

*REPORT OF THE ADVISORY
COMMITTEE ON MINORITY
VETERANS*



Annual Report

JULY 1, 2010

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Advisory Committee on Minority Veterans (ACMV)

Executive Summary

The 2010 Report of the Advisory Committee on Minority Veterans provides the Committee's assessments, observations, recommendations and rationales that addressed the Department of Veterans Affairs' (VA) **top 5 priorities** as they relate to minority Veterans and their families:

- Eliminating Claims Backlog
- Improving Access to Health Care
- Veterans Employment
- Post 9/11 GI Bill
- Eliminating Veterans Homelessness

In accordance with Public Law 103-446 and VA Charter on the Advisory Committee on Minority Veterans dated March 17, 2010, the committee met the minimum requirements of two meetings per year. This minimum requirement is not adequate to substantially conduct assessments and observations on minority Veterans, and provide recommendations to the Secretary and the Department. We will submit a request for an additional meeting requirement thru the Center for Minority Veterans (CMV). The ACMV must be given added capability to enable VA in its Transformation 21 initiatives. In addition, the Committee subscribes to VA's seven core values in supporting our Veterans and their families.

The ACMV held its first of two meetings on November 2-5, 2009 at VA Central Office (VACO) and received briefings from Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), National Cemetery Administration (NCA) and select staff program proponents. Ex Officio members from the Department of Health and Human Services (HHS), Department of Defense (DoD), Department of Labor (DOL) and Department of Commerce provided briefings. The second meeting was held on April 12-15, 2010 at the San Diego VA Health Care System (VAHCS), San Diego VA Regional Office (VARO), and Ft Rosecrans National Cemetery.

The intent of the Committee's meetings was to assess, observe, and query on the effectiveness of the **top 5 priorities** with emphasis on minority Veterans. The Committee was also exposed to other significant issues that affect all Veterans, but to a larger degree, minority Veterans. These include Outreach, Diversity in Senior Management Levels, Small Business opportunities

and Collection of race/ethnicity data. From the Committees perspective, disparities exist in these issues which are outlined in this report.

The 2010 report contains 25 recommendations that include several recurring recommendations from the 2008 and 2009 reports. They are the following:

- 1) Lack of Race and Ethnicity Demographic Data.
- 2) Emphasis on minority Veteran Participation in Veteran Owned Small Businesses (VOSB) & Service Disabled Veteran Owned Small Businesses (SDVOSB).
- 3) Lack of Diversity in Senior Management.
- 4) Lack of Targeted Outreach Activities to minority Veterans.

What is unclear is the VA staff proponents' response of '**CONCUR IN PRINCIPLE**' which was highlighted throughout the ACMV 2009 report. While the Committee fully appreciates the Department's responses, we request clarification on this term, for future reference as the ACMV continues with its efforts to assist the Secretary, and the entire Department, in articulating VA priorities and Transformation 21 initiatives to Veterans, their families, and to the public in general.

The ACMV respectfully requests that responses from VA proponents include specific data and updates to the recommendations. In addition, we also request that the proponents articulate their responses during the ACMV annual meeting normally held in November of each year at VACO. This will be very helpful in preparing the ACMV for their offsite visit which is normally scheduled in April of each year.

The Committee commends the senior leaders at the San Diego VAHCS, San Diego VARO, and Ft. Rosecrans National Cemetery for their receptiveness to the Committee's recommendations and for their outstanding support and services to the Veterans and their families in the San Diego area.

In summary, the ACMV's recommendations and observations provide essential information to the Department on the effectiveness of health care and benefits services delivery to Veterans and their families. The members of the ACMV are Veteran advocates and an extension of the Secretary's staff. They are able to gain first hand information from Veterans and their families on how best to provide services to them.

We truly appreciate the Secretary's confidence in the Committee's work and the Department's responses to the annual report. We also look forward to improving the Committee's dialogue with you, your staff, Veterans, and their families.

Part I – Recommendations

The Advisory Committee on Minority Veterans (ACMV)

November 2-5, 2009: Washington, D.C.

April 12 – 15, 2010: San Diego, CA

BACKGROUND

The ACMV's annual meeting in Washington, D.C. on November 2-5, 2009, and site visit in San Diego, CA on April 12-15, 2010 were successful in receiving information from VA Leadership and measuring that information to program execution in the field. Based upon the ACMV's assessment during the site visit and comparing the information with previous site visits, several issues and/or concerns continue to be common themes and they remain unresolved. In order to better serve minority Veterans and their families and to ensure minority Veterans are able to make informed decisions about the benefits and services this great country owes them, the ACMV submits the following recommendations to Secretary Shinseki for consideration and action.

The Committee's principle focus was on the Department's **top 5 priorities** as they relate to minority Veterans and their families: a) Eliminating the claims backlog; b) Access to health care; c) Veterans employment; d) Post 9/11 GI Bill; and e) Eliminating Veterans homelessness. The site visit also included a Veteran Service Organization (VSO) panel discussion and a Town Hall meeting to engage the Veterans and Veterans' family members on their specific concerns regarding these priorities. The Committee's assessment, recommendations, and rationales are outlined below.

PRIORITY 1. ELIMINATING CLAIMS BACKLOG

RECOMMENDATION 1: Utilize the San Diego VARO as the model for Claims Quick Start Processing Program throughout VBA.

Rationale: San Diego VARO is one of the 2 Quick Start Processing sites which completed 2.1% more claims in FY2009. Under this program, pre-discharge claims submitted by service members are processed from 1 to 59 days from discharge. San Diego VARO's processing rates have significantly improved to an average of 144.8 days in FY2009 from 154.7 days in FY2008, and exceeded the VA standard of 150 days. Recently, San Diego VARO have also instituted a three part expeditious initiative program to address the VA claims backlog: a 'Strike Team' to eliminate all past due claims implemented on April 5, 2010; a 'Partnership Pilot' to improve rating interaction by building a hybrid team of Veterans Service Representatives (VSR) and Rating Veterans Service Representatives (RVSR) to rapidly process rating actions implemented on April 2, 2010; and an 'Express Lane' to rapidly move claims with 3 or less issues to be initiated by mid- April 2010. These initiatives reflect an aggressive approach by

an innovative and energetic team at the San Diego VARO to help eliminate the mounting backlog of 1.1 million claims in 2010.

VA Response: Concur- VA is using a multi-pronged approach to improve claims processing. The approach relies on three pillars: changing the business culture, reengineering business processes, and integrating technology and infrastructure. Local initiatives, such as the San Diego Regional Office’s (RO’s) enhancements to their Quick Start Program, are providing feedback for transforming our disability claims processing system.

Nationally, there are initiatives for improving claims processing. The “Quick Pay” initiative at our St. Petersburg RO is designed to identify and pay Veterans at the earliest point in time when claimed disabilities are substantiated by evidence we already have on record. The Little Rock Compensation Claims Processing Pilot began in July 2009, following completion of the VBA Claims Development Study by Booz Allen Hamilton. The Little Rock pilot focused on a “Lean Six Sigma” approach to streamlining current processes. In addition, four ROs are testing the concept of an “Express Lane” to expedite single-issue claims to improve overall processing efficiencies and service delivery.

VA will continue to harvest the knowledge, energy, and expertise of our employees, VSOs, and private and public sector organizations to find ways to accomplish a claims process transformation.

Actions to implement:

VBA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Through on-going pilot initiatives, VBA will explore various claims processing programs to evaluate the effectiveness on timeliness and quality.	OSP	OFO C&P	VBA tested the quick pay claims initiative in St. Petersburg Regional Office to determine the impact on claims processing.	Ended	Elements being considered for national deployment
			VBA conducted the Little Rock claims processing pilot from July 2009 to November 2010. This pilot explored processing claims focused on a Lean	Undetermined	Operational

			<p>Six Sigma approach. The concept was advanced to the Montgomery RO where a pilot ran from October 2010 to January 2011. Another pilot is planned for the Chicago RO.</p> <p>VBA will continue expansion of the "Express Lane" program, which expedites single issue claims to improve the overall processing efficiencies. Express lane processing will be available at four ROs in pilots running at least 90 days.</p>	<p>May 1, 2011 (approx.)</p>	<p>Operational</p>
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RECOMMENDATION 2: Expedite the completion of the Filipino Veterans Equity Compensation (FVEC) program and fast track (as a separate process) the appeals process for Filipino Veterans who were denied their claims.

Rationale: The FVEC claims process conducted in Manila VARO, manually process handled and coordinated with the DoD's National Personnel Records Center and Philippines Office of Veterans Affairs, is largely a military service verification process and non-rated. Several issues have been addressed to Veterans Benefits Administration (VBA) and Manila RO regarding slow notification to Veterans on receipt of claims, lost claims, and re-submissions. As of June 1, 2010, Manila RO made decisions on 33,226 claims and approved payments totaling approximately \$188 million of the \$198 million appropriated by Congress in FY 2009. Another 7,969 claims are pending at Manila RO for decision. Another 17,632 claims have been denied by Manila RO and assume the Veterans will appeal their denials. The expected completion date for the FVEC claims is October 1, 2010 largely based on the assumption that additional funds will be made available for the remaining claims being processed. The claims appeals will be routed to the Board for Veterans Appeals. This Appeals process must be fast tracked for non-rated appeal or risk being backlogged for an average of 700 days. These Filipino-American WWII Veterans have an average age of 89-92 years old. Time is not on their side. See Table 1 below.

This issue was raised at the ACMV Town Hall meeting in San Diego on April 13, 2010.

Of note, a meeting on February 25, 2010 was held with the Acting Deputy Under Secretary for Benefits, Chairman of the Advisory Committee on Minority Veterans, and attended by senior officials from VBA, Center for Minority Veterans, and Filipino Veterans advocates. Issues discussed included:

- Assisting VBA and Manila RO on their outreach programs;
- Clarification on the FVEC appeals process;
- Actions to address additional funding for the remaining claims and
- The issue of FVEC claims approval whereby the Veteran and survivor passed away during the course of their claims submission and approval.

As of June 1, 2010, no follow up action from this meeting with VBA has been provided. Accordingly, VBA has requested a legal review from the VA Office of General Counsel on the recommendation to have a small group meeting between FVEC advocates and VBA. No ruling has been made since March 2010.

Table 1- Filipino Veterans Equity Compensation (FVEC) as June 1st 2010

Status	Number	Percentage
Claims Received	41,195	100%
Claims Granted (\$9000)	7,603	18.5%
Claims Granted (\$15,000)	7,991	19.4%
Claims Denied	17,632	42.8%
Claims Completed	33,226	80.7%
Claims Pending	7,969	19.3%

VA Response: Concur- VA has expedited all Filipino Veterans Equity Compensation (FVEC) claims. The Manila Regional Office hired sixteen people to process claims and made the first payment within 45 days of the bill becoming law. The Manila RO has established a “fast track” lane for the FVEC appeals and has already processed almost half of all FVEC appeals received.

To date, the Manila RO has received 2,373 FVEC Notice of Disagreement (NOD), processed 1,112, sent 103 to Board Veterans Appeals (BVA) and had 4 sent back from BVA. To date, none of Manila’s FVEC decisions have been overturned by BVA.

Information sessions were held in several locations to provide Filipino Veterans an update on the progress being made on FVEC claims, to provide individuals

information on their specific claims, and to clarify the appeals process. These sessions were held as follows:

- Honolulu, HI- July 26, 2010
- Los Angeles, CA- July 28, 2010
- San Francisco, CA- July 29, 2010
- Seattle, WA- July 30, 2010
- Chicago, IL- August 6, 2010

Filipino Veterans Equity Compensation (FVEC) as of December 23, 2010

Status	Number	Percentage
Claims Received	41,429	100%
Claims Granted (\$9000)	8,878	21.4%
Claims Granted (\$15,000)	8,914	21.5%
Claims Denied	23,442	56.6%
Claims Completed	41,234	99.5%
Claims Pending	1,366	.03%

Actions to implement:

VBA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Expedite all Filipino Veterans Equity Compensation Claims	Manila Regional Office	OFO	Hire 16 additional FTE		Completed
Provide additional guidance on the Filipino Veterans Equity Compensation claims appeals process			Conduct Informational sessions	7/2010	Completed

PRIORITY 2. ACCESS TO HEALTH CARE

RECOMMENDATION 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 large minority Veteran populations exists. [See Appendix A - Veteran Specific San Diego County Demographics]

The Department should develop a mechanism that will capture the utilization rates by race, gender, and ethnicity by 2012. The implementation of this element should start in those areas where there are 30% or more minority Veterans in the catchment area (e.g. Los Angeles VAMC – 44%; Chicago VAMC – 56%; San Diego VAMC - 44%; New York City VAMC – 42%; and Hampton VAMC – 35%).

Rationale: This is a recurring recommendation, last reported in July 2009 ACMV report with a concurrence in principle by VACO. Additionally, VBA stated there was not a demonstrated need for full-time MVPCs. However, according to the Town Hall meetings, annual site visits, and based on data from FY10 first quarter MVPC reports) there is clearly a need for more MVPCs. For example, the MVPCs in Veterans Health Administration (VHA) served an average Town Hall seventy-five (75) hours/quarter and those in VBA and NCA served an average twenty-four (24) hours/quarter targeting outreach activities. Moreover, there remains a significant number of MVPCs that continue to serve on a collateral duty basis, which directly competes with critical outreach and education activities, specifically when the collateral duties involve production.

According to the VA's strategic plan and challenges of transforming the department to capture opportunities to meet the needs of the 21st century, it is critical that we increase targeted outreach activities. By operating in a manner that is consistent with VA's guiding principles of Veteran centric, forward-looking and results-driven care, we can improve access to care for minority Veterans. MVPCs play an integral role in achieving the goal of increasing access, promoting effective advocacy, and providing proactive and collaborative outreach to serve the diverse range of Veteran needs, especially for minority Veterans. MVPCs are the faces of customer relations and satisfaction for minority Veterans.

