

DEPARTMENT OF VETERANS AFFAIRS (VA)
Advisory Committee on Minority Veterans (ACMV)
Wednesday, January 14, 2026
Microsoft Teams

Committee Member Attendees:

- Edward DuBose
- Georgina Dodge
- Linda Singh (Chair)
- Nathan Tilton
- Michael Yaguchi
- Danitza James
- Warren Jones, MD

Center for Minority Veterans Attendees:

- Jacquelyn Hayes-Byrd, Designated Federal Officer (DFO)
- Dwayne E. Campbell
- Ronald Sagudan
- D'Andrea Jacobs

Other Attendees:

- Jenn Whiting
- Toshiba Narcisse
- Antony Love
- Monica Brooks
- Christopher Scott Bell
- Deon Boyce, VBA
- Tosha Ellis
- Karen Cox
- Naomi Reynolds
- Jay Anderson
- Jerome Lewis
- Shanda Taylor Boyd
- Patricia Jackson-Kelley
- Naomi Reynolds
- Irma H. Cooper
- Antwanisha Williamson, NAACP
- Kirsten Laha-Walsh, Wounded Warrior Project
- Cathy Bennett-Santos, NABVETS
- Shamala B. Capizzi, DAV
- Wright, Julian, VBA

Meeting called to order at 11:00 a.m. (EST) by Linda Singh, Chair.

Opening Remarks and Review Agenda:

Jacquelyn Hayes-Byrd, Designated Federal Officer

- Introduced herself as the DFO and Acting Director Center for Minority Veterans.
- Welcome the Committee members.

Linda Singh, Chair

- Introduced herself as the Chairman of the Committee.
- Conducted roll call by having all (7) Committee members introduce themselves. Discussed committee ground rules reference conduct, allowing guest speaker's adequate time to present, and time management according to the agenda.

Veterans Health Administration (VHA):

Dr. Justin List, Director of Health Care Outcomes, Office of Health Equity

- Health equity is an opportunity for everyone to attain their highest level of health, including all Veterans. It is at the core of ensuring every Veteran is served with equal dignity and respect and able to access high quality care.
- Ensuring equitable health care access and outcomes for all Veterans include the following:
 - Raising awareness of disparities in health experienced by Veterans so they can be addressed
 - Supporting providers to design and implement equity guided quality improvement interventions that lead to better health for Veterans
 - Supporting screening of Veterans for unmet health related social needs and matching them with needed social services
- Office of Health Equity (OHE) mission is to advance health equity and ensures social needs are met for all Veterans through leadership, data analysis, education, tool development, and quality improvement initiatives.
- OHE effort in promoting health equity revolves around working with program offices, providers, care teams and social support.
- OHE mission goals are centered around 5 broad goals: leadership, awareness, health outcomes, diversity and cultural competency of the workforce, and data/evaluation/research.
- OHE utilizes research, data, tools, education, training, communications, programs and initiatives to work toward better health for all Veterans.
- Removing bias from clinical tools- concern that Black Veterans may be under-identified as high risk compared with White Veterans (possibly due to variation in average age of mortality).
- High Reliability Organization- provides atmosphere of trust where people are encouraged to provide essential safety-related information.
- High Reliability Organization to High Equity Reliability Organizations -

Acceptance of disparities is antithetical to the essential HRO goal of zero harm.

