (230)

### **Background**

The Committee was billeted in Baltimore, Maryland from April 6-10, 2009. Transportation was provided for the Committee members to briefings and site visits.

On April 6-7, 2009, the Committee met at VACO for briefings from VACO leadership, Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), and National Cemetery Administration (NCA). The Committee also received greetings and remarks from The Honorable Eric K. Shinseki, Secretary of Veterans Affairs.

Previous presentations have been mostly general information with little information on specific needs or concerns directed to minority Veterans and their families. In preparation for this year's briefings, the Committee asked CMV to convey our need for specific information related to our Committee's three focal areas of Outreach, Diversity and Inclusion and Collection of Demographic Data. The Committee appreciated these presentations which provided informative and frank discussions concerning these three areas.

The three Administrations and staff offices have provided responses to the Committee's recommendations over the years that reflected on various initiatives in place that supported ongoing actions being taken on issues highlighted in our recommendations. However, it is evident that there is still some resistance or lack of support to address the three main issues that have continued to hamper VA from accomplishing major milestones in its efforts to address Outreach, Diversity and Inclusion, and Collection of Demographic Data as addressed below:

**Outreach** – The presentations were general in subject; however, VA leadership could do a better job of highlighting successful programs at local levels that promote outreach in its communities to other local/regional facilities. While the Committee feels CMV is receiving increased support from upper leadership, they continue to face some resistance at local levels in support of outreach activities. Many reports of Town Hall meetings, stand downs, and health fairs are the main source of outreach activities. Outreach is more than the occasional large activity that usually includes all local Administrations. Part of outreach should be a strategy to focus locally and nationally on those Veterans who may not have modern technical communications and particular focus needs

to be placed in the minority communities. Daily outreach activities within communities will help VA to overcome the minority population perception that VA is biased or uncaring. The Committee knows that VA's mission is to care for Veterans and their families and that there are VA employees who are proud of their public service to these Veterans and their families.

Daily outreach activities cannot be successfully accomplished when this responsibility is a collateral duty. Designating the Minority Veterans Program Coordinator (MVPC) role as a collateral duty acknowledges the requirement but, in reality, does not allow the MVPCs to dedicate adequate time and effort necessary to achieve the level of progress and success required.

Discussion with VBA's leadership confirmed that daily production duties (i.e. claims processing) take precedence over any outreach activities when an employee, who may be on production, has been assigned MVPC collateral duties. They also confirmed that when they have an opening for additional staff, they typically select staff to promote production.

**Diversity and Inclusion** – While this Committee feels there is much work to do to reach documented milestones in this area, we would like to commend the Office of Diversity and Inclusion for the development of VA's first Diversity and Inclusion Strategic Plan, and we support its alignment with VA's strategic objective to "recruit, develop, and retain a competent, committed, and diverse workforce that provides high-quality service to Veterans and their families."

Of concern, the Committee asked the leadership during their briefings if they had read this document. No one reported they had read it and some had no knowledge of this document. The Committee believes that the Secretary's signature would carry the necessary leverage to ensure VA's commitment to this important strategic plan and notify VA's leadership to implement its strategies.

The Committee notes that in general, minorities are under represented in the upper levels of VA regional staff offices. While VA notes there are many reasons for this issue this Committee feels there is no doubt that attaining a greater representation of minorities in higher level positions in regional staff offices would have a positive impact on the overall racial and ethnic sensitivity. In addition, the public perception of VA would greatly be enhanced as it would be observed to be more reflective of the communities where Veterans and their families are served. This may result in easing the concerns of minority Veterans who may feel VA services are biased based on their racial or ethnic origin.

**Demographic Data** – It is important to note that minority Veterans still feel that they are not being treated equally from the establishment of a claim to services provided by VA's Administrations. As stated in last year's report, the Committee cannot provide these Veterans or their families' proof that this perception is not reality because the data is not being collected accurately or

consistently. Currently, VHA, VBA, and NCA are not collecting this information uniformly thereby hindering any compilation and analysis to determine if disparities exist to provide services to minority Veterans. The demographic data must be collected uniformly and analyzed to give accurate accounts of services and programs provided to minority Veterans.

Most notable and of great concern by this Committee was VBA representative's response that they would not allow the collection of demographic data because they did not want their rating specialists potentially biased by this information. They indicate that knowledge of the claimant's ethnic or racial information could negatively impact the Veterans ratings outcome. The Committee found this to be misleading without substantiation. Specific discussion brought to light that any medical records used to determine a rating would most certainly have this information (i.e. medical records usually begin with identification of the patient as white female, or black male, etc.) Therefore, this Committee feels this argument to resist the VA General Counsel's opinion that the VA has a requirement to gather such data is not valid. Of greater concern is that VA employees who are making life changing decisions for any Veteran or their family may not be making unbiased determinations!

**Advisory Committee Management** – Information, reports, and recommendations may be duplicated when the subject matter may best be effectively addressed by another advisory committee. Example: during our Town Hall meetings the Committee often hears issues and/or concerns from homeless Veterans, women Veterans, etc., and we believe that rather than spend time on issues that may have already been addressed by another advisory committee we believe that issues and/or concerns could be forwarded to the designated subject advisory committee. In addition, reports and recommendations from several advisory committees, namely the Advisory on Minority Veterans (ACMV), Advisory Committee on Women Veterans (ACWV), and Advisory Committee on Homeless Veterans (ACHV) should be cross analyzed to determine trends and needs to address the common themes reflected during our respective scheduled meetings.

As stated in our letter to the Secretary dated April 23, 2009, the Committee believes the convergence of issues and recommendations could be potentially beneficial to the VA in evaluating the effectiveness of programs by analyzing trends and needs of these Veterans. In addition, this would obviate the stove piping effect and provide a programmatic approach to addressing the systemic challenges facing the VA.

## **Part III – Observation & Discussion – Baltimore, MD Site Visit**

The Advisory Committee on Minority Veterans (ACMV)  
April 8-9, 2009  
Marriott Inner Harbor Baltimore, MD  
Stadiums 1-2-3

### **Background**

On April 8-9, 2009, the Committee met at the Marriott Inner Harbor in Baltimore, MD and began the second portion of the combined briefings and site visit meeting.

### **ACMV Meeting**

The Committee began the meeting by reviewing the VACO briefings by VA leadership and the Town Hall meeting held April 7, 2009, at Washington, D.C. VA Medical Center Auditorium.