VA Response: Concur In Principle- VA has designated Minority Veterans Program Coordinators (MVPCs) at each regional office, medical center and national cemetery. MVPCs report on outreach activities. All MVPCs provide quarterly input to the Center for Minority Veterans' Web based report. In addition, VA requires MVPCs to use an Outreach Submission Form to capture additional information. This online form feeds a database that monitors minority Veteran population outreach activities.

Since October 2009, MVPCs in 22 VBA Regional Offices have conducted 1676.5 hours of targeted outreach to 11,658 Veterans and 19,245 other attendees. These outreach efforts have generated 486 claims for benefits. CMV compiled 2009 statistics on VBA, VHA, and NCA MVPCs outreach activities conducted which reflect the following:

- Conducted an average total of 17 outreach hours per month

- Conducted 38,435 outreach activities/events
- Contacted approximately 1,000,810 Veterans
- 37% of Veterans seen in 2009 were minorities

Rationale for Concur In Principle Response: The VA's National Cemetery Administration (NCA) has approved a full-time MVPC position and is in the process of announcing the position. VHA currently has four full-time MVPCs and VBA currently does not have any. VBA regional offices have other outreach positions besides MVPC staff (e.g. outreach teams, homeless coordinators, women Veteran coordinators) that provide services to minority Veterans in their catchment areas. Therefore, MVPC staffing does not reflect total outreach provided to minority Veterans by VBA staff.

Actions to implement:

VBA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
VBA MVPC will conduct and track Town Hall meetings	BAS	OFO	Promote ongoing town hall events	8/2011	Operational
		CMV	VBA MVPC VACO program manager will collaborate with the Center for Minority Veterans to develop of tool kit for facilitating and marketing a town hall meeting towards minority Veterans.		In Progress
		OFO	Monitor real time input from the field VBA MVPC into VBA's online tracking database and quarterly MVPC report		Operational

VHA Action Plan

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
VHA has the only full-time MVPC positions in the Department (4)	10N	VISNs. VAMCs	Continually evaluate need for full-time MVPC positions based on local patient population.	NA	Ongoing

NCA Action Plan

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Announce full-time MVPC Position. Implement strategies in NCA strategic plan by designated dates.	NCA Office of EEO and Diversity				In Progress

RECOMMENDATION 2: MVPCs must conduct targeted outreach to the densely populated areas of the minority Veteran population and conduct at least two (2) Town Hall Meetings per year as prescribed in the VA MVPC Handbook.

Rationale: By targeting specific minority communities, MVPCs will have a higher success rate for reaching goals and completing activities as required in the VA MVPC Handbook. This will help the VA to comply with President Obama’s Open Government Directive M-10-06 dated December 8, 2009 which calls for the government to provide the public with information about what the government (VA) is doing. Specifically, this directive cities transparency, participation, and collaboration with the public to contribute ideas and parties to government agencies. Targeted outreach includes but is not limited to: Culturally appropriate community meetings and/or activities; attending meetings for targeted minority local associations and/or organizations; going to rural communities that have a large number of minority Veterans.

VA Response: Concur- VA Handbook 0801, Minority Veterans Program Coordinators, dated June 17, 2010, paragraph 4.c. (4) tasks VA facility directors to conduct a minimum of two Town Hall meetings a year.

VBA’s MVPCs are required to recognize and respond to segments of the minority Veteran population who have special needs, are underserved, or are alienated from the mainstream of our society. MVPCs work tirelessly to ensure minority Veterans are afforded equal access to and knowledge of all benefits (disability benefits, education and training, vocational rehabilitation and employment, insurance, survivors’ benefits, and home loans).

MVPCs understand that Town Hall meetings are a great forum for Veterans and their families to receive information about benefits, and other services available to them. In addition to attending Town Hall meetings, MVPCs also attend conferences and collaborate with minority serving organizations such as the League of United Latin American Citizens (LULAC), Native American Tribes, National Association for the Advancement of Colored People (NAACP), the Tuskegee Airmen, Veteran Service Organizations, non-profits, and faith-based organizations.

VHA will recommend that all Veterans Integrated Service Network (VISN) Directors and Medical Center Directors to conduct at least two Town Hall meetings yearly in accordance with the VA MVPC Handbook.

More than 130,000 patriotic citizens made their way to VA national cemeteries around the United States for Memorial Day this year. President Barack Obama and Governor Arnold Schwarzenegger were among the many public and private dignitaries who provided remarks at programs. NCA's Outreach Office has coordinated fifty-seven outreach activities targeting minority Veterans and other special emphasis groups. Each event is staffed by both Minority Veterans Program Coordinators and other staff members. By December, 2010 NCA will have attended sixteen events focused on Veterans and nineteen events focused on members of minority groups. At these outreach events, information about NCA benefits and employment is provided to the attendees.

Actions to implement:

VBA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
VBA MVPC will conduct and track Town Hall meetings	BAS	OFO	Promote ongoing Town Hall events	8/2011	Operational
		CMV	VBA MVPC VACO program manager will collaborate with the Center for Minority Veterans to develop of tool kit for facilitating and marketing a town hall meeting towards minority Veterans.		In Progress
		OFO	Monitor real time input from the field VBA MVPC into VBA's online tracking		Operational

			database and quarterly MVPC report		
			Review progress on a quarterly basis.		
VHA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
VHA will encourage that all Veterans Integrated Service Network (VISN) Directors and Medical Center Directors to conduct at least two Town Hall meetings yearly in accordance with the VA MVPC Handbook.	10 N		Review progress on a quarterly basis.		Ongoing
NCA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
MVPC's will be provided training on the VA MVPC Handbook during the bi-annual MVPC Training Conference, which will include techniques on how to conduct Town Hall meetings and enhance current outreach activities. A strategy to ensure MVPCs outreach activities are in compliance with the VA MVPC Handbook has been included in the draft NCA Strategic Plan for 2011-2015.	Office of Equal Employment Opportunity & Diversity		Review progress on a quarterly basis.	June 2011 Sept 2013	In Progress

RECOMMENDATION 3: Outreach must include minority Veterans in the print/publication media and have targeted print/and other media venues for specific minority communities.

Rationale: During the VSO panel discussion, a woman Veteran, who serves as a Veteran Service Officer for the State of California, stated that minority women Veterans were poorly represented in the print material on women Veterans. The VA's efforts to outreach and establish relationships in the minority communities would greatly be enhanced by targeting its print and other media advertising.

VA Response: Concur- Every year, VA distributes two million copies of VA Pamphlet 21-00-1, A Summary of VA Benefits, to the more than 1,300 Social Security Offices nationwide and U.S. Embassies abroad. The pamphlet is distributed in both English and Spanish. The VA website also has pamphlets and fact sheets posted in foreign languages. Outreach delivery is also enhanced through media markets with support from local minority groups using radio, television and newspapers announcements.

Medical Center MVPCs provide printed media in the form of brochures on eligibility and other VA services. VA has made a concerted effort to using all print and other media available to educate minority Veterans.

In addition, VA has published the VA-NCA-IS-1 (Interments in Department of Veterans Affairs National Cemeteries) in Spanish which is available on the Internet. Several other general information documents are also available in Spanish on the NCA Intranet for employees to distribute as needed. This year, the Presidential Memorial Certificate (PMC), a gold embossed paper certificate inscribed with the Veteran's name that bears the President's signature, honoring the memory of honorably discharged deceased Veterans is available, upon request, in Braille. When requested, copies are provided for both sighted and non-sighted family members.

Actions to implement:

VBA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Update current printed media	BAS		Update VA Pamphlet 80-10-01, Federal Benefits for Veterans Dependents and Survivors		Completed
			VBA will revise VA Pamphlet 21-00-1, A Summary of VA Benefits	August 2011	In Progress
			VBA will create targeted print materials for use by MVPC at outreach events.	Sept 2011	In Progress

VHA Action Plan

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Medical Center MVPCs provide printed media in the form of brochures on eligibility and other VA services. VA has made a concerted effort to using all print and other media available to educate minority Veterans.	10 N	VISNs, and VAMCs			Ongoing

NCA Action Plan

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Steps are currently in place	Communication and Outreach Support Division Memorial Program Service		VA has published the VA-NCA-IS-1 (Interments in Department of Veterans Affairs National Cemeteries) in Spanish, which is available on the Internet. Several other general information documents are also available in Spanish on the NCA Intranet for employees to distribute as needed.	Complete	No further action required
Already in place			This year the Presidential Memorial Certificate (PMC), a gold embossed paper certificate inscribed with the Veteran's name and bearing the President's signature, honoring the memory of honorably discharged deceased Veterans is available upon request, in Braille.	Complete	No further action required

RECOMMENDATION 4: Expand and institute the existing VA collaborative efforts with the Department of Defense/TRICARE, Department of Health, and Human Services (HHS)/Health Resources and Services Administration (HRSA), Indian Health Services (IHS), States, and Native American Tribal Health Care system, Medicare, Medicaid, and Alaska Federal Health Care in order to deliver

quality healthcare to those individuals who are dual eligible for federal and state health services.

Rationale: The ACMV fully appreciates the VA's use of advance technology and its implementation of a number of initiatives designed to communicate to Veteran communities; however, there is a need to expand these programs to provide services to Veterans residing in both rural and highly rural areas, which includes minority Veterans. Establish a tracking methodology that will identify co-managed Veterans, especially those with chronic diseases. Utilize the experience and best practices from the Transition Assistance Program (TAP) and replicate this in the VA/IHS care management program for chronic disease. This program should be expanded to include more than primary to specialty care but also include transportation, telemedicine, mobile clinics, and ancillary services, etc.

The ACMV received a briefing from HSRA, U.S. Department of Health and Human Services which outlined their wide ranging capability in providing primary health care that include coverage in rural health, maternal and child health, HIV/AIDs, pharmaceutical/drug reduced pricing, health workforce training, and state health care access. HRSA operates 7,500 health care centers nationwide in some cases located near VA operated community based outpatient clinics (CBOCs). They are funded at \$7.2 billion to deliver improved health care access. This capability should be partnered with VA to reach out to Veterans, especially homeless Veterans, rural Veterans, and women Veterans, in part to provide consistent, wide ranging coverage for health care access to minority Veterans.

The California State Indian Health Services provided a briefing that highlighted their program as minimal cost compared to the Tribal Health Care system in California. Importantly, the Tribal Health Care system provides funding to Native Americans at 92% while operating a majority of health care clinics throughout the California compared to the state's funding at 8%. The Tribal Health Care capability must also be considered as VA's partner in covering rural health and Native American health care access. American Indian Veterans comprise approximately 17,283 of the 2,131,939 Veterans in California.

VA Response: Concur- VA continues to institute collaborative efforts with DoD through direct sharing agreements, TRICARE, and the Joint Incentive Fund. The direct sharing agreements provide healthcare services, administrative services, and educational services throughout the joint markets. VHA facilities participate as TRICARE Network Providers to expand healthcare access for DoD's managed care system. The Joint Incentive Fund with over 100 funded projects promotes sharing and collaborative relationships to improve access to care, reduce healthcare expenditures, and avoid duplicative infrastructure.

There are several ongoing efforts to improve the quality, efficiency and effectiveness of the delivery of healthcare and services to Veterans, Service

members, military retirees and their families through enhanced VA and DoD collaborative efforts. VHA has established VA/DoD Sharing coordinators in each VISN and holds monthly conference calls on topical issues aimed at expansion of collaborative efforts with DoD. In addition, VHA has established TRICARE regional offices to increase VA health care collaboration with DoD beneficiaries.

Another expansion effort involves active joint venture sites across the country with extensive sharing of medical services between DoD and VA facilities. Each year, joint markets are identified and evaluated to develop and increase joint collaborative efforts where there is believed to be mutual benefit to both agencies and beneficiaries.

RECOMMENDATION 5: Establish of a chronic disease model based on race and ethnicity representative of morbidity and mortality rates seen in Veteran population and on the outcome of the extensive research performed to eliminate health disparities by the Health Services Research and Development Service (HSR&D).

Rationale: The 2009 report indicated that 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 minority and women 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 HSR&D, focuses on disparities related to race or ethnicity, socioeconomic status, and co-morbid illness in patients with conditions prevalent among Veterans, such as cardiovascular disease, Human Immunodeficiency Virus (HIV) and alcohol and substance abuse. HSR&D also funded the Centers for Disease (CDC) and Prevention and Health Interventions for Diverse Populations in Charleston, South Carolina. Accordingly, these program investigators had studied racial and ethnic variations in treatment and outcomes for chronic diseases and developed interventions to eliminate disparities and translate findings into a plan that would improve the clinical care for minority Veterans. However, a review of the internal 2009 VA Enrollee Health Care Projection Model (dated December 16, 2009) showed a projection of enrollment [Exhibit B1-1] for the next twenty (20) years that excludes the parameter for race and ethnicity. This is not a Veteran centric health care model and is inconsistent with translating research findings into enhancing the long term health and well-being of minority Veterans.

VA Response: Concur- VA's Office of Research and Development (ORD) will continue to examine VA's programs and policies that address racial and ethnic disparities, including those efforts aimed at disparities related to chronic

diseases. ORD is available to support VA program efforts that incorporate model development as a means of addressing disparities in care and morbidity and mortality. VA has been a leader in research on equal access to care for all Veterans, and has devoted significant resources and research efforts toward the reduction and elimination of health disparities in quality of care and health outcomes in VA. VA's HSR&D has emphasized and supported research related to the health and health care of minority Veterans for almost 2 decades. Recently, VA accelerated research efforts aimed at implementing innovations in clinical practice and management that will improve the quality of health care for minorities and reduce and eliminate health and health care disparities.