- Traditional Quality Improvement vs. Health Equity-Guided Improvement. Customizes processes to move a subset of a heterogeneous population closer to target
- OHE supported the development of a tool specifically designed to engage the VA healthcare workforce in the process of identifying and addressing variation in healthcare and health outcomes.
- Population Health Excellence Dashboard- Patient demographic categories are based on data available in-patient records.
- OHE has been awarding health equity-guided QI pilot awards to VAMCs across the country since 2022. One of the Communities of Practice in 2024 focused on projects improving cancer screening among Veterans and one of the current Communities of Practice in 2025 focuses on improving tobacco screening and cessation for Veterans.
- Accurate and reliable data are essential for reducing disparities. Both quantitative and qualitative data are crucial for designing targeted interventions.
- Field-driven data was launched in FY2024, an internal, online process to enhance OHE's ability to assist project teams across the organization.
- VHA Population Health-Quality Enhancement Research Initiative (QUERI) National Partnered Evaluation Center
 - Collaborate with National Center for Health Statistics (NCHS) to evaluate Veteran data from National Health Interview Survey
 - National Veterans Health Equity Report - provides information regarding variations in patient experiences and healthcare quality for Veterans who obtain VHA healthcare services
- Center for Pacific Islander Veterans Health (CPIVH)- empower Pacific Islander Veterans to access available benefits and services to help achieve their full health potential.
- CPIVH core focus areas:
 - Administrative Core: shape the mission, vision, and functioning of the CPIVH; and guide the CPIVH and its activities in achieving appropriate NHPI cultural relevance and responsiveness.
 - Health Analytics, Data, and Services Core: Expanding VA and community knowledge of the health outcomes, needs, and disparities affecting NHPI Veterans through innovative community engaged research and data analyses.
 - Community Engagement and Outreach Core: Building and expanding community coalitions and networks across multiple regions where NH/PI/USAPI Veterans reside to support and bolster Center activities. Developing health outreach, education, and communication materials to target the prevention and reduction of health and behavioral health disparities affecting NHPI Veterans.

- Training and Education Core: Training cohorts of VA and community providers to digital and clinic-based services and care to meet the needs of NHPI Veterans in VA and community settings.
- CPIVH Pilot Projects- Beginning in 2023, CPIVH has annually funded pilot projects from VHA medical centers to address a variety of priority areas of need for Veterans in the Pacific including preventive screening, traumatic brain injury, substance use, and homelessness.
- Health-related social needs are the social and economic aspects of Veterans' lives that affect their health and well-being. Examples of these experiences can include homelessness, food insecurity, unemployment, and social isolation.
- Assessing Circumstances and Offering Resources for Needs (ACORN), which is a systematic screening and referral program that aims to systematically screen for, assess, and address health-related social needs to improve health and well-being for all Veterans.
- Initially developed in 2018, the ACORN model consists of a standardized screening tool to identify HRSNs within 9 domains and providing Veterans with resources and referrals to address identified needs:
 - The 9 domains covered in the screening tool are food, housing, utilities, transportation, legal, education, employment, social isolation or loneliness, and digital needs or technology access.
- The goal of the ACORN Dashboard is to provide VHA clinical teams and programs along with VISN and medical center leadership with data to better understand the health-related social needs impacting Veterans; track the types of resources and referrals provided to Veterans who screen positive on ACORN, and observe how screening rates and the distribution of resources and referrals vary by sociodemographic factors and over time.
- Clinical care team members can use a patient-level data page to view patient-level demographic and ACORN screen information.

Veterans Benefits Administration (VBA):

J. Margarita Devlin, Acting Principal Deputy Under Secretary for Benefits

- VA paid \$191.3 billion in benefits to 6.7 million Veterans, their families, and survivors, in Fiscal Year 2025.
- VA achieved a new record high of 3,001,734 disability claims completed in Fiscal Year 2025. The backlog was 132,814 at the end of Fiscal Year 2025.
- VBA is increasing the accuracy of how we rate our claims. Rating issue-based accuracy increased to 93.8%.
- Dependency and Indemnity Compensation (DIC) backlog reduced nearly 55%
- Automation of original Post 9/11 GI Bill claims has increased from 0% in March 2021 to 50.2% in July 2025.
- Expanded automation to original claims, enabling same-day decisions—often within seconds or minutes—for most GI Bill education claims submitted digitally.