### **Discussion**

The following discussions and/or comments resulted from this meeting:

- Once again, VA leadership continues to meet minimum requirements to assign MVPC responsibilities as collateral duties to full time employees who may not be able to develop and/or implement a credible outreach program due to original duties which may have them on production. VA senior leadership must enforce the policy of meeting quality standards outlined in VA's MVPC Handbook in supporting their outreach efforts to minority Veterans.
- The former Secretary indicated that VBA had to provide a plan as to how they will collect racial and ethnic data. After discussion with VBA Deputy Under Secretary it is evident that this data collection is still an issue. The Committee wants this plan provided for our review before our next meeting.
- Concerns over the Town Hall meeting resulted in issues being raised as follows: (1) challenges encountered at the VAMC, (2) lack of senior leadership present at the Town Hall meeting held at the DC VAMC, (3) some concerns and issues raised may need to be presented to ACWV and ACHV. The Committee is concerned with duplication of efforts and that if minority Veteran issues were raised by other advisory committees we would certainly like to know. The Committee will submit a recommendation for the collaboration and dissemination of this information between advisory committees.

## **Briefing**

The Liaison for American Indian/Alaska Native/Hawaiian Native Veterans at the CMV, presented a briefing on behalf of the Veterans Integrated Service Network (VISN) 15 Director on the American Indian/Alaska Native/Hawaiian Native (AI/AN/HN) Adhoc Work Group formed June/July 2008.

The 15 member AI/AN/HN Adhoc Work Group was established under Former Secretary Peake whose concerns were (1) Challenges in Accessing Services, i.e. understanding benefits, accessing benefits from rural locations, and obtaining funds for travel; (2) Disparities in Health Care, i.e. diseases disproportionately affect some, need to accept and incorporate traditions. This adhoc work group was established for six months and expired December 31, 2008; however, the Veterans Integrated Service Network (VISN) 15 Director will be meeting with Secretary Shinseki to determine if the AI/AN/HN Adhoc Work Group will continue in 2009.

- The objectives included:
  - Enhance Department coordination of initiatives
  - Improve outreach and communication
  - Identify barriers and recommend how VA can better provide services
  - Improve efficiency and delivery of benefits
  - Close gaps in services
  - Recommend future initiatives
  
- Some new initiatives:
  - Director of Indian Health Services wants to link coordination of care with VA electronically verses using referrals back and forth
  - The electronic medical record system between DOD and VA needs to include IHS
  - Briefing of survey on Traditional Practices
  - The challenge will be to ensure the continuity of VA participation

## **Discussion**

The Committee discussed the need to establish an Office of Indian Affairs charged with establishing communications, consultation, and monitoring of the implementation of any programs or services which affect Native Americans. Note: this is not an outreach program. Outreach to Native American Veterans to communicate already established programs and services is different than the strategy to consult with tribal governments on actions the VA may take to establish or implement programs and services. VA could look to other Cabinet Level Administrations for examples of how they have established and operate their Office of Indian Affairs.

## **Briefing**

The Committee met with a Veterans Service Organization (VSO) Panel. This meeting allowed for panel members to bring forth issues and/or concerns for their organization, the Veterans they serve, and the relationship they have with VA. This panel consisted of representatives from the following VSOs:

- Deputy Secretary, Department of Maryland Veterans Affairs.
- Vice Commander, American GI Forum of Texas.
- National Association for Black Veterans.
- Veterans of Foreign War.
- President, National Association for Black Veterans, Washington, D.C.
- National Association for Black Veterans, Baltimore, MD.

## **Discussion**

These are a compilation of the Panel's key points addressed to the Committee:

- The greatest void in the Veterans community is information and VA should remember that not all Veterans have internet services.
- One third of the Maryland National Guard is currently deployed in Iraq, Afghanistan, and Balkans.
- Veterans travel long distances (up to 10 hours round trip) from south Texas to the nearest VAMC located in San Antonio which is a hardship on Veterans who are the most risk for health issues and limited income.
- Mexican American Veterans are most impacted with TBI/PTSD and readjustment disorders.
- Veterans in south Texas are in desperate need for better medical care.
- Minority Veterans are at risk for suicide, homelessness, low income, financial literacy, and lack trust that the VA is giving them the same service that non-minority Veterans are receiving.
- Concerns were raised on why it takes between 6-9 months for claims to be processed unless they are OEF/OIF, then the VA works the claims in 90 days.
- The Panel recommended that CMV have a Minority Veterans Summit.

## **Briefing**

The Committee conducted site visits to the following facilities for overview and tour:

- Maryland Center for Veterans Education and Training (MCVET), presented by Colonel Charles Williams, USA, Retired, Executive Director.
- Baltimore VA Medical Center – VA Maryland Health Care System, Dennis H. Smith, Director.

- Baltimore Regional Office, George Wolohojian, Director.

## **Discussion**

The Committee received detailed tours and information for these facilities. MCVET was an outstanding program which showcases what services and programs can be implemented with collaboration of a variety of resources.

The Baltimore VAMC (VAMC) provided a large amount of information during their presentation. Several key staff members were present and were able to answer questions from the Committee. In addition, VAMC made an effort to provide demographic data FY09 through January. They acknowledged there was an under representation of minorities through the GS 12-15 levels and identified that work was needed in this area. VAMC Staff seemed very willing to engage the Committee and were proud of their organization.

The Baltimore VARO (VARO) presentation was mostly general information about the VARO. The Committee asked for specific processing information and the questions were addressed. The VARO did have some impressive diversity in their supervisory positions. Out of 170 employees, there are a total of 15 supervisors, 9 are females and 7 are African Americans; in addition, 67.31% are Minorities, 32.69% are White, 37% are Veterans, and 22% are Disabled Veterans. Most notably, the MVPC was not present for this meeting. The director confirmed that the MVPC responsibilities were assigned as collateral duties. The Committee did recommend that the MVPC not be an individual on production.

## **Outreach**

Outreach continues to be insufficiently resourced in specifically targeting minority Veterans. Regional VA leadership continues to look at the short term when they make decisions to assign MVPC responsibilities as a collateral duty. There are several points of view concerning outreach and its importance to the VA as a whole and VA at the regional level.

VA – The VA understands the issues and the need for outreach. They understand that since they are the second largest Cabinet level Administration they need advisory committees, advisory groups, and boards to apprise them of the issues for selected areas of concern. The VA has a public affairs office but understands that every positive public affairs report is counteracted by a negative incident that is published or broadcasted in the media, or orally repeated at Veteran gatherings or meetings, or posted on internet blogs, personal or organizational web pages. VA also receives feedback from their various committees, Veteran Service Organizations, and individual Veterans that there is a great need for communication and contact within communities.