VA's equity research portfolio focuses on identifying disparities in care, understanding possible reasons for disparities in care, and developing interventions to reduce disparities. VA facilitates this research and the development of interventions to reduce disparities through: the support of two HSR&D research centers; evidence syntheses on racial disparities to guide future research and identify strategies for reducing health disparities; a diverse and expansive equity research portfolio; and a renewed research commitment to accelerating disparities research and the development of effective interventions to reduce health disparities in VA.

HSR&D Research Centers — Two centers are devoted to improving equity and reducing disparities in providing care for minority Veterans. The Center for Health Equity Research and Promotion (CHERP), based in Pittsburgh and Philadelphia, promotes equity and quality in health and health care among Veterans. Its specific goals are to:

- Advance the science of health equity and health services research.
- Improve the quality and equity of health care in VA through effective collaborations and dissemination of research results.
- Support health equity and health services research training and mentoring within VA.
- Maintain and enhance an organizational infrastructure and intellectual environment that promotes our mission and goals.

The Center for Disease Prevention and Health Interventions for Diverse Populations in Charleston, South Carolina, has as its mission to:

- Develop interventions for primary, secondary, and tertiary prevention of disease and its complications in Veterans.
- Develop interventions to eliminate racial/ethnic, socioeconomic, and gender disparities in quality of care and health outcomes for Veterans.
- Develop interventions to improve the health of rural dwelling Veterans.

Disparities/Equity Evidence Syntheses - The Evidence Synthesis Program, within the Quality Enhancement Research Initiative (QUERI), has advanced the agenda on racial and ethnic disparities research in VA. In the 2007, evidence synthesis, Racial and Ethnic Disparities in the VA Healthcare System, the review of 171

studies in VA documented that disparities were most common for conditions that involved some element of patient choice or more intensive decision-making (e.g. elective surgery) and for chronic conditions requiring long-term medication adherence. The overall evidence synthesis suggests that the reasons for disparities are complex and there is no clear indication that disparities are more prevalent in some clinical areas than others. A follow-up evidence synthesis is underway (due 2011) to summarize the research evidence on cultural, demographic and social factors that influence medical decision-making and adherence. This will help set a research agenda for intervention studies to improve communication, shared-decision-making and patient engagement to help reduce disparities in acute and chronic care.

Equity Research Portfolio - VA's research studies aimed at identifying, understanding and reducing disparities are diverse and expansive. Current VA research studies are examining disparities in care related to a wide array of health conditions, including joint replacement, chronic diseases such as hypertension and diabetes, kidney transplantation, end-of-life care, pain management, cancer and mental health. Individual, provider, and system level disparities are all being investigated. Studies exploring possible reasons for disparities are focused on communication, decision-making, health literacy, and the role of culture as possible factors explaining variations in treatment. Other research is aimed at developing more culturally sensitive models of care, decision-making aids and support for care giving, stroke recovery, cancer, Post-Traumatic Stress Disorder (PTSD) treatment, end-of-life care, and readjustment and reintegration for Operation Enduring Freedom/Operation Iraqi Freedom Veterans and their families. HSR&D is also supporting the next generation of disparities research targeting interventions to reduce disparities, as well as the development of better implementation strategies to translate disparities research findings into practice. These varied research studies address disparities among multiple ethnic and racial groups, most prominently between African Americans and whites, but also among different Hispanic groups as well as American Indians.

Renewed Commitment to Implementing Research into Practice - VA research has confirmed its commitment to improving the health of minority Veterans and their quality of health care in research strategic planning for the next 5 years. The VA research strategic plan identifies health equity as a priority, calling for enhanced research efforts to explore the varied, complex reasons for disparities while testing interventions to address the known factors that contribute to disparate treatments patterns in VA: provider-patient communication, health literacy and patient decision-making. This plan requires new studies to inform interventions to address disparities in chronic disease treatment and outcomes; development and testing of interventions targeting disparities; and partnerships between researchers, the QUERI program, and VA clinicians and operations to identify interventions ready for implementation and also implement these interventions into practice. VA is also conducting a conference in September

2010 aimed at speeding development of effective interventions devoted to reducing health disparities in VA, and promoting a collaborative research agenda that result in improvements in clinical practice and management that ensure equitable care for minority Veterans. Among the goals of this equity research conferences are: advancing a research agenda to inform the incorporation of disparities reduction into VA quality improvement efforts, and increasing knowledge and skills for implementing successful interventions and programs across VA.

Actions to implement:

VHA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
<p>VA's Office of Research and Development (ORD) will continue to examine VA's programs and policies that address racial/ ethnic disparities, including those efforts aimed at disparities related to chronic diseases.</p> <p>Two centers are devoted to improving equity and reducing disparities in providing care for minority Veterans. The Center for Health Equity Research & Promotion, based in Pittsburgh and Philadelphia, promotes equity and quality in health and health care among Veterans.</p> <p>The Center for Disease Prevention & Health Interventions for Diverse Populations in Charleston, SC also supports this mission.</p>	HSR&D		N/A		Ongoing

RECOMMENDATION 6: Establish an Office of Minority Veterans Health similar to the Office of Women Veterans Strategic Health Care Group, and the Department of Health and Human Services (HHS) Office of Minority Health in order to improve and protect the health of racial and ethnic minority Veteran populations through the development of health policies and programs for the benefit of minority Veterans.

Rationale: The mission of this office would be to improve and protect the health of racial and ethnic minority Veteran populations through the development of health policies and programs that will eliminate health disparities (See Rationale for Access to Health Care Recommendation 2). In addition, a model program at the Office of Minority Health Research resides at the HHS's Office of Minority Health. This office will be responsible for translating research findings into direct patient care. It will be a leadership tool designed to help guide, organize, and coordinate the systematic planning, implementation and evaluation of research efforts within VA to achieve better health outcomes relative to minority health in terms of quality of care, access to care, and overall improvement in Veteran healthcare.

In November 2009, the ACMV received a briefing from the Office of Rural Mental Health Research, National Institute of Mental Health, and from the Office of Minority Health, HHS on their National Partnership for Action program to eliminate health disparities. Both federal agencies have taken broad and bold approaches since 1986 to address long standing issues related to minority health including mental health research. Their respective programs could be value added to VA's priority of improving health care access and eliminating disparities especially to minority Veterans in the near future with close interagency partnership with National Institute of Health (NIH), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Center for Disease Control and Prevention (CDC), Indian Health Services (IHS), and Department of Defense (DoD).

VA Response: Concur in Principle- VA supports the interests of minority Veterans in the provision and advancement of health care as one of the highest priorities in patient centered services and systems of care. This is accomplished through the development, implementation and ongoing assessment of protocols that address the health and protection of racial, ethnic and gender needs in minority Veteran populations. VHA also actively recruits minority and women Veterans for employment throughout its national health care community. VHA will continue to review existing programs and collaborations in an effort to close the gap on disparities that minority Veterans may face in the clinical services they receive. Further, VHA will continue to explore various methods of determining equity in an effort to improve services to Veterans through research initiatives and quality performance measures. As a practice, VA funded- research must include a component of minority and women participants in clinical studies to ensure inclusion of the unique needs of all Veterans. In addition, VHA will continue open dialogue with the Center for Minority Veterans and Office of Women's Health to enhance programmatic processes and demonstrate commitment to minority and women Veterans.

RECOMMENDATION 7: Develop and direct a VA wide policy in the collection of demographic information. Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), National Cemetery Administration (NCA) and

Office of Policy & Planning (OPP) must utilize standards on racial and ethnic categorical data in gathering specific information from available sources/modalities in order to conduct demographic analysis. There should be a tracking of benefits utilization by Unique Users of racial and ethnic groups in the same manner that VA tracks utilization by gender and period of service.

Rationale: This recommendation was previously reported in the ACMV 2008 Annual Report and Concurred in Principle by VACO in the ACMV 2009 Annual Report. In the November 2009 briefing by OPP, they acknowledged having the capability to collect and analyze data and concurred with the recommendation regarding the importance of gathering and analyzing racial and ethnicity data. The issue is the utilization of the data and management for use within VA.

Current databases do not contain race and ethnicity data on the majority of current VA uses, therefore, the ACMV urges the VA to develop a mechanism to capture race and ethnicity data on current users, and a nationwide program to encourage Veterans to self-identify race and ethnicity to properly ascertain the level of access and utilization of VA services. One example of how this information could be used would be in the management of diabetes - - according to current VA data there were 1,232,296 diabetic patients in 2008; cost of care for these patients was \$271,835,975 for diabetes drugs [Source: VHA Support Service Center (VSSC)]. Currently, there is no accurate mechanism to identify the race or ethnicity of these patients, which if available, would enhance the promotion of Veteran-centric services for minority Veterans and assist in the elimination of health disparities. No action has been taken by OPP or other VA agencies on this important issue.

VA Response: Concur - The VA's Office of Policy and Planning (OPP) concurs with the recommendation regarding the importance of gathering and analyzing race and ethnicity data. Through the VA corporate data governance process, OPP will work with the Administrations and appropriate staff offices to develop a plan for capturing race and ethnicity data in VA. It is anticipated that a proposed methodology to gather this demographic data should be developed by the end of the fourth quarter of FY 2011.

The VA's NCA is also tracking and monitoring VA's outreach efforts to organizations that service minority Veterans. In 2010, NCA coordinated over fifteen events geared toward Veterans. NCA will continue to encourage its staff to share benefit information at not only these events but at all events where NCA staff serve as a speaker or attendee. 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. VHA collects race and ethnicity information on a voluntary basis on VA Form 10-10 EZ during the enrollment process.

Gender is readily available and used for reporting purposes. However, increasing the percentages of those reporting race and ethnicity has proved challenging due to the voluntary nature of collection of this self reported information. VA is expanding its efforts to offer more opportunities for enrollees to report this information, for example, through implementation of patient kiosks at all medical centers and other self-service solutions. This should serve to markedly increase these percentages in Fiscal Year FY 12.

Actions to implement:

OPP Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Through the VA corporate data governance process, OPP will work with the Administrations and appropriate staff offices to develop a plan for capturing race and ethnicity data in VA.	OPP			4th Quarter of FY 2011	Ongoing
VHA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
VHA is expanding its efforts to offer more opportunities for enrollees to report this information, for example, through implementation of patient kiosks at all medical centers and other self-service solutions.	HEC			End of FY 2012	Ongoing
NCA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Steps are currently in place	Communication and Outreach Support Division		NCA is also tracking and monitoring VA's outreach efforts to organizations that service minority Veterans. In 2010, NCA coordinated	Complete	No further action required

			over fifteen events geared toward Veterans. NCA will continue to encourage its staff to share benefit information at not only these events but at all events where NCA staff serve as a speaker or attendee.		
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RECOMMENDATION 8: Accelerate efforts to seek and implement ways to collaborate with Indian Health Services (IHS) to provide medical services to Native American Veterans.

Rationale: In 2004, the VHA and IHS signed a Memorandum of Agreement (MOA). In November 2009, members of the ACMV attended Senate hearings that were conducted to determine what had occurred since the original signing of the MOA. It was clear to the Senate members and to the ACMV that little has been done to enhance collaboration and to provide medical services for Veterans who are eligible for both services.

VA Response: Concur- In 2003, The VA’s Veterans Health Administration (VHA) and the Indian Health Service (IHS) signed a Memorandum of Understanding (MOU) that to date has resulted in 8 VHA-IHS facility partnerships and 44 VA medical centers (VAMCs) providing traditional practices on site. The steady increase in the number of VAMC MOUs, agreements and partnerships, to better serve Native American Veterans has paved the way for a dramatic increase in the amount and variety of services to Native American Veterans beginning in 2009.

Since 2009, VHA has partnered with IHS and Tribal organizations to co-locate 14 Home Based Primary Care Teams (HBPC) at IHS or Tribal facilities in 9 states, with another 3 HPBC teams being reviewed for activation before the end of FY 2010. VHA has also co-located Telehealth and Telemental health units at IHS and Tribal facilities in Utah, Colorado, Montana, Idaho and Alaska with additional units being considered in Washington, Oregon, South Dakota, New Mexico and Arizona.

In May 2010, the Secretary of VA and the Director of IHS met and agreed to establish a work group to update the 2003 MOU to reflect a more accelerated approach to partnership between VHA and IHS. The work group is in the process of updating the MOU and identifying short and long range goals for both organizations. The new MOU will facilitate even broader collaboration between IHS and VA. Work on the MOU is expected to be completed and signed by September 30, 2010.

Actions to implement:

VHA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Solicit action items and timelines from each MOU work group (March 1, 2011).	Office of Rural Health (10A5)		Contact MOU work group leaders and ask them to send in action items and corresponding timelines for their groups.	Jan 21, 2011	Ongoing
Coordinate MOU work group activities.			Participate in MOU work group teleconferences and meetings to provide guidance to work group committee members and to stay abreast of work group activities.		Ongoing
Ask each VISN to complete a Native Veteran Initiatives Inventory template twice a year.			Request that VISN Directors complete the Native Veteran Initiatives Inventory template on a biannual basis.	Jan 2011 & July 2011	Ongoing
Extract information from the Native Veteran Initiatives Inventory to create a database and complete a report based on information from this inventory.			The Office of Rural Health will carefully review the Native Veteran Initiatives Inventory template and extract applicable data to develop a database and complete a report based on information supplied in the templates.	March 2011 & Sept 2011	Ongoing

RECOMMENDATION 9: Strongly support the FY2011 Caregivers and Veterans Omnibus Health Services Act recently signed by President Obama.

