Department of Veterans Affairs Advisory Committee on Tribal and Indian Affairs

1st Annual Report and Recommendations

January 4, 2023

The Honorable Denis McDonough
Secretary, Department of Veterans Affairs
810 Vermont Avenue, NW Washington, DC 20420

Dear Secretary McDonough,

As the Chair of the Department of Veterans Affairs (VA) Secretary's Advisory Committee on Tribal and Indian Affairs (TAC) established through the Veterans Health Care and Benefits Improvement Act of 2020[i] present these recommendations for your consideration. On behalf of the TAC, I want to recognize the continued progress made by VA to meet the growing needs of American Indian, Alaska Native, and Native Hawaiian communities. We would also like to recognize the strong support provided by Office of Tribal Government Relations. Their support has been instrumental throughout our inaugural year since formation.

The Recommendations approved by the full TAC in this 1st Annual Report contain short and long term strategic recommendations to help address the systemic changes needed to meet American Indian, Alaska Native and Native Hawaiian communities where they are at today. This report is divided into three sections to represent the three subcommittees formed out of the full TAC and they are:

1. Administrative Subcommittee
2. Veterans Benefits Administration/National Cemetery Administration Subcommittee
3. Healthcare Subcommittee

Each subcommittee made recommendations to the full TAC who approved them during our November 10, 2022 meeting. This TAC formally submits this report and recommendations for consideration and implementation.

It has been an honor to serve as the Chair and want to assure you that each subcommittee took great care and due diligence to ensure that each recommendation would be for the betterment of our fellow Veterans. Thank you for your continued support and the support of your team. The TAC and I look forward to working with you throughout 2023.

Sincerely,

1/6/2023

/s/
Jack Austin Jr.
Chairmen
Advisory Committee on Tribal and Indian Affairs

[i] 38 U.S.C. § 547.

Department of Veterans Affairs
Advisory Committee on Tribal and Indian Affairs (TAC)
1st Annual Report and 2022-2023 TAC Recommendations

HISTORY

The Advisory Committee on Tribal and Indian Affairs (TAC) is a statutory committee established as required by the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020[i] to provide advice and guidance to the Secretary of Veterans Affairs on all matters relating to Indian tribes, tribal organizations, Native Hawaiian organizations, and Native American Veterans. The TAC operates in accordance with the provisions of the Federal Advisory Committee Act, as amended, 5 U.S.C. Appendix 2.

MEMBERS

The TAC is comprised of 15 voting Members (14 currently) selected by the Secretary from among nominated individuals. Twelve members must come from the 12 Indian Health Service (IHS) service areas and be nominated by Indian tribes or tribal organizations from that service area. At least one member must represent the Native Hawaiian Veteran community and be nominated by a Native Hawaiian Organization and at least one member represents urban Indian organizations (UIOs) and is nominated by a national urban Indian organization. Not fewer than half of the Members shall be Veterans, unless the Secretary determines that an insufficient number of qualified Veterans were nominated. No member of the TAC may be an employee of the federal government.

COMMITTEE REPORT IN BRIEF

This is the first annual report filed by the Advisory Committee on Tribal and Indian Affairs (TAC) and in its advisory capacity, the TAC seeks to formulate and present recommendations to the Secretary on ways the U.S. Department of Veterans Affairs (VA) can improve its programs and services o to better serve Native American Veterans.

The TAC has internally organized into three separate subcommittees to better focus on different areas under the jurisdiction of the VA. The Administrative Subcommittee assists the tribal and federal co-chairs with meeting planning and logistics, document preparation, and making formal recommendations to the Secretary as appropriate. As their names suggest, the Veterans Health

Administration and the Veterans Benefits Administration/National Cemetery Administration Subcommittees focus their efforts on those functional areas, respectively.

In its inaugural report, TAC members sought to identify evolving issues of relevance to Indian tribes, tribal organizations, urban Indian organizations, Native Hawaiian organizations, and Native Veterans relating to programs and services of the VA; to propose clarifications, recommendations and solutions to address issues raised at tribal, regional, and national levels, especially regarding any tribal consultation reports; and to provide a forum for Indian tribes, tribal organizations, urban Indian organizations, Native Hawaiian organizations, and the VA to discuss issues and proposals for changes to VA regulations, policies, and procedures.