VA Regionally – This VARO knows that it is required to assign several responsibilities for outreach to emphasis groups such as Minority Veterans, Women Veterans, Homeless Veterans, etc. However, they are not receiving any additional staffing for these responsibilities. In addition, they are tasked with production and/or operations responsibilities. In this day of instant news, it is important to keep up with production and operations and to do it at optimal efficiency and timeliness. More importantly, their individual evaluation is based on many things, production and operations, but not the success or achievements of their MVPC or their MVPC program. This also means that they are not held responsible if their outreach program is non-existent. Minimal outreach activities include stand downs, visits to Veterans organizations, TAP briefings, and post deployment briefings.

Veteran – The minority Veteran and their family feel they do not know about or understand VA programs or services unless they are part of a Veteran organization. They feel that the VA does not provide them the same level of care or service as their non-minority counterparts. In addition, many live in communities where long distance travel is required to get to the VA or their income hinders them from making the long trips to seek help from the VA. Many of these Veterans do not have access to the internet or do not belong to any Veteran organization so information about the VA is limited. Trust is an issue when all they hear about the VA is the negative incidents. Trust is an issue when VA employees don't look like anyone in their communities. Trust is an issue when they don't see the VA in their communities so they believe that VA doesn't care or understand their communities, beliefs, and traditions.

### **Diversity and Inclusion**

The Committee notes there continues to be a lack of minority staff at its upper levels of management and leadership; however, the Committee has seen an effort on VA's part to address this issue. Achieving a greater representation of minorities in VA's leadership would have a positive impact on the overall racial and ethnic sensitivity of its staff as it serves the minority Veteran population. This visual and attitude change in providing service to the minority Veteran population would not only help VA to achieve its mission and purpose, but would certainly help to establish trust with the Nation's Veterans as a whole. In addition, having a VA that is representative of its communities would only strengthen and motivate its most valuable resource – VA employees.

The Committee is very impressed with the work of the VA's first Diversity and Inclusion Strategic Plan for FY 2009-2013 as presented by the Office of Diversity and Inclusion. The vision to become a leader in creating and sustaining a high performing workforce by leveraging diversity and empowering all employees to achieve superior results in service to our Veterans is commended. Of concern, while conducting briefings at VACO, the leadership was asked about this document and to the Committee's disappointment they had either not read it

or didn't know about it. This Committee feels that if the Secretary provides a memorandum with his signature emphasizing the importance and required support of this strategic plan the VA leadership will act to begin implementation.

### **Demographic Data**

This Committee cannot stress enough the critical need for unified and encompassing gathering of demographic data. Availability of the current data varies substantially by geographic area and significant disparities exist among the three VA Administrations. The collection and analysis of this data will help VA to effectively evaluate the administration of VA benefits and services.

The Committee continues to find that minority Veterans feel they are not provided the same and equal services or care from the VA. While VA briefings and reports indicate this perception is not true, it is hard to counteract this perception when there is no data to support or disprove it.

The Committee found that even though Former Secretary Peake tasked VBA with providing a plan for the collection of this data, VBA advised the Committee that they had a concern that an employee may be biased in their decision making if this information was available in the claim. As stated previously, this information is provided in the medical records which the employee must look at to make a determination for rating so this is not a valid concern. This Committee requested that VBA provide a plan for the collection of this data to this Committee. In our letter to the Secretary dated April 23, 2009, we asked for this plan to be submitted no later than May 31, 2009. As of this date, we have not received this plan from VBA.

## **Part IV – Town Hall Meetings**

The Advisory Committee on Minority Veterans (ACMV)  
April 7 & 9, 2009  
Veterans Administration Medical Center, Washington, D.C.  
Marriott Inner Harbor Baltimore, MD

### **Background**

Town Hall Meetings were conducted at the Washington, D.C. VA Medical Center on April 7, 2009, and in Baltimore at the Marriott Inner Harbor on April 9, 2009.

### **Town Hall Meetings**

The common themes addressed were as follows:

- Mistreatment of Veterans and families at the VA facilities.
- Need better resources for dialysis so Veterans do not have to travel to different locations for different treatments.
- Long wait to get an appointment.
- Benefits need to be provided for Filipino Veterans of WWII.
- Need to educate/outreach to minority Veterans.
- Concern that VARO in Washington, D.C. had closed.
- Lengthy processing of claims because they are not processed locally.
- Women Veteran's health care issues:
  - Accessibility
  - Safety
- Homeless Veterans:
  - Outreach is not adequately conducted
  - Services availability

These are ongoing systemic issues that the VA needs to consistently strive to resolve. Veterans were passionate, articulate, and welcomed the opportunity to have their voices heard.

In addition, it is essential for senior leaders of VA Medical Centers, Regional Offices, and key members of their staff to be present at these sessions to ensure that prompt attention to the issues of the Veterans requesting assistance are met. While the Committee is there to listen to issues, when Veterans ask questions on personal issues and/or need expert knowledge, the Committee must be able to rely on VA staff to assist.

## **Part V – Exit Interview with Washington DC and Baltimore, MD VA Leadership**

The Advisory Committee on Minority Veterans (ACMV)  
April 10, 2009  
Marriott Inner Harbor Baltimore, MD  
Stadiums 1-2-3

### **Background**

Exit Interviews with local VA leadership are conducted at the end of each site visit to review site visits at VA facilities, Town Hall meetings, and issues/concerns raised by local Veterans, their families, VA staff, and the Committee. The purpose is to allow the VA staff to address identified local issues/concerns and for the Committee to make recommendations based upon local and national issues/concerns that would improve the administration of VA benefits for Veterans who are minority group members in the areas of compensation, health care, rehabilitation, outreach, and other services.

### **Briefing**

VA leadership and some key staff were present for the exit interviews. Comments and discussions were frank and informative from VA leadership. The Committee stressed the importance of VA leadership to understand the importance and their personal responsibility to support the CMV mission, the role and responsibilities of the local MVPCs, and the Committee's reason for the site visits.

### **Minority Veterans Program Coordinators (MVPC) Program**

VA leadership acknowledged their MVPC Program is not where it needs to be, but they have committed to strive to improve their program by reassessing their current program, providing support to their MVPCs, and ensuring the MVPC quarterly report is complete and on time.

### **Outreach**

The DC VAMC indicated they conduct six Town Hall meetings quarterly for staff and volunteers. The concern of the Committee is that while the VAMC is counting this as an outreach activity, it is not reaching Veterans and their families if it is targeted to staff and hospital volunteers. The DC VAMC agreed to host a Town Hall meeting to reach out to the local minority Veterans' community and local Veteran Service Organizations, in order to promote collaboration in providing current VA Veteran benefit, service and assistance information.