Rationale: This bill clearly provides key provisions on: 1) caregiver support stipends and training for caregivers to severely disabled Veterans, 2) mental health readjustments for Veterans regardless of when they served, 3) rural health that includes grants to Veterans groups to provide transportation for medical appointments to Veterans in highly rural areas, contracts to community mental health centers to serve Veterans, and financial incentives to VA physicians who maintain inpatient privileges at community hospitals, 4) pilot program for dental insurance to Veterans, survivors and dependents; prohibition on collecting co-payments from catastrophically disabled Veterans and increased health care

priority for Medal of Honor recipients, and 5) access provisions of up to 7 days of post natal care to women Veterans who use Veterans health care as their primary insurance.

These provisions demonstrate Congressional actions to improve Veterans access to health care especially to women Veterans and Veterans in rural areas. The implementation of this law will set the stage in major improvements toward VA delivery of services and benefits.

VA Response: Concur - The President signed the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163) on May 5, 2010. Section 204 of this law requires VA to ensure that women Veterans recently separated from service in the Armed Forces are included as members in the Advisory Committee on Women Veterans and the Advisory Committee on Minority Veterans. VA is already complying with the requirements of this provision and supports continuing participation by recently separated Service members.

RECOMMENDATION 10: Include race and ethnicity variables in the VHA Patient Enrollment Projection Model that is currently used to project patient care demands.

Rationale: Presently, this system does not include race/ethnicity. With the advent of increased numbers of minority Veterans patients, the Department must position itself to be prepared for this influx of minority Veterans and benefit from the lessons learned addressing the needs of women Veterans.

VA Response: Concur- The Enrollee Health Care Projection Model does not specifically vary enrollment, utilization and expenditure assumptions by race and ethnicity, nor does the Model provide separate estimates by race and ethnicity. However, the impact of race and ethnicity on enrollment, utilization, and expenditures is captured in the assumptions incorporated into the Model, regarding age, gender, priority, morbidity, and geographic location.

At this time, population-level data is available on the race and ethnicity of the Veteran population. However, data on the race and ethnicity of currently enrolled Veterans is limited due to the voluntary nature of this self-reported information. VA is expanding its efforts to offer more opportunities for enrollees to report this information, for example, through implementation of patient kiosks at all medical centers and other self-service solutions. This should markedly increase the percentages of enrollees reporting this data. However, the race and ethnicity of all enrollees are required in order to develop and report projections by race and ethnicity.

VHA Action Plan

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
<p>The impact of race/ ethnicity on enrollment, utilization, and expenditures is captured in the assumptions incorporated into the Enrollee Health Care Model, regarding age, gender, priority, morbidity, and geographic location.</p> <p>VA is expanding its efforts to offer more opportunities for enrollees to report this information through implementation of patient kiosks at all medical centers and other self-service solutions.</p> <p>Implement additional modalities of collecting self-reported Race/Ethnicity data.</p>	10A5/16	HEC (164)	Commence national roll-out of Kiosks to medical centers.	3 rd Qtr FY 11	Ongoing
					In Progress

PRIORITY 3. VETERANS EMPLOYMENT

RECOMMENDATION 1: Increase the staffing of the Veterans Employment Coordinators. The VA's plan to hire 105,000 positions by the end of 2011 should include plans to increase staffing levels at the regional Veterans Employment Coordination Service (VECS) offices.

Rationale: The Region 1 Veterans Employment Coordination Service (VECS) Office is comprised of a staff of 1 covering 6 states: Arizona, California, Hawaii, Nevada, New Mexico, and Utah. This area encompasses some 3 million Veterans with the majority of Veterans concentrated in California. According to the VECS coordinator, this region is target-rich for Veterans employment, but hampered by his inability to cover this wide area due to lack of staffing. During the VSO panel discussion and Town Hall meeting, the VSOs offered their assistance in Veterans employment efforts specifically in the southern California area. A partnership initiative with VSOs in the 6 state areas could enable the regional VECS to augment their mission requirements. VA VECS should explore this concept if not already under consideration. The St. Louis VFW has employed several Veterans to assist fellow Veterans on matters regarding benefits and services. VBA should exploit this model and provide training for these Veterans and claims application and appeals process. In addition, this recommendation is consistent with President Obama's Veterans Employment

Initiative announced on November 9, 2010, to transform the federal government into the model employer of America’s Veterans.

VA Response: Concur- VA has approved funding for 5 additional Regional Veteran Employment Coordinators.

Actions to implement:

VECS Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
VA has approved funding for 5 additional Regional Veteran Employment Coordinators.	VECS	HR			Ongoing

PRIORITY 4. POST 9/11 GI BILL

RECOMMENDATION 1: Expand VA’s Post 9/11 GI Bill communication and outreach plan to reach all our communities nationwide, in participating colleges and universities, Veterans and families especially in rural areas, in the Pacific and Caribbean areas, and including the military services especially in the forward deployed areas—in South Korea, Japan, Guam, Hawaii, Europe, and Southwest Asia.

Rationale: Access on the eligibility and benefits provided in the Post-9/11 Veterans Educational Assistance Act of 2008 is a significant aspect of Title V of the Supplemental Appropriations Act of 2008 legislation. Clarity on specific benefits-enrollment fees, living stipends, books, importability of benefits to family members and the Yellow Ribbon program should be articulated clearly to Veterans. This educational opportunity is valuable to minority Veterans, especially African American and Hispanic American Veterans residing in economically depressed areas which could supplement or augment their employment and enable their socio-economic situation to improve.

The San Diego VARO initiated a program where a VARO employee volunteered to be on a U.S. Navy expeditionary strike group that recently deployed to Southwest Asia in support of Operations Iraqi Freedom and Enduring Freedom for a six month deployment. This program covered over 5000 Veterans. The VARO employee who embarked with the sailors on ships during their mission requirements and provided forward deployed VA services. This program could

be modeled in concert with DoD and Military Services, Guard and Reserve, to provide forward deployed VA services in Quick Start or Fast Track programs.

VA Response: Concur- The VA’s Education Service is committed to distributing information to all Veterans and streamlining access to VA education benefit programs. The VA’s Veterans Benefits Administration (VBA) has developed a comprehensive communication and outreach plan to reach communities nationwide and military bases around the world. The plan has two objectives: conducting a nation-wide campaign to increase overall general awareness and access to VA education programs (emphasizing the Post-9/11 GI Bill) and providing eligible participants with clear and easily accessible information through the GI Bill website. Implementation of this outreach plan began in spring 2010.

During the early spring 2010 enrollment period, VA targeted students at the top participating colleges and universities with a specific outreach message to clarify the steps in applying for the Post-9/11GI Bill. On July 1, 2010, print and online advertising highlighting the Post-9/11GI Bill appeared in various publications and websites, such as the Chronicle of Higher Education, Army Times, Navy Times, and Military.com. Since July, our advertising has reached a total circulation of 7.9 million impressions including Veterans and active duty personnel. The VA is developing a print outreach and “My Success Story” video series for distribution through the Armed Forces Network (AFN) to communicate in overseas theaters of operation at military bases around the world. In addition, Education employees conduct on-the-ground outreach at hundreds of events across the country from school conferences to small unit family reunions.

Actions to implement:

VBA Action Plan -					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Conduct nation-wide campaign to increase general awareness to VA education programs.	Education	BAS	Implementation of education marketing and outreach campaign Development of “My Story”.		Completed
Provide clear and easily accessible information through the GI Bill website.			Re-developed education website.		Completed
Targeted placement of Post 9/11 GI Bill information towards military population and forward deployed.			Placement of Post 9/11 GI Bill information in Armed Forces publications and media channels.		Completed

Leverage NASCAR's strong diversity in rural and overseas military population for awareness of VA's education programs.			Sponsorship of the Post-9/11 GI Bill Car at Richmond International Speedway.		Completed
Release of "My Story" campaign overseas.			Placement of My Story vignettes on AFN through Defense Media Activity.		Completed

PRIORITY 5. ELIMINATING VETERANS HOMELESSNESS

RECOMMENDATION 1: Evaluate programs at the Veterans Integrated Service Network (VISN), VA Health Care System (VAHCS), and VA Regional Office (VARO) that have successfully outreached and contacted with homeless Veterans and seek to duplicate these programs throughout the rest of VA using collaborative efforts between VHA, VBA, NCA, VSOs, State Veterans Organizations, Military, and any other organization (public and private) that can provide service and/or volunteer efforts.

Rationale: The ACMV was impressed with the collaborative efforts exemplified by the number of organizations and/or government and state agencies that came together to provide outstanding services to help the homeless Veterans located in the San Diego area. The collaborative effort ensures that costs associated with conducting such a huge program are not saddled on one organization. In addition, joint efforts provide a much higher output of services available to the homeless Veteran and/or the Veteran's family.

VA Response: Concur- VA's VHA has been working with community agencies to provide outreach and treatment services to homeless Veterans for more than 20 years. Early on, VHA recognized that effectively addressing the multiple and varied needs of homeless Veterans rely on coordination of services from multiple sources. As a result, VHA's homeless programs have prioritized collaboration with a vast array of public and private organizations – community partners – to improve and enhance its outreach and service delivery to homeless Veterans. Since 1994, the Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) for Veterans, has enhanced the coordination of services for homeless Veterans by collaborating with community agencies and other federal, state, and local governments who provide services to the homeless to raise awareness of homeless Veterans' needs and a plan to meet those needs.

Since its inception in 1987, the Healthcare for Homeless Veterans (HCHV) outreach efforts have included active involvement with various community partners. These collaborations are key to the successful growth of HCHV outreach to 132 program sites, where staff is working to enhance efforts to

identify, rehabilitate, employ and most importantly, successfully provide permanent housing for homeless Veterans. In fiscal year (FY) 2010, over 330 HCHV outreach staff conducted approximately 42, 756 intake assessments at shelters, soup kitchens and on the streets.

Community collaboration is a key component of all homeless Veteran program activities including the residential and housing services provided in the community through Department of Housing and Urban Development – VA Supported Housing Program (HUD-VASH), Grant and Per Diem (GPD) and Compensated Work Therapy/Transitional Residence (CWT/TR), as well as the network of facility-based residential beds in the Mental Health Residential Rehabilitation and Treatment Programs (MH RRTP). VISNs and VA medical centers have developed Five-Year Plans to end homelessness among Veterans. Outreach plays a critical role in these efforts. Additionally¹ to ensure that every opportunity to reach out to our homeless Veterans is available, in March 2010 VA fully launched the National Call Center for Homeless Veterans (NCCHV). The NCCHV offers outreach 24/7 especially in underserved remote and rural areas. In FY 2010, 12,779 calls were received by the NCCHV.

All VHA Homeless and Residential Rehabilitation Treatment Programs are subject to extensive monitoring and evaluation through the Northeast Program Evaluation Center (NEPEC). National and regional conferences for VHA staff and our community partners, monthly conference calls, and regular e-mails disseminate best practices and promote discussion of further opportunities for the enhancement of homeless programs. Additionally, a management information system is being developed for the homeless programs which will augment program evaluation and promotion of best practices.

Established in 2009, the National Center on Homelessness Among Veterans is a forum to exchange new ideas; provide education and consultation to improve the delivery of services; and disseminate knowledge with other federal agencies, and community provider programs that assist homeless populations.

VA's VBA has designated a Homeless Veterans Outreach Coordinator (HVOC) at each of the 57 ROs. These HVOCs conduct outreach activities to find and engage homeless Veterans and those at-risk of becoming homeless. HVOCs coordinate with VHA, VBA, NCA, VSOs, State Veterans Organizations, Military, and any other organizations (public and private) that can provide services and/or volunteer efforts. VBA requires HVOCs to use an online outreach submission form to conduct near-real-time monitoring of the VBA homeless Veteran outreach. Through the ROs, homeless claims are prioritized and handled expeditiously so that claims are rated in less than three days once they are "ready for decision." Minority Veterans facing homelessness are addressed during this process.

In addition, VA's NCA is an active member of the Secretary's Work Group on Homelessness. Presently, NCA is working with the March Joint Powers Authority, a private corporation, under an enhance use lease arrangement to develop a homeless shelter on NCA's Riverside National Cemetery property.

Actions to implement:

VBA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Identify best practices within the Regional Offices accomplished by or with the homeless Veterans outreach coordinator targeted at minority Veterans	BAS	OFO	Review quarterly submission of MVPC tracking and trending reports Solicit through monthly MVPC and HVOC conference calls regional "best practice" activities		Operational Operational
VHA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
In fiscal year (FY) 2009, over 330 HCHV outreach staff conducted approximately 40,000 intake assessments at shelters, soup kitchens and on the streets. All VHA Homeless and Residential Rehabilitation Treatment Programs are subject to extensive monitoring and evaluation through the Northeast Program Evaluation Center. National/ regional conferences for VHA staff and our community partners, monthly conference calls, and regular emails disseminate best practices/ promote discussion of further opportunities for the	Homeless & Residential Rehab Treatment				Ongoing

enhancement of homeless programs. VA launched the National Call Center for Homeless Veterans (NCCHV). The NCCHV offers outreach 24/7 especially in underserved remote and rural areas. In FY 2010, 12,779 calls were received by the NCCHV.					
NCA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Steps are currently in place.	Communication and Outreach Support Division		NCA is an active member of the Secretary's Work Group on Homelessness. Presently, NCA is working to establish a program that provides employment opportunities to homeless Veterans and ensures the burial of unclaimed remains of homeless Veterans.	Complete	No further action required

RECOMMENDATION 2: Implement a VA wide 'Stand Down' program modeled after the San Diego VAHCS program in existence since 1987, as a best practice for VA facilities located areas of large active duty and Veteran populations.