RECOMMENDATIONS OF THE TAC

Our recommendations are grouped under three main headers:

1. Administrative
2. Veterans Benefits Administration and National Cemetery Administration
3. Veterans Health Administration

Recommendation 1A: Tribal Consultation Policy

The TAC recommends that VA incorporate recommendations from the VA TAC and tribal leaders' input for the revision of the VA Tribal consultation policy in fiscal year (FY) 2023. VA should post the final VA Tribal consultation policy and disseminate to the 574 tribes through a Dear Tribal Leader Letter as soon as possible after the 60-day comment period.

Rationale: An updated Tribal Consultation policy is vital to the government-to-government relationship between VA and Tribes and to strengthen VA's ability to serve Native Veterans. As Executive Order 13175 recognizes, "[t]he United States has a unique legal relationship with Indian tribal governments," and the United States "has recognized the right of Indian tribes to self-government." Accordingly, each agency of the federal government is required to "have an accountable process to ensure meaningful and timely input by tribal officials in the development of regulatory policies that have tribal implications."

VA's Tribal Consultation Policy has not been updated since it was first instituted in 2011. The National Congress of American Indians has specifically highlighted outmoded bureaucratic processes as an obstacle to tribal self-governance and the Government Accountability Office has noted deficiencies in the VA's Tribal Consultation process.[ii] VA began Tribal consultation on the VA Tribal consultation policy shortly after President Biden issued his Memorandum on Tribal Consultation and Strengthening Nation to Nation Relationships on January 26, 2021.[iii] Six joint

agency virtual tribal consultation sessions were held and VA accepted comments regarding its Tribal Consultation Policy between March 8, 2021 and April 20, 2021.

The TAC believes that VA has met both the intent and spirit of consulting on the VA Tribal Consultation Policy and the document is ready to move forward as final. An updated VA Tribal Consultation Policy will enhance tribal self-governance and ensure that VA has an effective means of communicating with Tribes concerning the needs of Veterans who are also Tribal citizens. Given the importance of the updated Tribal Consultation Policy and the conclusion of the Tribal Consultation process in early 2022, the TAC believes that VA has met both the intent and spirit of tribal consultation on the VA Tribal Consultation Policy and the document is ready to move forward as final.[iv]

Recommendation 1B: Requirement for VA Functional Area Leadership to Attend Advisory Committee on Tribal and Indian Affairs (TAC) Meetings

The TAC recommends that when TAC meetings are held at the Veterans Affairs Administration Central Office (VACO), functional area leaders and subject matter experts within the VA attend in-person as a matter of requirement.

Rationale: The purpose of the Advisory Committee on Tribal and Indian Affairs is to provide advice and guidance to the Secretary of Veterans Affairs on all matters relating to Indian tribes, Native Hawaiian organizations, and Native American Veterans. The TAC is comprised of representatives from Native Hawaiian communities, Native American communities, Alaska Native corporations, and urban Indian organizations. TAC members travel great distances to attend in-person meetings in Washington, D.C. Many of the meetings are held at VACO, the same location where many VA officials maintain a primary office. It is not only respectful — it is absolutely essential — to have VA leadership physically present at TAC meetings.

Face-to-face introductions and interactions are culturally important to the TAC members and will result in better outcomes. In-person meetings provide an opportunity for VA leadership to hear directly from the TAC, to feel and experience the passion expressed by TAC members to hear firsthand the personal stories of Native Veteran needs and experiences not captured sufficiently captured in written communications, and to more fully understand and relate to issues that Native Veteran face every day in order to properly address those issues.

TAC meetings are scheduled at least 6 months in advance, if not longer. This allows sufficient time for VA subject matter experts to be identified based on each meeting's agenda. The Designated Federal Officer (DFO) of the TAC will share those meeting dates with identified key VA officials requested to attend a TAC meeting. Such members of VA leadership should prioritize their schedules to accommodate these meetings. As the establishment of this TAC was initiated by

an Act of Congress, VA leadership should understand that these meetings are to be given priority scheduling consideration. Attendance by and active participation of key VA officials at TAC meetings held at VACO reflects the level of importance VA places on the TAC and is an indicator of respect.