## **Diversity and Inclusion**

VA leadership have committed to review the VA Office of Diversity and Inclusion's Diversity and Inclusion Strategic Plan for FY 2009-2013. They acknowledge that diversity and inclusion is not a secondary issue, but is critical to supporting VA's mission and purpose.

## **Demographic Data**

VA leadership acknowledged the importance to the Committee to capture demographic data; however, no plan of action or commitment was noted.

## **Conclusion**

The Committee feels local VA leadership now understands the importance of their role to provide support and encourage their staff to provide improved outreach and services to minority Veterans. However, this Committee believes there needs to be some follow up to ensure they are supporting CMV and MVPCs.

## Appendix A – Washington, D.C. Meeting/Baltimore, MD Site Visit Agenda

### AGENDA Department of Veterans Affairs (VA) Advisory Committee on Minority Veterans Washington, D.C. & Baltimore, M.D. April 6 - 10, 2009

**Sunday, April 5, 2009 (Travel Day)**

#### **Monday, April 6, 2009 – Sonny Montgomery Conference Room (230)**

- 07:00 a.m. – 07:15 a.m. Assemble/Board Bus
- 07:15 a.m. – 08:45 a.m. Depart: Baltimore Marriott Inner Harbor at Camden Yards  
110 South Eutaw Street, Baltimore, MD  
Mode of Transportation: **Bus Service**
- 08:45 a.m. Arrive: Department of Veterans Affairs  
810 Vermont Ave., NW, Washington D.C.
- 09:00 a.m. – 10:00 a.m. Lucretia M. McClenney, Designated Federal Officer  
Chairman James H. Mukoyama, Jr.  
Introductions/Review Agenda  
810 Vermont Ave., NW, Washington D.C.
- 10:00 a.m. – 10:30 a.m. Advisory Committee Management  
Mr. Phil Riggan, Committee Management Officer
- 10:30 a.m. – 10:45 a.m. Break
- 10:45 a.m. – 11:30 a.m. Center for Minority Veterans Overview/Update  
Director, Deputy Director and Staff
- 11:30 a.m. – 12:00 p.m. Ethics Briefing  
Mr. Jonathan Gurland, Attorney,  
Office of General Council
- 12:00 p.m. – 1:00 p.m. Lunch (on your own)
- 1:00 p.m. – 1:30 p.m. Presentation of Certificates of Appointments  
Lucretia M. McClenney  
Director, Center for Minority Veterans

**AGENDA**  
**Department of Veterans Affairs (VA)**  
**Advisory Committee on Minority Veterans**  
**Washington, D.C. & Baltimore, M.D.**  
**April 6 - 10, 2009**

**Monday, April 6, 2009 – Sonny Montgomery Conference Room (230)**

- |                       |   |
|-----------------------|---|
| 1:30 p.m.             | Remarks/Photo Op<br>The Honorable Eric K. Shinseki<br>Secretary of Veterans Affairs   |
| 2:45 p.m. – 3:30 p.m. | Briefing<br>Chief Judge William P. Greene, Jr.<br>US Court of Appeals for Veterans Claims   |
| 3:30 p.m. – 4:00 p.m. | Committee Wrap Up   |
| 4:00 p.m.             | Committee Adjourns  |
| 4:00 p.m. – 4:15 p.m. | Assemble/Board Bus<br>Department of Veterans Affairs<br>810 Vermont Ave., NW, Washington D.C.   |
| 4:15 p.m. – 5:30 p.m. | Depart/Return to Hotel:<br>Baltimore Marriott Inner Harbor at Camden Yards<br>110 South Eutaw Street, Baltimore, MD<br>Mode of Transportation: <b>Bus Service</b> |

**AGENDA**  
**Department of Veterans Affairs (VA)**  
**Advisory Committee on Minority Veterans**  
**Washington, D.C. & Baltimore, M.D.**  
**April 6 - 10, 2009**

**Tuesday, April 7, 2009 – Sonny Montgomery Conference Room (230)**

- 07:00 a.m. – 07:15 a.m. Assemble/Board Bus
- 07:15 a.m. – 09:00 a.m. Depart: Baltimore Marriott Inner Harbor at Camden Yards  
110 South Eutaw Street, Baltimore, MD  
Mode of Transportation: **Bus Service**
- 09:00 a.m. – 09:15 a.m. Lucretia M. McClenney, Designated Federal Officer  
Chairman James H. Mukoyama, Jr.  
Remarks/Review Agenda  
810 Vermont Ave., NW, Washington D.C.
- 09:15 a.m. – 09:45 a.m. Center for Women Veterans Overview/Update  
Dr. Irene Trowell-Harris, Director
- 09:45 a.m. – 10:15 a.m. Women Veterans Health Strategic Health Care Group  
Overview/Update  
Dr. Patricia M. Hayes, Chief Consultant
- 10:15 a.m. – 10:30 a.m. Break
- 10:30 a.m. – 11:10 a.m. Human Resources Overview/Update  
Ms. Georgia Coffey, Deputy Assistant Secretary  
Office of Diversity & Inclusion
- 11:10 a.m. – 11:50 a.m. Veterans Health Administration Overview/Update  
(Diversity/Data Collection/Outreach)  
The Honorable Michael J. Kussman  
Under Secretary for Health
- 11:50 a.m. – 12:50 p.m. Lunch (catered by National Association for Black Veterans)
- 12:50 p.m. – 1:30 p.m. Veterans Benefits Administration Overview/Update  
(Diversity/Data Collection/Outreach)  
Mr. Michael Walcoff  
Deputy Under Secretary for Benefits

**AGENDA**  
**Department of Veterans Affairs (VA)**  
**Advisory Committee on Minority Veterans**  
**Washington, D.C. & Baltimore, M.D.**  
**April 6 - 10, 2009**

**Tuesday, April 7, 2009 – Sonny Montgomery Conference Room (230)**

- 1:30 p.m. – 2:10 p.m. National Cemetery Administration Overview/Update  
(Diversity/Data Collection/Outreach)  
Mr. Steve Muro  
Acting Under Secretary for Memorial Affairs
- 2:10 p.m. – 3:40 p.m. BVA “Mock” Hearing Board  
Chairman James P. Terry  
Board of Veteran’s Appeals
- 3:40 p.m. – 3:50 p.m. Committee Wrap Up
- 3:50 p.m. – 4:00 p.m. Assemble/Board Bus  
810 Vermont Ave., NW, Washington, DC
- 4:00 p.m. – 4:30 p.m. Depart for Armed Forces Retirement Home  
3700 N. Capitol St., NW, Washington, DC  
Mode of Transportation: **Bus Service**
- 4:30 p.m. – 5:40 p.m. Dinner (Armed Forces Retirement Home)
- 5:40 p.m. – 5:50 p.m. Assemble/Board Bus  
3700 N. Capitol St., NW, Washington D.C.
- 5:50 p.m. – 6:00 p.m. Depart for Washington DC VA Medical Center  
50 Irving Street, NW, Washington, DC  
Mode of Transportation: **Bus Service**
- 6:00 p.m. – 6:30 p.m. Set-Up/Assemble for Town Hall Meeting  
Washington DC VA Medical Center Auditorium
- 6:30 p.m. – 8:30 p.m. Town Hall Meeting  
Washington DC VA Medical Center Auditorium
- 8:30 p.m. Committee Adjourns
- 8:30 p.m. – 9:00 p.m. Assemble/Board Bus  
50 Irving Street, NW, Washington, DC