Rationale: San Diego VAHCS has implemented a hugely successful Stand Down program in existence for the past 23 years. This annual program is a fully integrated Veterans services capable, employee volunteer effort designed to reach out to homeless Veterans and families in the region. It is also coordinated with the US Navy and US Marine Corps commands throughout the San Diego VISN area for logistical support. With VA's Stand Down program in DC in 2010, a VA wide stand down program could reap added success in eliminating Veterans homelessness. The San Diego VAHCS model could be expanded nationally and focused in areas where homeless Veterans are concentrated, i.e., the Virginia tidewater area, Washington state/northwest region, Virginia/Maryland/DC area and in the Northeast.

VA Response: Concur- VA has looked to San Diego VAHCS' successful Stand Down model as the basis for the development and expansion of Stand Downs in recent years. Since 1988, Stand Downs have been used as an effective tool in reaching out to homeless Veterans, reaching hundreds of thousands of Veterans and their family members. In 2009, 190 Stand Downs were held serving more

than 30,000 Veterans and 4,500 family members, aided by 24,500 volunteers. Projections for this current year indicate an increase of anywhere between 5 – 10% for these numbers of participants.

In addition, VBA’s HVOC participates in VA Stand Downs, typically 1-to 3- day events, providing critical services to homeless Veterans like food, shelter, clothing, health screenings, and benefits counseling (Social Security and VA). In addition, the VA makes referrals to provide a variety of other services, such as housing, employment assistance programs and substance abuse treatment. VBA HVOCs work closely with their VA counterparts to incorporate Stand Down best practices and serve Veterans. HVOC supports multiple VAMC programs, such as the Homeless Chronically Mentally Ill (HCMI) program, Veterans Industries, and Domiciliary Care for Homeless Veterans, Comprehensive Homeless Centers, etc. In addition, HVOCs target governmental and nongovernmental organizations, like the Social Security Administration and the Department of Labor in implementing Grant and Per Diem programs for the homeless.

VA cemetery staff also participates in “Stand Down” programs throughout the nation. The Acting Under Secretary will be speaking at the “Stand Down” in Oakland, CA in August, 2010.

Actions to implement:

VBA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
VA has looked to San Diego VAHCS’ successful Stand Down model as the basis for the development and expansion of Stand Downs in recent years.	BAS	OFO			Ongoing
VHA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
VHA homeless coordinators and other VHA staff in VAMCs nationwide participate in stand down activities in conjunction with VBA and NCA counterparts.	National Mental Health		N/A		Ongoing

NCA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
NCA cemetery staff also participates in "Stand Down" programs throughout the nation.					Ongoing

ADDITIONAL SIGNIFICANT ISSUES

VETERAN OWNED SMALL BUSINESS (VOSB) AND SERVICE DISABLED VETERAN OWNED SMALL BUSINESSES

RECOMMENDATION 1: Develop a VA program to gather and analyze race/ethnicity demographic data on procurement obligations awarded to Veteran-Owned Small Businesses (VSOBs) and Service-Disabled VSOBs (SDVSOBs) to determine the degree of utilization of this program by minority Veterans and to support the requirements of Public Law 103-446.

Rationale: Public Law 109-461 gave VA unique authority to conduct set-aside and sole source procurement with Veteran-owned small businesses. In January 2008, the Secretary established an FY 2008 performance target and instituted the Performance and Accountability Report (PAR) requirements. The original goals for this program in FY 2005 were VOSB/ 10% and SDVSOB/ 7%. In FY 2009, VA exceeded these goals with VOSB being 19.68% and SDVSOB being 16.75%. However, Public Law 103-446, Section 510 requires the VA to ascertain the needs of minority Veterans with respect to programs administered by the Department. During the course of the FY 2010 site visit and during previous site visits, minority Veterans informed the Advisory Committee on Minority Veterans of difficulties they encountered when attempting to obtain contracts with the VA. Due to the absence of demographic data on Veterans utilization of this program, the Committee and the Department are not able to determine the levels of utilization of this procurement program by minority Veterans.

VA Response: Concur- Procurement data is collected and entered into the Federal Procurement Database System by the acquisition specialist who determines a winning contract bid. Additionally, VA OSDDBU is coordinating with the U.S. Census Bureau to track additional data regarding Veterans in its report, *Characteristics of Veteran-Owned Businesses*. VOSB and SDVSOB data could then be gathered and reviewed by race and ethnicity. This U.S. Census Bureau report is published every five years.

The Office of Acquisition and Logistics (OAL) will support OPP in their efforts through the corporate data governance process to provide existing required information concerning race or ethnicity.

RECOMMENDATION 2: Utilize the model of the Department of Commerce Minority Business Development Agency (MBDA) to establish a similar organization to meet the unique needs of minority Veteran business owners.

Rationale: Originally established as the Office of Minority Business Enterprise in March 1969 by presidential order, it was renamed as the Minority Business Development Agency in 1979. It is an active federal agency dedicated to advancing the development and growth of minority owned firms in the United States. Through a network of minority business centers and great strategic partners, MBDA works with minority entrepreneurs who wish to grow their business in size, scale and capacity. These firms are then better positioned to create jobs, impact local economies and expand into national and global markets. MBDA has spent more than four decades increasing the competitiveness of minority firms.

In the January 2010 study commission by MBDA and co-authored by Drs. Robert Fairlie and Alicia Robb, entitled *Disparities in Capital Access between Minority and Non-Minority-Owned Businesses: The Troubling Reality of Capital Limitations faced by MBEs*, it was determined that that limited financial, human and social resources – as well as racial discrimination – are primarily responsible for the disparities in capital. Some particular aspects of the findings include:

1. Minority-owned firms are less likely to receive loans than non-minority owned firms.
 - The denial rate for minority-owned firms with **less than \$500,000 in annual revenues** is 41.9% compared to 16% for non-minority-owned firms.
 - The denial rate for minority-owned firms with **more than \$500,000 in annual revenues** is 14.9% compared to 8.4% for non-minority-owned firms.
2. When minority-owned firms do receive financing, they are provided less money regardless of the size of their firm, and at a higher interest rate.
 - The average loan size for a minority-owned firm with **less than \$500,000 in annual revenues** is just over \$9,000 while the average loan amount for a non-minority-owned firm of the same size is more than \$20,000.
 - The same holds true for **firms with annual revenues exceeding \$500,000**—the average loan amount for a minority-owned firm is approximately \$150,000 compared to more than \$310,000 for a non-minority-owned firm.
 - Additionally, loan interest rates for minority-owned firms with gross revenues less than \$500,000 exceed 9% while non-minority-owned firms of the same size are often able to secure interest rates at less than 7%.

3. Minority-owned firms also receive smaller equity investments than non-minority-owned firms even when controlling for firm size.

- The average equity investment in a minority-owned firm earning more than \$500,000 just exceeds \$7,000; yet for a non-minority-owned firm, the average investment is more than \$19,000.

4. Yet, this same report finds that venture capital funds focused on investing in the minority business community are highly competitive.

5. Moreover, during the 2001 recession, employment at minority-owned firms increased by 4% while employment among non-minority firms declined by 7%. So had it not been for the employment growth among minority-owned firms, the job loss during this period would have been even larger.

NOTE: Minority Veterans operate their businesses in the same communities sited in the MBDA report. Therefore, in all likelihood they experience the same challenges sited in the report.

VA Response: Non Concur- The Small Business Administration (SBA) provides the Section 8(a) Program, a business development program designed to assist companies owned and operated by individuals who are socially and economically disadvantaged. Participants in the Section 8(a) Program have the opportunity to receive set-aside and in some cases sole-source contracts with any federal agency. While VA does not expressly engage in business development programs for any socioeconomic group, the agency maximizes contracting opportunities for small business wherever possible, especially for SDVOSB and VOSB. VA is the only federal agency currently granted the advantages of the *Veterans First Contracting Program*, as authorized by Public Law 109-461. This program provides SDVOSBs and VOSBs with tremendous advantages in VA contracting and has yielded outstanding performance – significantly outpacing federal and VA internal procurement goals – for these two groups. By using outreach and education, VA’s OSDBU is able to assure that SDVOSB and VOSB businesses, including minority owned SDVOSBs and VOSBs are prepared to engage with VA and maximize contracting opportunities under the *Veterans First Program*. **A VA sponsored program for business development would be limited to the agency, and would be duplicative with SBA’s existing successful and popular initiative**

RECOMMENDATION 3: Ensure that the efforts of the Department of VA promote access to information and contract opportunities for Veteran-Owned Small Businesses (VOSB) and Service Disabled Veteran-Owned Small Businesses (SDVOSB).

VA Response: Concur- VA OSDDBU ensures all contracting opportunities for SDVOSB and VOSB are well publicized via the Forecast of Contracting Opportunities (FCO), found on the OSDDBU Web site. FCO announces projected procurements at the beginning of each Fiscal Year to ensure small business are able to prepare and submit timely offers. In addition, OSDDBU performs Small Business Program Reviews at the \$100,000 threshold for Central Office procurements, \$500,000 field procurements to maximize contracting opportunities for SDVOSB/VOSB, including minority Veteran-Owned small businesses. Additionally, most requirements with an estimated value of \$25,000 or more are advertised on the FedBizOpps website at www.fbo.gov. The major exceptions are urgent requirements and 8(a) sole source awards.

RECOMMENDATION 4: Develop and clearly articulate policies and procedures governing Public Law 109-461 (Veterans First) enacted on December 22, 2006 to insure that “Veterans First” approach is applied to all VA procurements and not just a selected few.

VA Response: Concur- Procurements under Public Law 109-461 are controlled by VA’s procurement officials, not by OSDDBU. OSDDBU has input into such policies and procedures and advocates for broad application of the provisions of this Public Law – the Office of Acquisition, Logistics and Supply manages acquisition policy and process.

In the 2nd quarter of FY 2010 the Office of Acquisition and Logistics through its Risk Management Team conducted mandatory on-site training to the VA acquisition workforce regarding Public law (PL) 109-461. This training is mandatory for all VA contract specialists for Federal Acquisition Certification in Contracting (FAC-C) in levels two and three.

RECOMMENDATION 5: Increase the staffing of the Center for Veterans Enterprise (CVE) to complete the verification of all businesses owned by Veterans and service-disabled Veterans in less than 60 days and eliminate the huge backlog.

VA Response: Concur in Principle- VA’s OSDDBU has directed CVE to tighten its focus on processing applications – this resulted in an increase in processing applications for the month of June, 2010 to over 1,000 applications, this performance doubled previous processing performance. On June 1, 2010, VA awarded a contract to automate and upgrade the Vendor Information Pages to VIP version 5 – this version fully automates the requirements processing for application processing and allows staff members to focus on the decision process. Additionally, on August 3, 2010 VA sought contractor support to manage case information associated with applications for verification. The actual window for processing applications is 90 days for initial applications and 60 days for renewals.

Rationale for Concur In Principle Response- OSDBU has responded that contractor support vs. new hires is presently being considered as a viable alternative to address future backlogs.

RECOMMENDATION 6: The VA plan to fill 105,000 positions by the end of 2011 should include plans to hire a diverse group of new procurement specialists in the Center for Veterans Enterprise (CVE) and the procurement office. In addition, VA should conduct a concerted effort to train this new workforce on VA's commitment to its "Veterans First Contracting Program" policy.

Rationale for RECOMMENDATION 3-6: ACMV commends the VA for their extensive efforts and initiatives in implementing Public Laws 106-50, 108-183, 109-461, 110-186 and Executive Order 13-360, and therefore become the only Federal entity to exceed the statutory 3% goal for SDVOSBs the past three years. P.L. 106-50 established a 3% procurement goal for federal agencies and large prime contractors to purchase goods and services from service-disabled Veteran owned businesses; P.L. 108-183 made the 3% minimum goal mandatory; E.O. 13-360 instructed federal agencies to designate a senior-level official to be held accountable for a strategic plan on how it would achieve the 3% goal; P.L. 109-461 gives preference to SDVOSBs and VOSBs in satisfying VA's acquisition requirements, but requires them to register in VA's Vendor Information Pages (VIP) and be verified by VA's Center for Veterans Enterprise (CVE). The ACMV also commends the VA for establishing an acquisition training academy in Frederick, Maryland and strongly recommends that a diverse workforce of acquisition professionals is trained on the requirements of the above laws.

VA Response: Concur- The VA's CVE primary focus is to verify the status of SDVOSBs/VOSBs applying to the Vendor information Pages (VIP). Procurement experience is not necessary for CVE to perform this function. OSDBU currently trains new and existing acquisition staff on VA's commitment to the *Veteran's First Contracting Program*. A Senior Program analyst from OSDBU regularly provides training to acquisitions staff at the Center for Acquisition Innovations. OSDBU staff members regularly attend Veterans Healthcare Administration's monthly Small Business Teleconference to advise small business specialists and acquisitions staff on the latest legislative and policy changes to the small business program. OSDBU, as an office, fully supports diversity of staff and their professional expertise.

DIVERSITY IN SENIOR MANAGEMENT POSITIONS

RECOMMENDATION 1: Develop a tracking mechanism/report which identifies by race and ethnicity, 1) VA Senior Leaders/Managers specifically, VHA, NCA, VBA Directors, and Assistant Directors, 2) staff members in leadership development programs, and 3) applicants for professional development programs.

Rationale: The identified need to increase minorities in leadership roles was exemplified by the lack of diversity among VHA, VBA, and NCA Senior Leadership in San Diego. The overwhelming majority of VA Senior Leaders in San Diego are white females, as well as the selectees for the Leadership Development Training Programs.

VA Response: Concur- The VA concurs with Recommendation 1. However, VA suggests that the rationale focus on all of the VA’s Senior Executive Service (SES) level workforce instead of the senior leadership in San Diego.