- VA-Guaranteed Home Loans:
 - Recently it surpassed 29 million loans.
 - 528,340 for FY25, resulting in a 26.9% year over year increase from Fiscal Year 2024
 - Nearly \$4 trillion in guaranteed home loans since the start of the program in 1944.
- VBA conducted extensive outreach to Native American Veterans and Veteran spouses of Native Americans who are both eligible for loans.
- VBA-administered life insurance programs:
 - Insured 5.5 million Veterans, Service members, and family members in Fiscal Year 2025.
 - Provided nearly \$1.5 trillion in coverage under 11 lines of protection in Fiscal Year 2025.
 - Since February 1, 2025, 20,916 Veterans have enrolled in VA's guaranteed acceptance whole life insurance program, providing over \$673,120,000 in total life insurance coverage.
- Veteran Readiness and Employment (VR&E) help Service members and Veterans with service-connected disabilities and a barrier to employment prepare for, find, and maintain suitable employment through counseling and case management.
- VR&E paid \$1.3 billion in subsistence payments to 124,964 beneficiaries undergoing employment-related training.
- VR&E implemented Automated Eligibility Decisioning within the Readiness Employment System (RES) on Nov. 4, 2025, completing eligibility decisions in about 72 minutes from the time an application is received compared to two days in the legacy process.
- Office of Military to Civilian Readiness and Field Operations:
 - Connect transitioning Service members, Veterans, families, survivors, and VSOs to VA resources and benefits assistance.
 - Support transitioning Service members and their families through the Transition Assistance Program.
 - VA Solid Start program, which proactively contacts all newly separated Veterans, regardless of their character of discharge, by phone and email during their first year of transition from the military.
- Streamline Rudisill readjudications, expand automation, and enhance the My Education Benefits portal in FY 26.
- Estimated monthly disability payments are roughly \$8.2 billion, for a total of roughly \$98.5 billion disbursed for the fiscal year. Top three states with highest distributions:
 - Texas received \$11 billion
 - California received \$8.2 billion
 - Florida received \$7.8 billion
- Annual pension payments, VBA sent over \$2.4 billion for the year, with more than \$205 million paid out every month. Top three states with highest distributions:

- California received \$245 million
- Florida received \$232 million
- Texas received \$193 million

National Cemetery Administration (NCA):

Les Melnyk, Acting Executive Director, Office of Engagement and Memorial Innovations

- History:
 - The Omnibus bill of 1862, signed into law on July 17, authorized President Lincoln to purchase grounds for use as national cemeteries.
 - Previously soldiers were buried where they fell.
 - Fourteen national cemeteries were established in 1862.
- Mission: NCA honors eligible Veterans, active-duty Service Members and eligible family members with final resting places in national shrines and with lasting tributes that commemorate their service and sacrifice to our nation.
- Main Priorities:
 - Properly memorializing our nation's heroes by maintaining our cemeteries as national shrines (Memorialization).
 - Continue working toward 95% cover for all Veterans (Access).
 - Seek ways to raise awareness of NCA and the benefits we provide (Awareness).
 - Modernizing our systems to work more efficiently on behalf of Veterans and their families.
 - Cultivating relationships with state, territorial and tribal cemeteries.
- NCA partners with several other government agencies to care for Veterans in perpetuity:
 - The Army manages Arlington National Cemetery and the Soldiers' Home in D.C. as well as another 16 post cemeteries.
 - The American Battle Monuments Commission oversees 25 burial grounds; they are all overseas in places such as Normandy. The Commission is a separate agency within the Executive Branch.
 - 14 national cemeteries are run by the National Park Service, which is part of the Department of the Interior. Those cemeteries, such as Gettysburg, are interpreted in conjunction with the Civil War battlefields where soldiers fought and died.
 - States, territories, and tribal organizations manage 124 Veterans cemeteries through the Veterans cemetery grant program.
- Every three years NCA participates in the American Customer Satisfaction Index (ACSI). ACSI is the only national cross-industry measure of customer satisfaction in the United States. It's an important customer satisfaction indicator.
- Upon completion of the 2022 survey, NCA, for the 8th time in a row, attained the highest score of any participating entity, public or private on the index.

This includes Chick-Fil-A, Trader Joe's, Lexus and Cadillac. When we achieved an index score of 97 in 2019, it was the highest ever recorded for any organization in the history of the survey.