**AGENDA**  
**Department of Veterans Affairs (VA)**  
**Advisory Committee on Minority Veterans**  
**Washington, D.C. & Baltimore, M.D.**  
**April 6 - 10, 2009**

**Tuesday, April 7, 2009 – Sonny Montgomery Conference Room (230)**

9:00 p.m. – 10:00 p.m.    Depart/Return to Hotel:  
Baltimore Marriott Inner Harbor at Camden Yards  
110 South Eutaw Street, Baltimore, MD  
Mode of Transportation: **Bus Service**

**AGENDA**  
**Department of Veterans Affairs (VA)**  
**Advisory Committee on Minority Veterans**  
**Washington, D.C. & Baltimore, M.D.**  
**April 6 – 10, 2009**

**Wednesday, April 8, 2009 – Baltimore Marriott Inner Harbor At Camden Yards**

**Conference Room: **TBD****  
**110 South Eutaw Street, Baltimore, MD**

- 07:30 a.m. – 08:00 a.m. Coffee (on your own)
- 08:00 a.m. – 08:30 a.m. Lucretia M. McClenney, Designated Federal Officer  
Chairman James H. Mukoyama, Jr.  
Remarks/Review Agenda
- 08:30 a.m. – 09:15 a.m. American Indian/Alaska Native Ad Hoc Work Group  
Mr. James Floyd  
Director, Veterans Integrated Service Network 15
- 09:15 a.m. – 11:00 a.m. Veterans Service Organization Panel  
**Speakers TBD**
- 11:00 a.m. – 11:15 a.m. Assemble/Board Bus  
Baltimore Marriott Inner Harbor at Camden Yards  
110 South Eutaw Street, Baltimore, MD  
Mode of Transportation: **Bus Service**
- 11:15 a.m. – 11:45 a.m. Depart for MCVET  
Maryland Center for Veterans Education and Training  
301 North High Street, Baltimore, MD.  
Mode of Transportation: **Bus Service**
- 11:45 a.m. – 12:00 p.m. Prepare for Lunch
- 12:00 p.m. – 1:00 p.m. Lunch (MCVET)
- 1:00 p.m. – 3:00 p.m. Briefing/Tour MCVET  
Col. Charles Williams, USA (Ret)  
Executive Director
- 3:00 p.m. – 3:15 p.m. Assemble/Board Bus  
301 North High Street, Baltimore, MD.

**AGENDA**  
**Department of Veterans Affairs (VA)**  
**Advisory Committee on Minority Veterans**  
**Washington, D.C. & Baltimore, M.D.**  
**April 6 – 10, 2009**

**Wednesday, April 8, 2009 – Baltimore Marriott Inner Harbor At Camden Yards**

**Conference Room: TBD**  
**110 South Eutaw Street, Baltimore, MD**

- 3:15 p.m. – 3:45 p.m. Depart/Return to Hotel:  
Baltimore Marriott Inner Harbor at Camden Yards  
110 South Eutaw Street, Baltimore, MD  
Mode of Transportation: Bus Service
- 3:45 p.m. – 5:00 p.m. Work on Meeting Minutes/Committee Report
- 5:00 p.m. – 6:30 p.m. Dinner (on your own)
- 6:30 pm. – 9:00 p.m. Work on Meeting Minutes/Committee Report
- 9:00 p.m. Committee Adjourn

**AGENDA**  
**Department of Veterans Affairs**  
**Advisory Committee on Minority Veterans**  
**Washington, D.C. & Baltimore, M.D.**  
**April 6 – 10, 2009**

**Thursday, April 9, 2009 – Baltimore Marriott Inner Harbor At Camden Yards**  
**Conference Room: TBD**  
**110 South Eutaw Street, Baltimore, MD**

- 07:30 a.m. – 08:00 a.m. Coffee (on your own)
- 08:00 a.m. – 08:30 a.m. Lucretia M. McClenney, Designated Federal Officer  
Chairman James H. Mukoyama, Jr.  
Remarks/Review Agenda
- 08:30 a.m. – 09:00 a.m. Depart/Walk to VA Medical Center
- 09:00 a.m. – 11:30 a.m. Briefing/Tour  
Baltimore VAMC –VA Maryland Health Care System  
10 North Greene Street  
Mr. Dennis H. Smith, Director
- 11:30 a.m. – 12:30 p.m. Lunch at VA Medical Center
- 12:30 p.m. – 1:00 p.m. Depart/Walk to VA Regional Office
- 1:00 p.m. – 3:00 p.m. Briefing/Tour  
Baltimore Regional Office  
31 Hopkins Plaza  
Mr. George Wolohojian, Director
- 3:00 p.m. – 3:30 p.m. Depart/Walk to the Hotel
- 3:30 p.m. – 4:00 p.m. Break (prepare for dinner)
- 4:00 p.m. – 5:30 p.m. Dinner (on your own)
- 5:30 p.m. – 6:30 p.m. Prepare for Town Hall Meeting
- 6:30 p.m. – 8:30 p.m. Town Hall Meeting  
Baltimore Marriott Inner Harbor At Camden Yards  
Conference Room: TBD  
110 South Eutaw Street, Baltimore, MD
- 8:30 p.m. – 9:00 p.m. Committee Wrap Up  
9:00 p.m. Committee Adjourn

**AGENDA**  
**Department of Veterans Affairs (VA)**  
**Advisory Committee on Minority Veterans**  
**Washington, D.C. & Baltimore, M.D.**  
**April 6 – 10, 2009**

**Friday, April 10, 2009 – Baltimore Marriott Inner Harbor At Camden Yards**  
**Conference Room: TBD**  
**110 South Eutaw Street, Baltimore, MD**