VA’s NCA is currently using the Management Directive-715 Report to monitor and track NCA leadership by race and ethnicity. For FY09 and FY10 each Memorial Service Network has participated in regional teleconferences to interpret and analysis their respective Race and National Origin (RNO) statistical data. RNO data is currently not a required field in the leadership program application process. However, for the purpose of tracking only, the Equal Employment Opportunity and Training Offices have partnered to determine how this information might be captured in a secure and non-discriminatory manner.

Actions to implement:

VA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
<p>VA HR Professionals utilize a Leadership report that is available on the VSSC website to monitor diversity in senior leadership positions.</p> <p>Each VA Administration and staff office has a requirement to implement actions which support diversity as part of compliance of the Department’s Office of Diversity and Inclusion Strategic plan.</p>	ODI	VHA, VBA, and NCA Diversity Offices			Ongoing

NCA Action Plan

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
<p>Develop tracking system to collect RNO data for leadership program application process.</p> <p>Provide State of the Administration briefing to all NCA leadership.</p>	<p>Office of Equal Employment Opportunity and Diversity</p>		<p>VA's NCA is currently using the VSSC software program to monitor and track NCA leadership by race and ethnicity. For FY09 and FY10 each Memorial Service Network has participated in regional teleconferences to interpret and analyze their respective RNO statistical data. RNO data is currently not a required field in the leadership program application process. However, for the purpose of tracking only, the Equal Employment Opportunity and Training Offices have partnered to determine how this information might be captured in a secure and non-discriminatory manner. A State of the Administration briefing is provided to the Under Secretary of Memorial Affairs. In 2011, plans are to expand the participants in the briefing to include all senior leaders. A part of the briefing includes a discussion on race and ethnicity diversity in NCA.</p>	<p>Sept. 2012</p> <p>May 2011</p>	<p>In Progress</p>

RECOMMENDATION 2: Enforce a strong diversity implementation plan that is consistent with the commitment listed in the Diversity and Inclusion Strategic Plan 2009-2013, specifically at the senior leadership level. ACMV suggests that the diversity of senior leadership in the VA be increased by 25% or more by 2012.

Rationale: While the ACMV is confident that VA Diversity and Inclusion Strategic Plan 2009-2013 will do much to achieve its three overarching goals, this requires VA to achieve a workforce especially at the senior management level that is reflective of the communities it serves. For example, at the end of FY 2008, VA had a workforce of 277,568 and which is expected to increase in FY 2011. Among this number, all races, national origins, and gender groups are represented in VA above their respective levels in the Relevant Civilian Labor Force (RCLF) except for White women and Hispanic men and women. White

women represent 35.64% of the VA's workforce compared to 47.87% in the RCLF. Hispanic men represent 3.20% and Hispanic women represent 3.52% or a combined 6.72% of VA's workforce compared to the 13.2% in the RCLF. In view of the disproportionate posture of Hispanic men and women in VA's employment workforce, VA's Diversity and Inclusion Strategic Plan should include specific goals and strategies for improving the employment of this under representative group. According to the US Census Bureau 2006 American Community Survey, minorities represent 15.3% of the 23 million Veterans. Given minority Veterans representation, it is reasonable to expect some or an equivalent representation of minorities in VA senior management. Since the ACMV has been unable to obtain data by race of VA management, we have relied on participatory observations. During our site visits and meetings with VHA and VBA, we have not seen adequate or anywhere near proportionate representation of minorities in VA senior management.

In addition, this data for minorities and white women does not reflect their representation in VA's senior management and higher pay grades. For instance, during the site visit to San Diego, white women in senior management positions represented some 60% of senior management at the VAHCS and VARO, while no African Americans, Hispanic Americans, Asian Americans/Pacific Islanders and Native Americans were represented.

The ACMV applauds Secretary Shinseki's commitment to strengthening and enabling a manner consistent with the diversity vision and mission of the Department and we share the views of the Secretary that diversity and inclusion is not a secondary issue but is critical to supporting VA's mission and purpose.

VA Response: Non Concur- VA does not concur with Recommendation 2 as written because Federal law does not allow agencies to set numerical goals for hires or promotions based on race/national origin or gender status. VA can set goals for application rates. VA will seek to increase the diversity in the applicant pool through targeted outreach and will monitor via the applicant tracking system when obtained.

The ACMV notes that it "...has been unable to obtain data by race of VA management." Please be aware that VA would be glad to provide workforce data by pay level, race/national origin, gender, etc. and broken down by Administration upon request.

VA's VHA has developed a comprehensive Diversity and Inclusion Strategic Plan. Additionally, VHA is hiring a senior level Diversity and Inclusion Officer that will collaborate with the EEO/AET Office to develop and implement strategies in support of the VHA strategic plan.

On August 5, 2010, NCA EEO Office will be developing its first NCA Diversity and Inclusion Strategic Plan, during a strategic retreat. This plan will be in

alignment with the VA Diversity and Inclusion Strategic Plan 2009-2013. NCA is also revamping its external and internal recruitment program. EEO, HR and Training have joined together to identify and eliminate any employment and upward mobility barriers and develop strategies that will ensure that all levels of the organization reflects the diversity of the customers we serve. NCA has increased its diversity training initiative providing supervisors and managers training on racial, gender, ethnic and generational diversity. Training is conducted quarterly for the Supervisory Training Program and Basic Foreman's Training in St. Louis, MO. Also, training was conducted at the National Training Meeting, this year, in Los Angeles, CA.

Actions to implement:

VA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
<p>VA will seek to increase the diversity in the applicant pool through targeted outreach and will monitor via the applicant tracking system when obtained.</p> <p>The VHA Office of Workforce Management and Consulting will support the SES hiring initiatives of CSEMO. VHA will partner with CSEMO to assure that vacancies at the SES level are announced broadly internally and externally as applicable doing our best to assure a diverse applicant pool.</p>	<p>ODI</p> <p>CSEMO (006E)</p>				

OUTREACH – AN INTEGRATED APPROACH

RECOMMENDATION 1: Utilize San Diego VAHCS and VARO targeted Outreach Program as a model for an integrated approach for use VA wide. This integrated program must also be rounded out with increased full time staffing in the Minority Veterans Program Coordinators Program.

Rationale: Veterans Outreach program is an enduring process which often does not reach Veterans and families especially in rural areas, Pacific and Caribbean areas, or Veterans who have no access to computers, facilities and resources. San Diego VAHCS's program, though far from being perfect and needing additional resources, have demonstrated their ability to provide access for

Veterans services. Their Military Transition and Outreach Team office is staffed with 27 full time employees located at 6 Pre-Discharge Counseling Centers: Balboa Career Transition Center at the Naval Medical Center, Wounded Warrior Transition Center at Camp Pendleton, Laguna Hills Community Outpatient Clinic, at 2 Disability Evaluation System pilot program locations, and at the VARO office. They also provide outreach services to homeless Veterans, former POWs, Elder/Senior Veterans, Women Veterans, and Minority Veterans.

However, San Diego VAHCS lacks the capability to outreach to minority Veterans, especially to Native Americans, due to staffing issues. Their Minority Veterans Program Coordinator (MVPC) is not a full time employee, but holds this position as a collateral duty. The San Diego VARO reported that their MVPC conducted a total of 10 hours of outreach for the second quarter of FY 2010. Approximately 45% of the total Veterans populations in San Diego are minority Veterans. It was stated during the ACMV's Town Hall meeting on April 13, 2010 that Native Americans in the 18 Indian Reservations surrounding the San Diego County have been disaffected with VA's outreach program. Similar concerns were expressed by representatives from the American GI Forum. This significant issue was addressed to the VAHCS and VARO directors as a priority requirement for full time staffing.

VA Response: Concur- VA will review the lessons learned from the San Diego VAHCS and RO targeted Outreach Program to develop a VA-wide integrated outreach strategy. VA Medical Center and Regional Office Directors will be asked to ensure Minority Veterans needs are adequately addressed and resourced.

VA's VBA is currently implementing many aspects of the San Diego Outreach Program. For example, VBAIVHA MVPCs are sharing data and resources. MVPC teams meet with minority organizations, such as the LULAC, Native American Tribes, and the NAACP, and with service organizations, businesses, and religious institutions. VBA will assess the need for additional staffing for the MVPC program.

Actions to implement:

VBA Action Plan					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Review and document San Diego's outreach model for possible replication in other markets	BAS	CMV	Review San Diego's integrated outreach program Implement aspects of San		Completed

Collaborate with VHA and other organizations when conducting minority outreach events			Diego Outreach program		Operational
			Coordinate joint field outreach events through outlining "best practice" collaboration on monthly conference calls and reviewing MVPC quarterly report submissions		Operational
			Spotlight San Diego's outreach program at the MVPC biennial conference Assess additional staffing for MVPC track progress on a quarterly basis.	June 2011 Sept 2011	In Progress In Progress

VHA Action Plan

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
VHA Minority Veteran Program Coordinator will conduct targeted outreach to minority Veteran communities.	10 N	VISNs and VAMCs	Track progress on a quarterly basis.		Ongoing

NCA Action Plan

Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
Announce full-time MVPC position. Implement strategies in the strategic plan by designated dates.	Office of Equal Employment Opportunity and Diversity			March 30, 2011	In Progress
NCA MVPCs will conduct targeted outreach to minority Veteran communities.		NCA VACO MVPC	Track MVPC progress on a quarterly basis.	2011-2015	Ongoing

Part II – Observations and Discussion - Washington, D.C. VACO Meeting, November 2009

Background

On November 2-5, 2009, the Committee met at the Capital Hilton Hotel in Washington, D.C., and was provided a series of briefings from staff proponents in VHA, VBA, NCA, and separate staff offices.

Discussion – Summary

The following discussions points and/or comments resulted from the meeting. In attendance were Ex Officio members from the Department of Labor, Department of Commerce, and Department of Health and Human Services. Absent was the DoD Ex Officio.

Access to Health

The Acting Undersecretary of Veterans Health Administration outlined a series of improvements on access of quality of health care to: minority Veterans-cultural competency training for the medical staff; women Veterans-safety and privacy, improved training on GYN, internship and special training in women's health; homeless Veterans-expanded capability on mental health and substance abuse treatments, housing, vocational rehab and education, and partnerships with DoD, HHS, and other medical institutions and providers to help eliminate Veterans homelessness under the national program

Veterans Demographic Data

The Committee received a briefing from the Director, Office of Policy and Planning, National Center of Veterans Analysis and Status on the collection and management of Veterans data to include demographic landscape, distribution of benefits and services, and compilation of data on VA's performance measures. It was stated that VA does have the capacity to collect and analyze data, but the manner for staff proponents to utilize these data sets remain within each staff proponents. For instance, the VBA's home guaranty program manages a demographic gathering process based on the Native American Direct Home Loan program enacted in 1990. The importance of establishing a program on gathering Veterans demographic data was raised to Secretary Peake in the 2008 annual report as a mechanism to assess the effectiveness of delivery of health care and benefit services to minority Veterans. This issue was reaffirmed in the ACMV's 2009 Annual Report.

Eliminating Veterans Homelessness

The Director for VA Homeless Veterans provided an update on the President's initiative to eliminate homelessness in concert with Department's initiative to eliminate Veterans homelessness within the next 5 years. This encompasses a programmatic approach by providing access to health/mental health care, vocational rehabilitation and education opportunities, treatment for substance abuse, employment opportunities, and housing grants. The VA's program is nested under the President's national program inaugurated in November 2009.

Rural Health

The senior staff Office of Rural Health representation provided a brief on the progress of developing a Rural Health Strategic Plan for Veterans. It was recommended that Veterans in the Pacific and Caribbean Islands be included in the plan and an accurate census definition of rural and highly urban status be applied. This included establishment of Rural Health Outreach Clinics similar to Community Based Outpatient Clinics in the continental United States.

Claims Processing

The key issue discussed with the Director, VBA Field Operations, was the backlog of claims which has national attention. Issue was processing efficiency to include rating periods, accuracy in ratings, and timeliness of processing which has exceeded six months in most cases and up to three years in some instances. The new Post 9/11 GI Bill has created a new claims processing program that will increase the backlog if not managed effectively.

Veterans Employment

The Director, Veterans Employment Coordination Service (VECS), discussed the expansion of the program with Veterans stakeholders especially with minority Veterans. This expansion includes special hiring authority at the field levels. The Secretary's directive on October 21, 2009 and the President's Executive Order 13518 on November 9, 2009 have outlined an expanded program throughout the federal agencies in improving the federal workforce of approximately 500,000 Veterans.

Post 9/11 GI Bill

The VA Chief of Staff provided an overview on the implementation of this new legislation. The significant issue was the non-automated, uncoordinated process between VBA, educational institutions, financial institutions, and Veterans which created a backlog in providing funds to the Veterans in a timely manner. VA has developed a new automated process, coordinated the

processing of applications with the field, and streamlined the manner by which to provide funds to Veterans promptly and accurately.

Outreach

The Director for VA Homeless Veterans provided a briefing on this enduring program lead by the Office of Intergovernmental Affairs with the National Outreach Program. Under this new program, IGA will coordinate all of VA's outreach activities for the very first time in the Department's history and will launch the media campaign in 2010.

Veterans Small Business Opportunities

The Deputy Director for the Office of the Small and Disadvantaged Business Utilization (OSDBU) outlined the criteria for minority Veterans under current program: HUB zone and 8a. The national objective is for disabled Veterans, minority, and women owned businesses to compete for business opportunities at not less than 3%. VA has consistently exceeded this objective at 7% or better. However, VA does not have an accurate demographic analysis as to the effectiveness of this program as they apply to minority Veterans.