This recommendation supports the TAC Charter[v] objective and scope of the TAC to provide advice and guidance to the VA Secretary. The TAC appreciates that policy decisions are not made in a vacuum and that the Secretary has authority to delegate authority to appropriate staff. When both VA and Native Veteran advocates come to the table ready to engage in meaningful discussions together, this honors the maxim, "We will not make decisions about you, without you."

This recommendation should be implemented immediately to be in effect at the next regularly scheduled TAC meeting to be held at VACO. While TAC meetings are frequently held at VACO, the TAC also expects a high level of in-person participation by VA leadership and subject matter experts when TAC meetings are held in the field.

Recommendation 1C: Interagency Collaboration Under VHA-IHS MOU

The TAC recommends that the Secretary require each Veterans Integrated Services Network (VISN) Director to partner annually with at least one Indian Health Service (IHS), Tribal, Urban, or Native Hawaiian health program to meet a specific goal or objective as described in the current Veterans Health Administration (VHA)- IHS Memorandum of Understanding (VHA-IHS MOU).[vi] This requirement should be implemented in FY 2023.

Rationale: The current VHA-IHS MOU was updated in September 2021. The VHA-IHS MOU has had a very positive impact on VHA and IHS efforts to better provide healthcare to Native Veterans, particularly as it relates to reimbursement agreements. However, there remains a number of unrealized partnership and collaborative opportunities involving the two agencies that would both improve the quality of and access to care for Native Veterans.

For example, per the VHA-IHS MOU, the two agencies are to work together to facilitate enrollment and seamless navigation for eligible American Indian and Alaska Native (AI/AN) Veterans to access care in VHA and IHS health care systems. The VHA-IHS MOU also encourages VHA and IHS to improve access for their Native Veteran patient populations through resource sharing, including technology, providers, training, human resources, facilities, communication, and reimbursement.

Opportunities to improve the quality of and access to increased and improved health services are plentiful. For example, there is a nationwide healthcare provider shortage. Instead of competing for a limited pool of providers, VHA and Indian health systems could develop a strategy for recruiting and sharing hard-to-fill provider positions. Similarly, the agencies could develop a

strategy to efficiently leverage medical equipment sharing, such as diagnostic imaging equipment like magnetic resonance imaging (MRI) and computerized tomography (CT) scanners.

The United States is divided into 23 VISNs, which are regional systems of care working together to better meet local health care needs and provide better access to care. In directing that each VISN partner annually with at least one IHS, Tribal, Urban, or Native Hawaiian health program, the Secretary would send a clear message to VA staff as well as tribal leadership that interagency coordination on the VHA-IHS MOU is high priority.

Recommendation 1D: Urban Confer Policy

The TAC recommends that the VA develop an Urban Confer Policy in order to more effectively partner with urban Indian organizations (UIOs) in their provision of health services to Native Veterans living in urban areas. This recommendation should be implemented by December 2023.

Rationale: Regular urban confer with UIOs is essential to the success of VHA's efforts to be more responsive to the healthcare needs of Native Veterans living in urban areas. An urban confer is an open and free exchange of information and opinions that leads to mutual understanding and comprehension and emphasizes trust, respect, and shared responsibility. Urban confers are an established mechanism for dialogue between the federal government and UIOs that are a response to decades of deliberate federal efforts (i.e., forced assimilation, termination, relocation) that resulted in approximately 70% of all American Indians and Alaska Natives (AI/ANs) living in urban areas. Without regular urban confer with the UIOs that work to serve the 70% of AI/AN people living in urban areas, VHA and IHS will not be able to ensure the services they provide to Native Veterans are responsive to the needs of AI/AN Veterans in urban areas.