- 08:30 a.m. – 09:00 a.m. Coffee (on your own)
- 09:00 a.m. – 09:30 a.m. Lucretia M. McClenney, Designated Federal Officer  
Chairman James H. Mukoyama, Jr.  
Remarks/Review Agenda
- 09:30 a.m. – 11:45 a.m. Work on Meeting Minutes/Committee Report
- 11:45 a.m. – 1:00 p.m. Lunch (On your own)
- 1:00 p.m. – 2:00 p.m. VA Leadership Exit Briefing
- 2:00 p.m. – 3:00 p.m. Administrative Paperwork
- 3:00 p.m. – 3:15 p.m. Break
- 3:15 p.m. – 4:45 p.m. Work on Meeting Minutes/Committee Report
- 4:45 p.m. – 5:00 p.m. Wrap-up
- 5:00 p.m. Committee Adjourns

**Friday, April 10, 2009 (Travel Day – For Local Committee Members/Center  
for Minority Veterans Staff)**

**Saturday, April 11, 2009 (Travel Day – Committee Members on Airlines)**

## Appendix B: Committee Biographies

Nelson N. Angapak, Sr., USA  
Alaska Native

Mr. Nelson Angapak is an Alaska Native who served in the U. S. Army and was honorably discharged on 10 June 1971 as an Army Specialist Five. Mr. Angapak has more than 25 years of Alaska Native Land Claims Settlement Act (ANCSA) land and natural resources management experience. In his current role as Executive Vice President of the Alaska Federation of Natives (AFN), he lobbies Congress on ANCSA amendments, monitors land and natural resources legislation in Congress and state legislatures, coordinates AFN Land and Legislative Committees, and is in charge of AFN in absence of the President. Mr. Angapak holds a Masters Degree in Urban Studies from Antioch College/West, 1976-1978 and a Bachelors Degree in Mathematics and History, Fort Lewis College, 1965-1970. He also holds a degree in Theology, Golden Gate Theological Seminary, 2002. He is fluent in Yupik, and has served on the Boards of the Calista Native Corporation, Alaska National Bank of the North, Tuntutuliak Land, Ltd, Linfield College, First Native Baptist Church, Alaska Baptist Family Services. He has been an advocate for Alaska Native Veterans' issues for over 30 years. Mr. Angapak resides in Anchorage, Alaska.

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Doris Browne, M.D., M.P.H., Colonel, USA (Retired)  
African American

Dr. Doris Browne, retired from the US Army with 27 years of service at the rank of Colonel. She is currently the Senior Scientific Officer of the Breast and Gynecologic Cancer Research Group, Division of Cancer Prevention, National Cancer Institute, in Bethesda, Maryland. She is President and CEO of Browne and Associates, Incorporated, Washington, D.C. Dr. Browne is affiliated with the Tougaloo College Board of Trustees, a former member of the American Red Cross National Capital Chapter, Intercultural Cancer Council Governing Board, Leadership Washington, and Trinity Episcopal Church. Dr. Browne holds a M.D. degree from Georgetown University School of Medicine (1979); M.P.H. in Health Education from University of California at Los Angeles School of Public Health; and a B.S. in Biology, Cum Laude from Tougaloo College. She resides in Washington, D.C.

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Alexander Y. Chan, USN  
Asian American

Mr. Chan was born in Canton, China. He grew up in Hong Kong and immigrated to the United States at the age of 16. He has devoted 30 years of service to the federal government. Mr. Chan is currently a Senior Enforcement Officer and Certified Internal Auditor in the Federal Communications Commission's Enforcement Bureau. He worked for the Internal Revenue Service for 11 years as an Internal Revenue Agent and also worked for U.S. Customs. He served in the US Navy as an Inventory Specialist. Mr. Chan served as President of the Federal Asian Pacific American Council (FAPAC) from 2001–2003. He has a Bachelor of Arts and a Graduate Certificate from the City University of New York and from Long Island University. Mr. Chan resides in Fairfax Station, Virginia.

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Julia J. Cleckley, Brigadier General, USA (Retired)  
African American

BG (Ret) Cleckley served in numerous positions during her military career including Reserve Officer Training Corps (ROTC) Professor of Military Science at Hampton University, Hampton, VA and as the Army National Guard Advisor at Fort Eustis, VA. In 1987, she was assigned to the National Guard Bureau, Military Personnel Management Branch and went on to manage over 44,000 federally recognized officer promotions for the Army National Guard. She also served on the Department of the Army Staff at the Pentagon. BG (Ret) Cleckley served as the Special Assistant to the Director, Army National Guard from July 2002 thru September 2004. As Special Assistant for Human Resource Readiness, she assisted the Director with human resources programs and policies that affected over 350,000 Army National Guard citizen Soldiers. BG (Ret) Cleckley is currently Director of Armed Forces Education with University Alliance. She resides in the Washington, D.C. area.

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John W. Jelks, Senior Master Sergeant, USAF (Retired)  
African American

Mr. John W. Jelks retired from the Air Force after 20 years of service at the rank of Senior Master Sergeant. He earned seven Air Force citations and one Department of Defense award for meritorious service. Senior Master Sergeant Jelks is currently the Installation Management Program Officer with NGA, Property & Emergency Management (SIOM). He has a Bachelor of Science Degree in Workforce, Education, & Development from Southern Illinois University. He is an active member of the National Defense Transportation Association, Southern Illinois University Alumni Association, and Blacks In

Government. Senior Master Sergeant Jelks is also a lifetime member of DAV, a member of AMVETS, American Legion, and The Retired Enlisted Association. He resides in Dale City, Virginia.

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Shoshana N. Johnson, Specialist, USA  
Hispanic

Ms. Shoshana Nyree Johnson, a second-generation Army Veteran, was born in the Republic of Panama to Panamanian. She attended the University of Texas at El Paso, and later joined the US Army in September 1998. In February, 2003, Specialist Johnson received orders to deploy to Iraq as a Food Service Specialist, (92G) with the 507th Maintenance Company, 552 Battalion 11th Brigade. On March 23, during Operation Iraqi Freedom, Specialist Johnson was in a convoy that was ambushed in the city of an-Nasiriyah. Specialist Johnson received a bullet wound to her ankle, causing injuries to both legs. She and 5 other members of the 507th Maintenance Company were captured and taken Prisoners of War. House raids conducted by U.S. Marines Corps in the city of Samarra, Iraq, resulted in the successful rescue of seven POWs on the morning of April 13. Specialist Johnson retired from the Army on a Temporary Disability Honorable Discharge on December 12, 2003. US Army officials identified Johnson as the first female POW of Operation Iraqi Freedom, and the first black female POW in US war history. Since her return to the United States, Specialist Johnson has received numerous awards, and recognition for her courage, valor, and service to the United States. She resides in El Paso, Texas.