Part III – Observations and Discussion – San Diego VAHCS and VARO Site Visits, April 12-15, 2010

VA Medical Center

The Senior Staff lacks diversity of minority representatives as outlined by the Office of Management and Budget (OMB), however, we (the Committee members) made note of this and at the out brief inquired about VHA's plan to incorporate diversity (minorities) into senior leadership (i.e. Leadership Training programs, pipelines, etc.).

In depth briefings from the staff in all areas. Briefings pointed out numerous outreach activities, but it appears that enough is not being done in the minority communities which could very well be contributed partially to the Minority Veterans Program Coordinator (MVPC) personnel serving collateral duty reference outreach.

The briefing on Homeless Veterans and Women Veterans pointed out to the Committee members that while there is a program in place to assist, there is a need for improvement, particularly women Veterans

VECS Briefing- The Regional Veterans Employment Coordination Service Coordinator is coordinator region which covers 6 states. He does not have a staff. He outlined a plan to promote career opportunities for Veterans; however, being a staff of one makes it quite difficult to accomplish his mission.

VA Regional Office

The Director of Military Transition and Outreach gave the VARO briefing, once again emphasizing the short falls in reaching minority Veterans. It is of course a collateral duty (MVPC) when reaching out to women and minority Veterans. She and staff pointed out strong ties to the community thru Committees and organizations; however, she was not sure which ones they were. She was not sure if current VA members in the leadership programs are minorities.

Key issues discussed during the site visits, with the Veterans Service Organization panel, and at the Town Hall are contained in Part II of the report.

Part IV – ACMV Town Hall Meeting, San Diego, CA, April 13, 2010

Background

This Town Hall Meeting was conducted at the Scottish Rite Event Center on April 13, 2010. The VA senior leadership included: the Director- San Diego VAHCS, the Acting Director- San Diego VARO, and the Deputy Director- Ft. Rosecrans National Cemetery. Booth display and help desks were also provided for Veterans and families who attended the Town Hall session. Of note, this was the first Town Hall meeting held by San Diego VAHCS. The VAHCS, VARO, and NCA local leadership normally conducts meetings with local VSOs.

Town Hall Meeting

This Town Hall Meeting was successful in that the attendees represented a diverse representation of minority Veterans. However, unlike the VSO Panel during the day's briefings, Women Veterans were not well represented. Sixteen Veterans presented their concerns to the SD VAHCS leadership which ranged from inadequate access to health care especially to Native Americans in rural areas, claims processing, employment availability, and business opportunities for disabled Veterans owned small businesses.

Listed below are several common and reoccurring issues raised by Veterans at the VSO panel discussion and at other sites the ACMV have visited since 2009. These include:

- The need for additional full-time Minority Veterans Program Coordinators to conduct "targeted" outreach to areas where large minority Veteran populations exist.
- The specific lack of outreach to the 18 Indian reservations surrounding the San Diego County.
- The large number of uninsured Native American Indians on the reservations.
- A VSO representative requested VA support to assist his organization deal with five major issues: mental health, homelessness, education, adequate benefits and the "disconnect" that exists between the Veterans and their families.
- The availability of additional funding to ensure the fair completion of remaining claims under the Filipino Veterans Equity Compensation (FVEC) program.
- The challenges faced by Minority Veterans Small Business Owners in accessing information and getting VA contracts.

- Need to utilize VSO “Hire Veterans” programs to hire Veterans for federal and other jobs.
- The need to assist the Veterans of color.
- An American GI Forum (AGIF) representative expressed concerns regarding access to care for Hispanic Veterans in rural areas.

Other issues are addressed in the annual report. The Veterans were passionate, assertive, and respectful in articulating their concerns, and they thanked the San Diego VAHCS staff and ACMV for listening to their issues.

The Director of San Diego VAHCS acknowledged the Veterans’ concerns and promised to take prompt action in addressing the issues and complaints and by the Veterans and their families.

Part V – Exit Out-brief with San Diego VAHCS and VARO Leaders April 15, 2010

Background

The exit out brief with the Director, San Diego VAHCS and his senior leaders was held on April 15, 2010 to review the site visit, discussions with the VAHCS and RO staffs, and results of the Town Hall meeting regarding the effectiveness of VA's health care and benefits services delivery to Veterans and families. The purpose of this session was to discuss the issues and concerns raised by the Veterans and on recommendations to the VAHCS and VARO, and NCA staffs on improving delivery of health care, benefits, and outreach services with regards to minority Veterans.

Out brief – Key Discussion Items relative to VA's top 5 priority programs

Access to Health Care

Access to quality health care throughout VA is an enduring imperative and measurable under the Department's Performance and Accountability Report (PAR) submitted annually to Congress. San Diego VAHCS measured their patient service satisfaction on a periodic basis and provides these results to their customers on a video screen accessible throughout the medical and regional office facilities. They have met their goals in 1) in patient satisfaction at 64%, 2) shared decision making with provider at 74%, and 3) staff responsiveness at 86%. However, they have not met their outpatient satisfaction which was at 54%.

Based on the Town Hall meeting, outreach to Veterans in rural areas, especially Native Americans throughout the 18 reservations, and are not being provided with the necessary resources such as adequate staffing at the CBOCs, transportation, and information to their patients. There were only 2 Minority Veterans Program Coordinators (MVPC) at the San Diego VAHCS and VARO. One of the MVPC was on collateral duty or part time assisting Native American Veterans.

It was recommended to the Director that Outreach Services to Veterans especially in rural areas be improved and expanded to ensure access is communicated to them. This is an imperative requirement for VA.

The VAHCS staff was made aware of the Health Resources and Services Administration, Department of Health and Human Services, regarding their capability to serve the public, to include Veterans and families, with 7,500 health care centers some of which are co-located or located near VA CBOCs. This capability could potentially be partnered with the San Diego VAHCS and VA at large in providing quality health care to Veterans in their area of responsibility.

Eliminating Claims Backlog

The San Diego VARO has consistently met the VA's standard in processing claims under 160 days. The average processing time in 2009 was about 145 days compared to 155 days in 2008. The average rating days were approximately 22 days. The ACMV was also given a guided tour of the claims processing facility in the VARO.

Post 9/11 GI Bill

No significant issues cited or observed with this priority item.

Veterans Employment

As stated in the recommendation, there is 1 Regional Veterans Employment Coordinator covering a large concentrated area in southern California, Nevada, Utah, Arizona, Hawaii, and New Mexico. It was recommended to the Director to request adding additional staffing in the VECS office and request assistance from the supporting Veterans Service Organizations associated with the San Diego VAHCS and VARO with promoting employment opportunities for Veterans in these states.

Eliminating Veterans Homelessness

Each year, the San Diego VAHCS and VARO operate a Stand Down program with assistance from the US Navy, US Marine Corps, and civilian community in the area to assist and support homeless Veterans and families. This has been ongoing for 23 years. This hugely successful program should be made a model by VA in addressing the elimination of homeless Veterans and implemented VA wide.

Veterans Owned and Disabled Veterans Small Business Opportunities

During the out brief session, the VARO leaders were made aware of the various opportunities to award contracts to minority Veteran business owners through their ongoing expansion and construction projects at Fort Rosecrans National Cemetery and Miramar Annex. During a tour of the Fort Rosecrans National Cemetery, the ACMV was shown a major Raise and Realign project that covered 1/6 of the total acreage. A staff member in the tour informed the ACMV that the particular project had been awarded to a minority contractor. Other ongoing projects where contracts which could be awarded to minority Veteran Businesses are on the Columbarium Expansion project, the development of additional land at the Marine Corps Air Station at Miramar to ensure burial services are provided to the 253,000 Veterans in the San Diego area, and the

ongoing washing of the cemetery's headstones every 18 months due to the algae growth caused by the nearby ocean and negativity effects to the headstones.

Outreach Program

The San Diego Regional Office maintains a robust outreach program under the Military Transition and Outreach Team Office. They provide a wide range of outreach services for military transition assistance, Wounded Warrior Transition, outreach to homeless Veterans, women Veterans, Elder/Senior Veterans and Veterans Community Interaction. The ACMV also made the VARO leaders aware of the 3-year old Entrepreneurship Boot Camp for Veterans (EBV) with Disabilities, and suggested that San Diego VAHCS include this initiative in its outreach program. Information on the EBV program can be obtained at <http://whitman.syr.edu/ebv/>.

Included in the report was a recommendation to extend Outreach to minority Veterans in rural areas and hold annual Town Hall meetings for Veterans and families similar to the one conducted during the ACMV site visit.

It was also recommended that staffing for the MVPCs be expanded and positions be made full time vice collateral especially for Native Americans who are in 18 reservations throughout the San Diego County.

Appendix A: Veteran Specific County Demographics

2000 Census	San Diego	Orange	Riverside	Imperial
Total by County	318,697	211,575	159,398	11,465
White	72.93%	79.55%	75.79%	52.20%
Black	7.19%	2.18%	6.29%	4.62%
Amer Indian/Alaskan	0.66%	0.61%	0.95%	0.05%
Asian	4.95%	4.07%	1.42%	1.06%
Hawaiian/Pacific Islander	0.44%	0.26%	0.14%	0.00%
Other Identified	3.15%	2.82%	3.67%	12.03%
Mixed (>1)	1.37%	1.99%	2.17%	2.90%
Hispanic/Latino	8.37%	8.52%	9.56%	26.35%
Estimated Population Growth (July 1, 2008)	6.70%	5.80%	35.90%	15.20%

(Source: Department of Veterans Affairs Veterans Benefit Administration San Diego Regional Office, Presentation to Advisory Committee on Minority Veterans, April 13, 2010.)

Appendix B: Meeting Agenda: Washington, D.C. VACO

AGENDA

Department of Veterans Affairs (VA)
Advisory Committee on Minority Veterans
Capital Hilton
1001 16th Street, NW
Washington, D.C. 20036
November 2 - 5, 2009

Sunday, November 1, 2009 (Travel Day)

Monday, November 2, 2009 – Pan American Room

- | | |
|-------------------------|--|
| 7:30 a.m. – 8:00 a.m. | Coffee (on your own) |
| 8:00 a.m. – 9:00 a.m. | Ms. Lucretia M. McClenney , Designated Federal Officer
Chairman Antonio M. Taguba
Opening Remarks/Introductions/Review Agenda |
| 9:00 a.m. – 9:15 a.m. | Advisory Committee Management
Ms. Vivian Drake , Acting Committee Management Officer |
| 9:15 a.m. – 9:30 a.m. | Role of the Designated Federal Officer
Ms. Lucretia M. McClenney |
| 9:30 a.m. – 10:00 a.m. | Ethics Briefing
Mr. Jonathan Gurland , Attorney
Office of General Council |
| 10:00 a.m. – 10:15 a.m. | Break |
| 10:15 a.m. – 11:00 a.m. | Demographic Data Overview/Update
Mr. Dat Tran , Supervisory Management Analyst
Office of Policy & Planning |
| 11:00 a.m. – 12:00 p.m. | Office of Public & Intergovernmental Affairs
(Tribal Government to Government Consultation Policy,
Collaboration with State Departments of Veterans Affairs,
Homelessness, Outreach)
Mr. Pete Dougherty , Director of Homeless Programs
Office |
| 12:00 p.m. – 1:00 p.m. | Lunch (on your own) |

**Advisory Committee on Minority Veterans
Capital Hilton**

Monday, November 2, 2009 – Pan American Room

- 1:00 p.m. – 3:00 p.m. Veterans Health Administration Overview/Update
(Priority Group 8&5 Enrollment, Mental Health, Rural Health,
Homelessness, MVPC Outreach)
Dr. Gerald Cross, Acting Under Secretary for Health
VHA Panel Members
- 3:00 p.m. – 4:00 p.m. Round Table Discussion w/ **Ex-Officios**
- 4:00 p.m. – 5:00 p.m. Committee after Action Review
- 5:00 p.m. Committee Adjourns

Tuesday, November 3, 2009 – Pan American Room

- 7:30 a.m. – 8:00 a.m. Coffee (on your own)
- 8:00 a.m. – 8:30 a.m. **Ms. Lucretia M. McClenney**, Designated Federal
Officer
Chairman Antonio M. Taguba
Opening Remarks/Introductions/Review Agenda
- 8:30 a.m. – 9:30 a.m. Veterans Employment Overview/Update
Mr. Dennis May, Director
Veterans Employment Coordination Service
- 9:30 a.m. – 9:45 a.m. Break
- 9:45 a.m. – 10:45 a.m. Center for Veterans Enterprise Overview/Update
Ms. Gail Wegner, Deputy Director
- 10:45 a.m. – 12:00 p.m. National Cemetery Administration Overview/Update
(AI/A Cemetery Grant Program/MVPC Program)
Mr. Frank Salves- Director, State Cemetery Grants
Program, **Mr. Michael Nascence**- Chief,
Communications and Outreach Support Division, and
Ms. Partita Johnson-Abercrombie- EEO Manager
- 12:00 p.m. – 1:00 p.m. Lunch (on your own)

**Advisory Committee on Minority Veterans
Capital Hilton- Continued**

Tuesday, November 3, 2009 – Pan American Room

- 1:00 p.m. – 3:00 p.m. Veterans Benefits Administration Overview/Update
(Post 911 GI Bill/Yellow Ribbon, Home Loan
Programs, Demographic Data, Filipino Compensation
Fund, MVPC Outreach)
Ms. Diana Rubens, Office of Field Operations
- 3:00 p.m. – 3:15 p.m. Break
- 3:15 p.m. – 4:15 p.m. Center for Minority Veterans Overview/Update
Director, Deputy Director, and Staff
- 4:15 p.m. – 5:00 p.m. Committee after Action Review
- 5:00 p.m. Committee Adjourns