In addition to being sound public policy, urban confer is also consistent with the federal government's trust responsibility to provide healthcare to AI/AN people. In the Congressional findings of the Indian Health Care Improvement Act, the statute provides that "[f]ederal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people."[vii] Congress further declared that it is "a major national goal of the United States . . . to encourage the maximum participation of Indians in the planning and management of those services."[viii] Additionally, in codifying the policy of the United States regarding fulfillment of its trust responsibility to AI/ANs, the Indian Health Care Improvement Act provides that the national Indian health policy is "to ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities."[ix]

While the TAC includes UIOs in its membership and attempts to identify and address the complete spectrum of Native Veteran issues, the TAC cannot speak for all 41 UIOs across the country. Since UIOs are not tribes, they are not included in the VA Tribal Consultation Policy, which addresses government-to-government consultation with tribes and tribal leaders. VA lacks a process for UIOs to effectively advocate for Native Veterans living in urban areas and for VHA to obtain UIO information and feedback to more effectively address the healthcare needs of all Native Veterans.

Congress has directed the TAC to support the development of a VA Urban Confer Policy to ensure the Secretary confers with UIOs to the maximum extent practicable.[x] Accordingly, the TAC recommends that VA develop an Urban Confer Policy modeled after the IHS Urban Confer Policy.[xi] The TAC recommends that during its Urban Confer Policy development process, VA seek guidance from IHS colleagues as necessary. The TAC stands ready to identify subject matter experts to assist in this work.[xii]

Recommendation 1E: Inclusion of Native Hawaiian Veterans in Language Supporting Indigenous Communities

Like AI/AN, the TAC recommends that in accordance with applicable federal law, VA include Native Hawaiian communities in all VA actions resulting from TAC recommendations as appropriate.

Rationale: The TAC's Charter states that its objective is to provide "advice and guidance to the Secretary of Veterans Affairs on all matters relating to Indian tribes, tribal organizations, Native Hawaiian organizations and Native American Veterans." Native Hawaiian organizations are not included in the statutory definitions of Indian tribes or tribal organizations, nor do they engage in a formal government-to-government tribal consultation process, but their representation on and by the TAC was the intent of Congress in recognizing the importance of ensuring Native Hawaiian Veterans are treated with the same concern as AI/AN Veterans.

Like AI/ANs, Native Hawaiians serve our military at disproportionately higher rates, have historically experienced significant challenges in accessing resources, possess unique cultural practices, and experience homelessness, suicide, and other health issues at much higher rates than the general population. In order to ensure that Native Hawaiian Veterans receive the care and benefits they earned through their service to our country, VA needs to increase its understanding of Native Hawaiian culture, engage in culturally competent outreach to the Native Hawaiian Veteran community, build ties with organizations that the community trusts, and develop and utilize strategies that integrate Native Hawaiian cultural practices and norms. To prevent misunderstandings or inadvertent exclusions from policy or programs supporting Native Veterans by VA personnel, amongst tribes and tribal leaders, and with the American public, Native

Hawaiians should be specifically included by name in all VA actions resulting from this TAC's work. Native Hawaiians should never be deemed an afterthought.

Recommendation 1F: Cultural Awareness Training

The TAC recommends that VHA and IHS partner with tribes in each VISN to develop a cultural awareness training curriculum specific to those "local" tribes and Hawaiian Native communities and that attendance at such training should be required and included as an element in federal officials' performance rating plan. Agency action on this recommendation should begin no later than October 1, 2023 and be fully implemented by the end of federal fiscal year 2024.

Rationale: There are 574 federally-recognized tribes in the United States, numerous state-recognized tribes, and over 100 Native Hawaiian organizations. Customs, traditions, and beliefs vary from, or often within, each tribe and Hawaiian organization. The TAC believes that a broad understanding of those cultures is essential to facilitating more meaningful discussions and decisions affecting Native Veterans.

The social determinants of health, particularly as they relate to housing and living conditions, transportation issues, employment opportunities, health status, geographic factors, and culture and traditions affect Native Veteran viewpoints and their ability to access VHA and VA services. With a proper understanding of those issues, VA and VHA officials can more effectively understand the problems faced by Native Veterans and develop more appropriate solutions to those problems.

Recommendation 2A: Native American Direct Loan Program

The TAC recommends that VA subsidize the cost of construction or the loan itself. This would allow more Native American Veterans, living in rural and very rural Indian Country to qualify for these loans. An increase in approved loans to Native American Veterans living in rural areas would meet the intent of the program by making more homes available to Veterans and their family, creating another success in the VA portfolio.