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Furnie Lambert, Jr., Master Gunnery Sergeant, USMC (Retired)  
American Indian, Lumbee Tribe

Mr. Furnie Lambert, Jr. retired as Master Gunnery Sergeant from the Marine Corps with 28 years of service. He is a member of the Lumbee Tribe of North Carolina. Mr. Lambert currently serves as the Chairman of Veterans Affairs Committee for the Lumbee Tribe of North Carolina. He is an active member of VFW Post 2843, American Legion Post #117, and is the Chairman of the Lumbee Warriors Association. He graduated from Prospect High School in Maxton, North Carolina and attended Robeson Community College. Mr. Lambert resides in Maxton, North Carolina.

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James T. McLawhorn, Jr.  
African American

Mr. McLawhorn has developed innovative programs to improve the quality of life for thousands of disadvantaged persons in the Midlands of South Carolina. He also serves as a catalyst to improve race relations and diversity in the community. He spearheaded the establishment of the South Carolina Race Relations Commission. He has provided more than twenty years of leadership in social policy planning and human service development. Mr. McLawhorn was a Housing and Transportation Planner and an Assistant Director for Employment and Training for the city of Charlotte, North Carolina. He also taught social planning as an Adjunct Instructor at the University of North Carolina. Mr. McLawhorn is presently the President and Chief Executive Officer of the Columbia Urban League in Columbia, South Carolina. He has held this position since 1979. Mr. McLawhorn has been extensively recognized for his social activism. Awards received include: United Black Fund Chairman's Award, 2005; Wil Lou Gray Award for Youth Leadership, 2003; Trailblazer Award, Alpha Kappa Alpha South Atlantic Region, 2000; National Urban League President of the Decade, 1999; National Urban League Whitney M. Young, Jr. Leadership Award in Race Relations, 1996. Mr. McLawhorn resides in Columbia, South Carolina.

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Attorney Kerwin E. Miller, Commander, USN (Retired)  
African American

Attorney Miller serves as the first Director of the newly-established District of Columbia Office of Veterans Affairs, within the Executive Office of the Mayor. He was appointed, by Mayor Anthony A. Williams, in October 2001, and was unanimously confirmed, by the Council of the District of Columbia. As the Director, he oversees the management and daily operation of the office which provides advocacy support and benefits assistance and information to Veterans, their dependents, and their survivors concerning federal and District laws and regulations affecting Veterans' benefits and claims. Prior to his appointment, he was responsible, for representing Veterans, before the United States Court of Appeals for Veterans Claims. Attorney Miller was also an attorney, in the Department of Veterans Affairs Office of General Counsel, for seven years. Attorney Miller is a retired surface warfare Naval Reserve Commander, who completed twenty-eight years of honorable active duty and reserve naval service. He served, on active duty, as the Office-In-Charge, of the USNA Pawcatuck (TAO-108), and for six years, as a naval reservist, in the Office of the Naval Inspector General. Attorney Miller earned a Bachelor's of Science Degree, in Political Science, from the U.S. Naval Academy. He graduated Cum Laude from the Howard University School of Law in Washington, D.C., where he received a Juris Doctor Degree. He also earned a Master of Laws Degree, from the George Washington University National Law Center. Commander Miller is an

active member of the National Association of Black Veterans and the American Legion. He resides in Washington, D.C.

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James H. Mukoyama, Jr., Major General, USAR (Retired) \*  
Japanese-American

Major General Mukoyama is retired from the Army Reserve after more than thirty years of dedicated service in both the active Army and Army Reserve. He culminated his career as the Deputy Commanding General of the U.S. Army Training and Doctrine Command at Fort Monroe, Virginia. During his five years on active duty, General Mukoyama served as a platoon leader in the Republic of Korea and as an infantry company commander in the 9th Division in Vietnam. In September of 1970, General Mukoyama left active duty and joined the Army Reserve. General Mukoyama was the youngest general officer in the entire U.S. Army when he was promoted at age 42 to Brigadier General in 1987, and subsequently the youngest Major General when he received his second star three years later. In 1989, General Mukoyama became the first Asian American in the history of the United States to command an Army division. His 70th Training Division, located in Michigan and Indiana, was the first Army Reserve Training Division ever to be mobilized at Fort Benning, Georgia, when it was called upon to participate in Operation DESERT STORM in January 1991. General Mukoyama is the Executive Vice President and Chief Compliance Officer of Regal Securities, Inc. in Glenview, IL. He holds a B.A. in English from the University of Illinois and a M.A. in the Teaching of Social Studies from the University of Illinois. He is active in numerous Veteran and community organizations. General Mukoyama resides in Glenview.

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Blandina R. Peterson, Sergeant Major, USA (Retired)  
Asian American

Ms. Peterson recently retired from the U. S. Army in January 2006 as a Sergeant Major, after serving 29.5 years as an active duty soldier. As a soldier, Sergeant Major Peterson served in several progressive leadership positions allowing her to lead from the front as a Drill Sergeant for Basic Training and at the U. S. Army Drill Sergeant School, Paratrooper, 82nd Airborne Division and XVIII Airborne Corps, Platoon Sergeant, First Sergeant, Base Support Battalion Sergeant Major and finally as an Equal Opportunity (EO) Sergeant Major. Her experience also includes Master Fitness Trainer, an Inspector General Manager and a mediator. The culmination of her military career as an EO Sergeant Major afforded her an opportunity to excel in 2 assignments: managing Army EO programs for an Army major command throughout Hawaii, Japan and Alaska and managing EO training at the Department of Defense's EO school, the Defense Equal Opportunity

Management Institute (DEOMI), Patrick Air Force Base, Florida. Since January 2006, she has worked in the Equal Employment Opportunity (EEO) Field as an EEO Specialist/Diversity Program Manager for the National Institutes of Health, Bethesda, MD; an EEO Advisor/Senior Human Resources Specialist for MPRI, L3 Communications, Alexandria, VA; and currently, she serves as a Complaints Adjudication Program Manager for the EEO Office, Department of Defense, Bolling Air Force Base, Washington, D.C. She has two masters' degrees: Human Resources Development and Management/ Leadership. Sergeant Major Peterson is a member of the Society of Human Resources and a former Toastmaster. She resides in Manassas, Virginia.