- Eligibility criteria - Any Veteran who was discharged under conditions other than dishonorable or Servicemember who dies on active duty
- Pre-Need Eligibility:
 - Launched December 8, 2016.
 - Assists Veterans and their families in planning for their future burial needs
 - Does not guarantee burial in a specific cemetery or reserve a gravesite until time of need.
 - If Veteran is found not eligible during the Pre-Need determination, the Veteran will be entitled to VA Rights to Further Review.
- Burial and Memorial Benefits: Upright Headstone, Niche Covers, Burial Flag, Presidential Memorial Certificate, Bronze Medallion, and Commemorative Plaque and Urn.
- NCA provides coverage for 94.07% of all veterans within 75 miles of where they live. We are closing in on our goal of 95%. The total number of Veterans we serve with all national, state and tribal cemeteries included is nearly 17 million Veterans.
- In 2010, NCA covered 84.2% of the population. By the end of FY 2021, we covered 93.58% of the population. As of the start of FY25, NCA is at 94.07% coverage. NCA's goal is to achieve 95%. Access is defined as providing the Veteran population with reasonable access to a burial option within 75 miles of their homes.
- Along with opening new national cemeteries, our partnerships with states and tribal organizations have been critical to our effort to provide burial access. We will achieve our 95% access target by opening new state and tribal Veterans cemeteries through the National Cemetery Administration's Veteran Cemetery Grant Program.
- Through this program, VA has provided more than \$1 billion in grants to assist states and tribal governments in establishing and maintaining 124 Veteran cemeteries, 14 of which were awarded to tribal organizations.
- In FY25, the Veterans Cemetery Grants Program awarded 21 VCGP grants totaling more than \$77 million to 14 states. These grants pay for the expansion and/or improvement of state Veterans' cemeteries. The states receiving grants last year include Alaska, Arizona, Arkansas, Kansas, Kentucky, Massachusetts, Montana, New Mexico, North Carolina, South Carolina, Tennessee, Texas, Virginia, and Wisconsin.
- Overview for FY25: Together, VA grant-funded cemeteries and VA's National Cemeteries conducted approximately 176,000 interments
- NCA firmly believes that state, territorial and tribal cemeteries should be indistinguishable from national cemeteries. Veterans deserve to have the option to rest permanently in cemeteries that meet the standards we use to designate them as national shrines.

- Veterans Legacy Memorial is an NCA Web Application launched in 2019 to honor Veterans in VA National Cemeteries. We expanded this in 2021 and 2022 to include VA-grant funded state, tribal, territory Veteran cemeteries, and 2 of the 14 National Park Service cemeteries. Currently VLM has approximately 10.3 million Veteran pages and more than 125,000 items posted (tributes and mementos).
- In 2016, NCA launched the Veterans Legacy Program (VLP). This is an educational outreach program which engaged students and educators in researching the lives of Veterans interred in our national, State and tribal cemeteries.
- Ultimately this research is shared with the general public and is incorporated into lesson plans for use by teachers and other educational materials. In 2021, the program switched from funding through contracts to funding through grants to provide a funding vehicle more familiar to most academic institutions.

Office of Survivor Assistance (OSA):

Kristen Palmer, Supervisory Management and Program Analyst, Office of Survivor Assistance

- The Office of Survivors Assistance (OSA) was established by Public Law 110-389, Title II, Section 222, in October 2008, to serve as a resource regarding all benefits and services furnished by the Department to survivors and dependents of deceased Veterans and members of the Armed Forces.
- OSA 's 4-Tiers of Operations:
 - Advisor to the Office of the Secretary of Veterans Affairs
 - Outreach and education
 - Client relations and feedback
 - Survivor benefit policy and development
- Advisor to the Office of the Secretary of Veterans Affairs:
 - Legislation Analysis: monitor and advise on laws impacting survivor benefits.
 - Strategic Recommendations: provide evidence-based input to guide leadership decisions.
 - Cross-Agency Coordination: ensure survivor issues are represented across VA priorities.
- Survivor benefit policy and development:
 - Develop, direct, and implement Department-wide programs and policies.
 - Update forms, guidance, and tools to reflect evolving survivor needs.
 - Maintain ASK VA and other online platforms to simplify access.
- Outreach and education:
 - Deliver targeted training for VSOs, internal VA staff, and community stakeholders.
 - Strengthen partnerships with survivors and Veteran organizations.

- Promote awareness of survivor benefits and eligibility updates.
- Client relations and feedback:
 - Use surveys, listening sessions, and forums to gather survivors and stakeholder input.
 - Analyze trends and integrate findings into outreach and policy updates.
 - Monitor survivor experiences continuously improve services.