The TAC recommends that Native American Direct Loan (NADL) Program leadership assess the feasibility of this recommendation by August 1, 2023 and identify what legislative and regulatory amendments would be required for full implementation. This will assist in development of the President's Budget Request, TAC advocacy efforts, and tribal consultation on this matter. NADL should consider utilizing tribal housing authority/program requirements in the modification of this process.

Rationale: The NADL Program is intended to provide loans to AI/AN Veterans who live on tribal trust land. The data from the program shows significant underutilization in tribal areas across the

continental United States, as compared to island communities. Among the primary factors driving this underutilization is the lack of employment opportunities within tribal land areas, as well as existing jobs offering insufficient wages to enable Veterans to afford the mortgages offered through the NADL program. Taking that into account, the issue becomes how to increase the numbers of Veterans utilizing the NADL program in such environments to address their housing needs. The following table outlines the program usage, as reported by the program, across each VISN:

NADL Loan Volume Since Program Inception (1992-9/30/22)

VISN	Loan Volume	States
1	2	MA, VT, NH, MA, CT, RI
2	4	NY, Northern NJ, North Central PA
4	0	PA, SW NY, eastern OH, DE
5	0	DC, MD, south central PA, Northern VA
6	4	Tidewater VA, NC
7	0	Non-Coast AL, GA, SC
8	0	FL, Southern GA, Virgin Islands
9	0	TN, Northern MS, Kentucky other than Louisville area
10	3	MI, OH, IN less Chicago suburbs, Louisville
12	32	WI less NW section, Northeast IL
15	2	MO, Southern IL, KS less north central and western border
16	1	LA, bottom 2/3 of MS, AR, Branson area MO
17	2	TX, eastern NM, Las Cruces NM
19	29	CO less southern border towns, UT, Elko NV, Rexburg ID, WY less eastern border, MT less Glacier Park area, OK
20	22	WA, OR, West ID, Glacier Park MT
21	969	Northern CA, NV less Elko area, HI, Guam, AS,
22	19	AZ, NM, Southern CA
23	116	MN, NW WI, IA, Western IL, NE, SD, ND
Total Loan Volume	1205	

Financial solvency, the ability for an otherwise qualified applicant to repay a loan, is the driving factor in determining if a Native American Veteran will receive a loan under this program. Offering subsidized loans (subsidized housing), much like those offered by Tribally Designated Housing Entities (TDHE) that utilize federal funding from the U.S. Department of Housing and Urban Development (HUD) and its programs authorized under the Native American Housing Assistance

and Self Determination Act of 1996 (NAHASDA), would assist many Native Veterans to qualify for NADL and other housing assistance offered through the VA.

TDHEs utilize a formula, as designated by HUD, to offset the cost of homeownership in the form of subsidies for potential homeowners under their respective homeownership programs. NADL could utilize a similar approach, which may require legislative and regulatory changes.

Recommendation 2B: Tribal Representative Expansion Project

The TAC recommends that a checklist, similar to the one used by the VA Office of General Counsel (OGC) for the accreditation process, and a brief training package on using VBMS should be created to educate/train new users on how to navigate the system. Once a TVSO/R is accredited under OGC, they would be provided with a copy of a checklist that would guide them through the process. The OGC and VBA can work jointly to develop this list. Additionally, once a new TVSO/R is accredited, formal notification to the VARO would be sent by OGC to notify them of a newly accredited TVSO/R and that personnel will be seeking assistance with obtaining a VIP card and may require limited technical support to load Citrix client software on non-VA technical assets. The TAC recommends implementation of this recommendation by September 30, 2023.

Rationale: The Office of General Counsel (OGC) has administrative oversight of the Tribal Representative Expansion Project (T-REP) initiative within the U.S. Department of Veterans Affairs. Under 38 C.F.R. § 14.628(b)(2) and (d), an organization may be recognized to prepare, present, and prosecute benefits claims before the VA as a "Tribal" organization. The process for accrediting or recognizing tribal Veterans service organizations (TVSO) and/or tribal Veteran service representatives (TVSR) is outlined in 38 C.F.R. § 14.628(b)(2) and (d). To that end, OGC has produced written guidance on those provisions, to include the required supporting documentation necessary to achieve accreditation/recognition. This initiative takes an organization 90% of the way towards being able to better serve Native American Veterans. Once a TVSO or TVSR (hereinafter "TVSO/R") has received their recognition via this process, there is still a gap between their formal recognition, and their actually being able to perform the services required to assist Veterans.