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Lupe G. Saldana, Captain, USMC  
Mexican American

Mr. Saldana was born and raised in Corpus Christi, Texas. He attended the University of Corpus Christi and after graduation he began his public service career as a Commissioned Officer in the U.S. Marine Corps from 1965 to 1971. He rose to the rank of Captain while serving a tour of duty in Vietnam in 1968. Mr. Saldana resigned his commission as a Regular Marine Corps Officer in 1971, while stationed at Headquarters Marine Corps in Washington, DC, to become a public servant and an advocate for Veterans' issues. He joined the American GI Forum in 1972 and was elected Washington DC State Commander in 1974 and National Commander in 1979. On October 2005, the Secretary of Veterans Affairs, James Nicholson, appointed him to serve as a Secretarial Appointee on the Advisory Committee on Women Veterans. On November 2007, he was elected to the Executive Committee of the Veterans' Entrepreneurship Task Force (VET-Force). Mr. Saldana has a bachelor's degree in Business Administration and Economics and a graduate Certificate in Urban Affairs from American University. In 1984, he completed the Contemporary Executive Development Program for Senior Executives at George Washington University and the Washington Executive Seminar at the USDA Graduate School in June 1986. On May 2006, Mr. Saldana retired from Public Service. He resides in Fairfax Station, Virginia.

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Antonio "Tony" Taguba, Major General, USA (Retired)  
Asian American

Major General (MG) ANTONIO "Tony" M. TAGUBA served 34 years on active duty until his retirement on 1 January 2007. He has served in numerous senior leadership and staff positions most recently as Deputy Commanding General, Combined Forces Land Component Command during Operations Iraqi Freedom in Kuwait and Iraq, as Deputy Assistant Secretary of Defense for Reserve Affairs,

and as Deputy Commanding General for Transformation, US Army Reserve Command. Born in Manila, Philippines in 1950, he graduated from Idaho State University in 1972 with a BA degree in History. He holds MA degrees from Webster University in Public Administration, Salve Regina University in International Relations, and US Naval War College in National Security and Strategic Studies. He serves as Chairman of the Pan Pacific American Leaders and Mentors (PPALM) group-an advocacy group committed toward increasing and maintaining representation of Asian American military and civilian leaders in the US Army. He is also an advocate and ardent supporter in gaining Congressional passage of the Filipino World War II Veterans Equity Bill. He is currently the Vice President, Army Account for SERCO Inc with headquarters in Reston, Virginia. He resides in Alexandria, Virginia.

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Debra L. (American Horse) Wilson, Staff Sergeant, USMC \*\*  
Lakota Oglala Sioux

Ms. Wilson is a Lakota Oglala Sioux; her family name is American Horse. She is a former Marine who was honorably discharged in August 1982 at the rank of Staff Sergeant, E-6. Her family has a long tradition of service to the country. Her father, brothers, sister, nephew and husband all served in the United States Marine Corps. Ms. Wilson's duty stations included Headquarters Women Marine Company, Arlington, Virginia. She was assigned to the Dress Blue Detail at the White House, Commandant's House, Pentagon and Iwo Jima Memorial. She was then assigned to Camp Zukeran 3rd Marine Division, 2nd Battalion, Okinawa, Japan. She was subsequently assigned to Recruiter School in San Diego, California. Of interest, she was the only woman in the class. Her subsequent duty station was as a recruiter 1st Marine Corps District, Buffalo New York. Ms. Wilson's awards include: Marine of the Quarter, two Good Conduct Medals and a Meritorious Unit Commendation. Ms. Wilson worked in a variety of assignments at the Department of Veterans Affairs. She has been a Vocational Rehabilitation and Education Coach; Veteran's Claims Examiner; Public Affairs Officer and a management analyst in Equal Employment Opportunity for the Director of the VA Regional Office in Muskogee, Oklahoma. In that capacity she served as the program manager for the regional office's special emphasis programs to include: Minority Veterans Program Coordinator, Women Veterans Coordinator; Oklahoma State Veterans Program, Veteran Service Officers Liaison, EEO Program Manager, and Native American Program Coordinator. Ms. Wilson was also a program analyst in the Center for Minority Veterans and served as the American Indian Veteran Liaison for the Center. Ms. Wilson currently works for the Cherokee Nation Gaming Commission in Tahlequah, Oklahoma as their compliance officer. She continues to outreach to Cherokee Veterans throughout Cherokee nation by assisting them with their claims, providing information on their benefits and helping them to interact with the Department of Veterans Affairs. Ms. Wilson resides in Tahlequah, Oklahoma.

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Dan Winkleman  
Alaska Native

Mr. Winkleman is a Deg Hit'an Athabascan Indian from Anchorage with family originally from Shageluk and McGrath, Alaska. He is Vice President for Administration & General Counsel for the Yukon-Kuskokwim Health Corporation (YKHC) located in Bethel, Alaska. Although Mr. Winkleman is not a Veteran, he was raised having a deep respect and admiration for our Veterans. This is especially true, since his grandfather was an Alaska Scout in the Aleutian Campaign of World War II, and that many other family members have served since. At YKHC, Mr. Winkleman is responsible for all governmental affairs, organizational development, various administrative departments, and is chief counsel to the Corporation on all legal and regulatory matters. His main practice areas include health, corporate, employment, business, federal Indian law and various business counsel matters. Mr. Winkleman received a Bachelors of Science degree from the University of Oregon, and a Juris Doctor from the University of New Mexico. He is a member of the Alaska and Federal Bar Associations, as well as the American Health Lawyers Association. He resides in Bethel, Alaska.

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Irene M. Zoppi, Lieutenant Colonel, USAR  
Hispanic American

Lieutenant Colonel Irene Zoppi, USAR is an Adjunct Professor at the College of Notre Dame, Strayer University, and the Command General Staff College, where she teaches education, culture and language, leadership & acculturation, business, and tactical-operational-strategic courses at undergraduate, graduate, and military senior rank levels. Dr. Zoppi is a Lieutenant Colonel in the U.S. Army (Reserve) with expertise in the military intelligence, civil affairs, and public affairs fields with a current TS-SCI clearance. She holds a Ph.D. in Education Policy, Planning, and Administration from the University of Maryland; a Master's in Business Administration from Johns Hopkins University; and Bachelor of Arts in Modern Languages from the University of Puerto Rico. Dr. Zoppi is a Gulf War Veteran with 20 years of service both in the U.S. Army -Active and Reserve, from which she retires this year. She began as a Private First Class in 1985, later became a commissioned officer, served in intelligence and in civil and public affairs, and graduated from some of the military's most significant leadership courses: Combined Arms Staff Service Course and Command & General Staff College. She serves as a Fellow for the Consortium Research Fellow Program at the U.S. Army Research Institute for the Behavioral and Social Sciences, where she provides technical and analytical research support to the Leader Development Research Unit. Dr. Zoppi resides in Crofton, Maryland.

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\* Denotes Chairman

\*\* Denotes Vice Chairman