Office of Rural Health (ORH):

Dr. Peter Kaboli, Executive Director, Office of Rural Health

- Over half (52%) of the estimated 18 million civilian Veterans living today (>18 years old) are enrolled for VA health care. Of the 9.2 million enrolled Veterans, one-third (33%) are considered 'rural' using the U.S. Department of Agriculture's (USDA) Rural-Urban Commuting Area (RUCA) codes.
- VA has adopted RUCA codes as they use population density and commuting patterns to assign urban and rural designations to census tracts and viewing rurality in this way offers more detailed insight into how far rural communities are from health care services in more populated areas.
- Rural Veterans are more reliant on VA for health care than their urban residing counterparts as they enroll at a higher rate: **64%** vs. 46%.
- Enrolled Veteran Characteristics:
 - Male – 59% urban and 30% rural
 - Female – 8% urban and 3% rural
 - Vietnam – 71% urban and 29% rural
 - Peacetime – 73% urban and 27% rural
 - Gulf War I and II – 76% urban and 24% rural
 - Korean War - 78% urban and 22% rural
 - World War II – 79% urban and 21% rural
- ORH was established in 2006 by legislative mandate (38 U.S. Code § 7308) to study the specific needs of rural Veterans and the barriers to accessing care as well as the challenges of delivering health care services in rural and highly rural areas.
- ORH and its field-based Veterans Rural Health Resource Centers (VRHRCs) support the Veterans Health Administration and Under Secretary for Health to meet the intent of the Congressional mandate by cooperating with the medical, rehabilitation, health services, and implementation science research programs and working with all personnel and offices across the Department.
- ORH strives to meet its mission to honor America's rural Veterans by providing exceptional health care that improves their health. ORH is improving care and services for rural Veterans throughout the system through research and quality improvement, and by developing, refining, promulgating policies, best practices, lessons learned, and innovative and successful programs.
- ORH's work touches all aspects of Veteran care, so the office falls under

- VHA Patient Care Services (PCS) and reports to the Assistant Under Secretary for PCS.
- The vision of ORH is to lead the future in delivering unparalleled health and well-being to rural Veterans.
 - ORH Operational Goals include strategies, key actions, milestones, growth targets, and measures of key outcomes and Veteran experience:
 - Goal 1 reflects the charge to enhance access to high-quality healthcare for rural Veterans, delivered in-person and by telehealth.
 - Goal 2 reflects the high impact of the workforce serving rural Veterans. This includes understanding the rural health workforce, initiatives to enhance the ability to serve rural Veterans, and supporting recruitment best practices.
 - Goal 3 reflects the direction from Congress to develop, refine, and promulgate policies, best practices, and lessons learned to enhance healthcare for rural Veterans.
 - Goal 4 aims to support the mission of ORH and the VA by ensuring employees perform at top levels in every aspect of their service to Veterans and pursue professional development for individual improvement.
 - ORH has an impact across the entire VHA system. Programs and projects have been adopted at 100% of VAMCs.
 - In Fiscal Year 2025, ORH is supporting 34 Enterprise-wide Initiatives to increase access to health care services and innovative delivery of services.
 - The ORH has identified rural health care challenges:
 - Geography: travel distance to a medical appointment and/or lack of transportation, a reliable vehicle or a driver can be a barrier to care.
 - Workforce: provider shortages exist through health care in rural areas; efforts are needed to recruit and retain a highly skilled workforce.
 - Digital Divide: broadband internet access has increased though many rural communities remain “disconnected” and virtual care through telehealth is not available everywhere.
 - Social Determinants of Health: transportation, employment, housing, food security, and other unmet social needs have a direct impact on health.
 - The ORH portfolio is comprised of Enterprise-Wide Initiatives and seeks to expand national VA program offices’ health care efforts and Veterans Rural Health Resource Center portfolio projects.
 - Enterprise-Wide Initiatives funded in Fiscal Year 2025:
 - Primary Care/Geriatrics
 - Mental Health
 - Telemedicine
 - Transportation
 - Workforce Training and education

- Other Clinical Services
- Veterans Rural Health Resource Center established by Public Law, manages a portfolio of projects covering various topic areas.
- Veterans Rural Health Resource Center projects cover a wide range of clinical and operational topics and aim to address the VA Secretary's priorities through innovation and mentored implementation.
- Rural Mentored Implementations:
 - Increase access to care and services for rural Veterans and their families in the communities where they live.
 - Share clinical and operational knowledge among health care delivery professionals who serve rural Veterans.
 - Mentor program champions so they can successfully implement these strong practices.
 - Contribute to long-term improvements in the rural health care delivery system

Veterans Experience Office (VEO):