The accredited TVSO/R requires access to the Veterans Benefits Management System (VBMS) in order to be able to upload Veterans' claims. Access to this system is granted by the VA Regional Office (VARO) closest to the TVSO/R. VBMS access requires fingerprinting, and a successful completion of a background check followed by self-enrollment into TMS, which is a VA training site. The VSO will have to complete a VA Privacy and HIPPA training, along with the Information Security Awareness and Rules of Behavior and Training, Responsibility, Involvement, and Preparation of Claims (TRIP) training. The VA Privacy and Health Insurance Portability and Accountability Act of 1996 (HIPPA) training is also an annual requirement for the VSO to complete. Upon verification, a Personal Identity Verification (PIV) card is issued to each

authorized member of the TVSO/R. With the PIV card, users can access a web-based Citrix platform that allows them add a Veteran's Power of Attorney VA Form 21-22 and all other claims forms into VBMS via fax, postal mail, or directly uploading the documents into the system. There is no corresponding "checklist" for this certification process to get users a PIV and login credentials for VBMS as there is for the TRIP accreditation process. The TAC is not aware of any mechanism for teaching an individual how to use VBMS.

Recommendation 3A: Behavioral Health/Suicide Prevention

The TAC recommends that VA provide information on its efforts to collect data on 1) Veteran suicides that occur on tribal lands which can be included in the VA/IHS MOU operational plan; and 2) American Indian and Alaska Native Veteran suicides that occur in urban areas. Data concerning urban city of Native Veteran suicides needs greater specificity. VA data indicates that the suicide rate in rural versus urban areas was 14.6% lower for American Indian or Alaska Native Veterans, but how VA defines these areas is unclear. VA should begin collecting data by October 2023, publish its first report by October 2024, then annually publish the results at the beginning of each fiscal year thereafter in October of each calendar year.

Rationale: Enhanced reporting of data on Veteran suicides that occur on tribal lands and data on American Indian and Alaska Native Veteran suicides that occur in urban areas/off-reservation will allow VA, Tribes, and Urban Indian Organizations to identify where targeted and tailored intervention, prevention, and education efforts should be concentrated for the greatest efficacy. Veterans continue to commit suicide at a staggering and unacceptably high rate. According to the 2022 National Veteran Suicide Prevention Annual Report, in calendar year 2020 alone, there were an average of 16.8 Veteran suicides per day, making the suicide rate for Veterans 57.3% greater than for non-Veteran U.S. adults. In 2020, the suicide rate was 29.8 per 100,000 among American Indian or Alaska Native Veterans.

As noted in the 2022 Report, "[t]o inform Veteran suicide prevention approaches—including clinically and community-focused initiatives—it is important to understand trends in suicide mortality among" Veterans. Unfortunately, the data reported by VA with respect to suicide among Native Veterans may not be truly reflective of the Native Veteran population. For example, in generating the suicide rate, individuals identified as multiple races were categorized separately and not included in the data figure presenting unadjusted suicide rates by race and ethnicity. Many American Indian and Alaska Native people identify as multiracial. In fact, 2020 data from the U.S. Census Bureau shows that the population of those that identify as American Indian and Alaska Native in combination with one or more races grew by 160% since 2010. While the majority of American Indians and Alaska Natives live outside of Tribal jurisdictions, many Tribes are located close to urban areas like Phoenix, Seattle, or Oklahoma City. Similarly, some urban areas with large American Indian or Alaska Native populations, like Helena, MT or Santa Barbara, CA, may not meet certain statistical definitions of "urban."

There is an urgent need to continue to develop and target intervention, prevention, and education efforts to reduce suicide rates among Native Veterans. To do so, VA, Tribes, and UIOs need a better understanding of the true rate of suicide among Native Veterans and where these suicides are occurring. The TAC urges VA to begin annual reporting of Veteran suicides that occur on tribal lands and American Indian and Alaska Native Veteran suicides that occur in urban areas.