Wednesday, November 4, 2009 – Pan American Room

- 7:30 a.m. – 8:00 a.m. Coffee (on your own)
- 8:00 a.m. – 8:45 a.m. **Ms. Lucretia M. McClenney**, Designated Federal
Officer
Chairman Antonio M. Taguba
Remarks/Review Agenda
- 8:45 a.m. – 9:00 a.m. Prepare to Board Van
CMV Staff/Committee Members
- 9:00 a.m. – 9:30 a.m. Depart for the Russell Senate Office Bldg
CMV Staff/Committee Members
- 9:30 a.m. – 10:00 a.m. Arrive/Assemble at the Russell Senate Office Bldg
Room SR-418
CMV Staff/Committee Members
- 10:00 a.m. – 11:30 a.m. Meeting with Congressional Staff
Room SR-418
CMV Staff/Committee Members
- 11:30 a.m. – 12:00 p.m. Return to the Capital Hilton
CMV Staff/Committee Members

**Advisory Committee on Minority Veterans
Capital Hilton- Continued**

Wednesday, November 4, 2009 – Pan American Room

- 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
Mr. John Gingrich
Chief of Staff of Veterans Affairs
- Appointees
Chairman Antonio M. Taguba
Mr. Benjamin C. Palacios
- 1:30 p.m. – 2:15 p.m. Remarks/Photo Op
Mr. John Gingrich
Chief of Staff of Veterans Affairs
- 2:15 p.m. – 3:30 p.m. Overview/Update Briefing
(ODI Strategic Plan, Leadership Training, Under-Representation)
Ms. Georgia Coffey, Deputy Assistant Secretary
Mr. Michael Dole, Director, Affirmative Employment
Ms. Tinisha Agramonte, Director, Outreach and Retention
Office of Diversity & Inclusion
- 3:30 p.m. – 5:00 p.m. Committee After Action Review
- 5:00 p.m. Committee Adjourns

Thursday, November 5, 2009 – Pan American Room

- 7:30 a.m. – 8:00 a.m. Coffee (on your own)
- 8:00 a.m. – 9:00 a.m. **Lucretia M. McClenney**, Designated Federal Officer
Chairman Antonio M. Taguba
Remarks/Discussion
- 9:00 a.m. – 10:30 a.m. Legislative Updates
The Honorable Joan Evans
Assistant Secretary
Congressional & Legislative Affairs
- 10:30 a.m. – 10:45 a.m. Break
- 10:45 a.m. – 12:00 p.m. Committee After Action Report

**Advisory Committee on Minority Veterans
Capital Hilton- Continued**

Thursday, November 5, 2009 – Pan American Room

- | | |
|------------------------|---|
| 12:00 p.m. – 1:00 p.m. | Lunch (on your own) |
| 1:00 p.m. – 1:30 p.m. | CMV Administrative Paperwork
(Travel Vouchers/Honorariums)
Mr. Ernie J. Jernigan |
| 1:30 p.m. – 5:00 p.m. | Committee After Action Report/Wrap Up |
| 5:00 p.m. | Committee Adjourns |

Friday, November 6, 2009 (Travel Day)

**Advisory Committee on Minority Veterans
San Diego, CA- Continued**

Monday, April 12, 2010- Travel to VAMC- San Diego

4:30 P.M. - 5:00 P.M. Travel to Hotel: The Westin- San Diego
Depart: VA San Diego Healthcare System
 3350 La Jolla Village Drive
 San Diego, CA 92161

 Arrive: The Westin- San Diego (25 Min ETA)
 400 West Broadway
 San Diego, CA 92101

5:00 P.M. Adjourn

Tuesday, April 13, 2010– Travel to VARO- San Diego

7:30 A.M. - 8:00 A.M. Assembly and Board Bus (Meet in Front Lobby)

8:00 A.M. - 8:30 A.M. Travel to VARO- San Diego
Depart: The Westin- San Diego
 400 West Broadway,
 San Diego, CA 92101

 Arrive: VA San Diego Regional Office
 (15 Min ETA)
 8810 Rio San Diego Drive
 San Diego, CA 92108

8:30 A.M. - 9:00 A.M. Assemble/Prepare for VARO Briefing (Location TBD)

9:00 A.M. - 12:00 P.M. **Veterans Benefit Administration Briefing**
(Outreach to Minority, Women and Homeless
Veterans, Leadership Training Programs, Claims
Processing and Transformation Initiatives)
8810 Rio San Diego Drive
San Diego, CA 92108
Director: Ms. Lily Fetzer

12:00 A.M. - 1:30 P.M. Lunch (on your own)

1:30 P.M. - 2:30 P.M. Tour VARO San Diego

2:30 P.M. - 4:00 P.M. **VSO Panel**

**Advisory Committee on Minority Veterans
San Diego, CA- Continued**

Tuesday, April 13, 2010- Cont- Travel to VARO- San Diego

- 4:00 P.M. - 5:15 P.M.
(15 Min ETA) Travel to Restaurants / Dinner (on your own)
- Depart: VA San Diego Regional Office
 8810 Rio San Diego Drive
 San Diego, CA 92108
- Arrive: Westfield Shopping Center
 (Food Court- Macy's
 Home Furniture Entrance) (15 Min ETA)
- 5:15 P.M. - 5:30 P.M. Travel to Town Hall Site
- Depart: Westfield Shopping Center
 (Food Court- Macy's
 Home Furniture Entrance)
 1640 Camino Del Rio North
 San Diego CA 92108-1506
- Arrive: Scottish Rite Event Center (15 Min ETA)
 1895 Camino Del Rio South
 San Diego, CA 92108
- 5:30 P.M. - 6:30 P.M. Prepare for Town Hall Meeting
- 6:30 P.M. - 8:30 P.M. **Town Hall Meeting- Scottish Rite Event Center**
 POC Julie Croft 619-297-0397
 1895 Camino Del Rio South
 San Diego, CA 92108
- 8:30 P.M. - 9:00 P.M. Travel to Hotel
- Depart: Scottish Rite Event Center
 1895 Camino Del Rio South
 San Diego, CA 92108
- Arrive: The Westin- San Diego
 400 West Broadway
 San Diego, CA 92101
- 9:00 P.M. Adjourn

**Advisory Committee on Minority Veterans
San Diego, CA- Continued**

Wednesday, April 14, 2010- Westin San Diego Hotel- (Diamond II Room)

- 7:30 A.M. - 8:00 A.M. Coffee (on your own)
- 8:00 A.M. - 8:45 A.M. After Action Review for Day 1 & 2, Announce teams & Format for ACMV Annual Report (Diamond II Room)
- 8:45 A.M. - 10:15 A.M. **California Area Indian Health Service Briefing
Associate Director: Mr. Steve Riggio, D.D.S.**
- 10:15 A.M. - 10:30 A.M. Break
- 10:30 A.M. - 11:15 A.M. **HRSA, Office of Regional Operations
Nahleen Heard, RN, BSN, MS**
- 11:15 A.M. - 12:15 P.M. **California Department of Veterans Affairs Update
Ms. Barbara Ward, Deputy Assistant Secretary,
Women and Minority Veterans Affairs**
- Mr. Pedro Molina, Deputy Assistant Secretary
Native American Veteran Affairs**
- 12:00 P.M. - 1:00 P.M. Lunch (on your own)
- 1:00 P.M. - 1:30 P.M. Travel to Fort Rosecrans National Cemetery
- Depart: The Westin- San Diego
400 West Broadway
San Diego, CA 92101
- Arrive: Fort Rosecrans National Cemetery
(20 Min ETA)
Point Loma
San Diego, CA 92166
- 1:30 P.M. - 4:30 P.M. **Fort Rosecrans National Cemetery Briefing
(Outreach to Minority, Women and Homeless
Veterans, Leadership Training Programs, Native
American Cemetery Grant Program and
Transformation Initiatives)
Point Loma, San Diego, CA 92166
Director: Mr. Kirk Leopard**

**Advisory Committee on Minority Veterans
San Diego, CA- Continued**

Wednesday, April 14, 2010- Westin San Diego Hotel- (Diamond II Room)

4:30 P.M. - 5:00 P.M. Travel to Hotel: The Westin- San Diego
Depart: Fort Rosecrans National Cemetery
 Point Loma
 San Diego, CA 92166

 Arrive: The Westin- San Diego (20 Min ETA)
 400 West Broadway
 San Diego, CA 92101

5:00 P.M. - 6:30 P.M. Work on Report

6:30 P.M. Adjourn
 TBD After hours to work on Report

Thursday, April 15, 2010- Westin San Diego Hotel- (Diamond II Room)

7:30 A.M. - 8:00 A.M. Coffee (on your own)

8:00 A.M. - 8:30 A.M. Administrative Business (Diamond II Room)

8:30 A.M. - 9:30 A.M. Prep for Exit Briefing/ Develop Annual Report

9:30 A.M. - 11:00 A.M. **Exit Briefing with VA Administrations**

11:00 A.M. - 12:00 P.M. Meeting After Action Review

12:00 P.M. - 1:30 P.M. Lunch (on your own)

1:30 P.M. - 4:30 P.M. Develop Annual Report

4:30 P.M. - 5:00 P.M. Meeting Wrap-up/Close Out

5:00 P.M. Adjourn
 TBD After hours to work on Report

Friday, April 16, 2010 - (Travel Day)

Appendix D: Committee Biographies

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 also retired the federal government as the Senior Scientific Officer of the Breast and Gynecologic Cancer Research Group, Division of Cancer Prevention, National Cancer Institute. 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 from Tougaloo College. She resides in Washington, D.C.

Alexander Y. Chan, USN

Asian American

Mr. Chan has devoted 34 years of service to the federal government between the FCC, the IRS, U. S. Customs, U.S. Comptroller of the Currency and the U. S. Navy. Currently, he is a Senior Enforcement Director in the Enforcement Bureau of the FCC, leading the Digital TV Transition Project. Prior to that, Mr. Chan was a Special Internal Revenue Agent Team Leader with the IRS for 11 years. He has served in the U. S. Navy as an Inventory Specialist and holds a BA degree from the City College of New York and a MA from City University in New York.

He served as President of the Federal Asian Pacific American Council (FAPAC) from 2001-2003. FAPAC, which represents over 100 federal agencies, is the only federal organization that represents the special interests of Asian Pacific American government employees. As a result of his presidency, FAPAC became the premier APA Government employees' organization and generated 5 times more revenue during his presidency. Previously, Mr. Chan had served two terms as FAPAC's Executive Secretary. From his position at the Federal Communications Commission, he also served as the FCC Coordinator for the White House Initiative on Asian Americans and Pacific Islanders. Mr. Chan has also found the opportunity to serve in a variety of other leadership roles, including working as Vice President, HQ of the National Treasury Employees Union (NTEU), FCC chapter. He is also an alumnus and a FBI Citizens Academy Graduate in Quantico, VA. Before turning to public service, Mr. Chan spent 5

years working with venture capital firms and entrepreneurs, including Wells Fargo Bank, Travel Network, Inc., Alexander Chan and Associates, LLP. Additionally, he has served on the boards of several companies and non-profit organizations. Mr. Chan has taught seminars on community advocacy and Financial Independence Training at many communities and non-profit communities, and has received numerous awards, including multiple Outstanding Performance Awards from the Department of Defense, Internal Revenue Service, Federal Communications Commission, State of Maryland and Commonwealth of Virginia. Mr. Chan resides in the Commonwealth of Virginia.

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.

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.

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 US Marines 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.

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.

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 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.

Benjamin C. Palacios, Command Sergeant Major, USA (Retired)

Pacific Islander

Upon his retirement from the United State Army in May 2003, after serving for 32 years, Mr. Palacios worked as the Vice President for Green Millennium Industries, Ltd., in Seoul, Korea. In November 2004, Ben joined the Anteon Corporations as a Business Development Manager for the Pacific region which covers the Republic of Korea, Guam, Japan, and Okinawa. Anteon supports all the U.S. military services within the Department of Defense, the Department of Homeland Security as well as numerous other civilian and government agencies. From October 2005 to July 2007, Ben worked for Cyber Tech, Inc., as an Advisor for the company which conducts war game exercises for the U.S. and ROK militaries. In August 2007, Ben relocated to back to Guam and opened his own Consulting firm and a Disabled Veterans Owned Construction Company named Pearl Construction Environmental Services, Inc. to do business on Guam.

Ben serves on the Board of Advisors for Doran Capital Partners, a Consultant for several companies to include HNTB, CH2MHILL, and Kellogg Brown and Root to establish their businesses on Guam. He also serves as an Advisor for POONGSAN Corporations and HK Industry, Ltd. He is a member of numerous professional organizations to include the Association of the United States Army

(AUSA), the Noncommissioned Officer Association (NCOA), Pan Pacific American Leaders and Mentors (PPALM) and the ESGR.

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 Woodbridge, Virginia.

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.

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 (OIF) 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 and mentoring 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 in 2009. He currently serves as Executive Fellow/Senior Consultant for Knowledge Advantage, Inc, a small business, woman owned (8a) IT services company.

Debra L. (American Horse) Wilson **, Staff Sergeant, USMC

Lakota Sioux

Ms. Wilson is a Lakota Sioux; her family name is American Horse from Pine Ridge, South Dakota. 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. While stationed to the 3rd Marine Division, Ms. Wilson attended Administrative Chief School. 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 served under the command of then Major Peter Pace, former Chairman of the Joint Chiefs of Staff. 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 administrative and environmental, public health, and safety officer. She continues to outreach to Veterans throughout Northeast Oklahoma 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.

Dan Winkelman

Alaskan Native

Mr. Winkelman 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. Winkelman 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. Winkelman 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. Winkelman 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.

* **Denotes Chairman**

** **Denotes Vice Chairman**