Dr. Lynda C. Davis, Chief Experience Officer, Veterans Experience Office

- The vision of the VEO is to harness customer experience (CX) data, tools, technology, and engagement to position the VA as the leading customer experience organization in government—ensuring that service members, Veterans, their families, caregivers, and survivors choose VA.
- VA defines CX as the product of interactions between an organization and a customer over the duration of their relationship. VA measures these interactions through:
 - Ease - VA will make access to VA care, benefits and memorial services smooth and easy.
 - Effectiveness - VA will deliver care, benefits and memorial services to the customer's satisfaction.
 - Emotion/Empathy - VA will deliver care, benefits and memorial services in a manner that makes customers feel honored and valued in their interactions with VA.
- The Journey of Veterans Map covers ten life stages any Veterans may encounter, from preservice to end of life. These life stages are organized in three phases in which Veterans' goals and aspirations are distinctly different.
- VEO measures and captures experience data and feedback, putting the Veteran first across VA decision making.
- VEO meets customers where they are through customer communications, community partnerships, and outreach events.
- VEO builds and scales tangible tools and products across VA.
- VEO delivers easy and effective Veteran experiences across all communication channels.
- VA.gov - Redesigned and launched in November 2018 to be Veteran-

focused, customer satisfaction with the site increased 23% and average monthly total users increased by 221%. After customer feedback, VA.gov was updated again and relaunched July 2023.

- VA Mobile Application - Launched in July 2021, the app has been downloaded more than 3 million times. With ratings of 4.8/5 in the App Store and 4.6/5 in Google Play, VA's Health and Benefits App is on par with industry leading applications.
- One easy-to-remember number to connect Veterans, their families, caregivers and survivors with all parts of VA and 24/7 live agents. Through MyVA411, VEO's Contact Center answers 1M+ calls annually – with average speed to answer 34 seconds.
- The VA Welcome Kit (www.VA.gov/welcome-kit/) gives customers clear and accurate guided journeys to navigate VA's comprehensive offerings.
- VA Centralized Outreach Module (VACOM) is a digital platform used by the Department of Veterans Affairs to integrate siloed data, target specific Veteran populations for outreach and track campaign success.
- VA-Wide Trust FY2025 Q3:
 - Trust 79.5% (+24.5%)
 - Ease 75.3% (+14.3%)
 - Effectiveness 79.5%
 - Emotion 77.6% (+14.6%)

Public Comments:

Dr. Cathy Bennett-Santos, PhD, National Association of Black Veterans

When discussing minority groups, particularly the Black or African American agenda, it's important to recognize that minority definitions are closely tied to race and ethnicity. I'm encouraged to see that we are incorporating more detailed racial distinctions, which helps ensure accurate representation and inclusivity.

Each minority population has unique characteristics that must be understood to address disparities effectively. For Black/African American Veterans, data from VA hospital systems between 2000 and 2019 shows disproportionately worse outcomes across key measures. This study—the only one of its kind in the U.S.—is vital for understanding demographic-specific needs and should inform targeted recommendations. Veterans themselves report these inequities in their communities, which often contribute to homelessness. Incorporating these findings into your analysis will strengthen efforts to improve equity and care.

When Veterans are under VA care or facing illness, we must surround them with community support to meet their needs and help them achieve stability. That's exactly what we're doing in Philadelphia through partnerships with local and state governments. This July, we'll host our annual Trail Blazer Initiative—an event that celebrates progress and empowers minority and women Veterans. Special thanks to

Minority Veterans Director Jackie Hayes-Byrd for creating a platform that allows women to serve as ambassadors and close critical gaps in care and support.

Our outreach efforts leverage social media and community engagement to bring critical information back to this forum, and I'm grateful for the opportunity to contribute and learn. The Trailblazer Initiative builds on prior research published in ProQuest and continues as an ongoing study, using data collected directly from Veterans through the Patient Experience Office and the Patient Advocacy Tracking System, established in 2023.

This data is essential—not only for understanding Veterans' needs but for ensuring timely responses. By submitting this data for consideration in recommendations, we can influence legislators and secure funding for intervention programs. These programs are key to guiding Veterans into supportive services and preventing homelessness. Our goal is clear: no Veteran should be left on the streets.

Meeting adjourned at 5:00 p.m. (EST) by Linda Singh, Chair

/s/ Linda Singh
Chair

/s/ Jacqueline Hayes-Byrd
Designated Federal Officer
Dated: February 24, 2026