Recommendation 3B: Cultural Healers/Natural Helpers

The TAC recommends that:

- VA, incorporating input gathered in tribal consultation and urban confer, amend VA policy and relevant Veterans Health Administration (VHA) Directives to champion and/or allow the use of traditional healing as a legitimate and evidence-based practice that promotes the wellbeing of American Indian, Alaska Native, and Native Hawaiian Veterans. VA should complete this recommendation by October 2024; and,

- VA incorporate traditional healing for American Indian, Alaska Native, and Native Hawaiian Veterans as part of its Whole Health expansion and work with the TAC to develop a timeline identifying the steps and process necessary to include spiritual healers, cultural healers, and natural helpers in reimbursement agreements[xiii] established under the Memorandum of Understanding between VHA and Indian Health Service (VHA-IHS MOU).[xiv]. VA should complete this recommendation by January 2024 and,

- VA should create objectives in the operations plans of each region to increase Whole Health offerings by 3% each year with at least .5 % increase in American Indian, Alaska Native, and Native Hawaiian communities. VA should provide quarterly updates with information on progress made or a justification on why the goal was not reached. VA should gather information on the number of American Indians, Alaska Natives, and Native Hawaiians that currently participate in the program, including their tribal affiliation. VA should create a trending chart when tracking its response to the VA High Risk List Action Plan Update—Managing Risks and Improving VA Health Care report to the U.S. Government Accountability Office (GAO). VA should complete this part of the recommendation by March of 2024; and,

- VHA should work with the TAC to design a program that would bring American Indian, Alaska Native, and Native Hawaiian spiritual leaders equal to the VA Chaplain program by January 2025.

Rationale: For many years, in both rural and urban settings, VA medical centers, clinics, and hospitals have implemented programs and facilitated opportunities for Native Veterans to benefit

from traditional healing practices. In many tribal and urban health facilities, access to cultural healers has helped to improve the wellbeing of soldiers, especially during transition from active duty to civilian life. Addressing spirituality and cultural needs are essential to providing an authentic Whole Health approach to Native Veterans. Research has found that improving access to culturally competent care, such as through integration of traditional American Indian, Alaska Native, and Native Hawaiian healing practices with mainstream health care, may lead to better health outcomes and better patient satisfaction. Traditional healing as a reimbursable, billable service would allow for increased support and improved health outcomes for our Veterans. This would increase the ability for Native Veterans to participate in ceremonies, sweats, talking circles, sacred dances, and other traditional practices with trusted leaders from their own nation, Native Hawaiian community, or Urban Indian community in locations that were safe, familiar, and conducive to healing.

Many Native Veterans suffer from behavioral health issues, including post-traumatic stress, depression, substance use disorders, and other conditions that tend to co-occur. Substance use disorders are associated with increased risk for suicidality among Veterans, and substance use and mental disorders are closely linked among Veterans. Many have experienced various forms of trauma, including traumatic brain injury, moral injury, and military sexual trauma. Native Veterans who utilize VA health care experience posttraumatic stress disorder (PTSD) at a rate greater than all other Veteran groups and almost double that of non- Hispanic white Veterans. Our brothers and sisters deserve the highest level of care that can be delivered through an easy-to-navigate, coordinated system that allows them to access quality behavioral health care in their communities. VA's Whole Health model of health care utilizes personalized, patient-driven care with an emphasis on the use of complementary and integrative health (CIH). CIH consists of products and practices that are not currently part of mainstream, conventional Western medical practice. Inpatient and outpatient treatment and rehabilitation facilities should offer culturally-appropriate Whole Health initiatives for the Native Veterans they serve. Additional behavioral health support in partnership with VA is needed at Tribal Health Programs, UIOs, and Native Hawaiian organizations. Increased Whole Health offerings that address behavioral health conditions and suicidality among Veterans will ensure earlier assistance is available for Veterans in need.

Since 2003 and through its revisions, the VHA-IHS MOU has been at the core of the collaboration effort between VHA and the Indian Health Service to improve access and health outcomes for Native Veterans. Modeled after the VHA-IHS MOU, the VHA Tribal Health Programs (THP) Reimbursement Agreement Program enables VHA to enter into reimbursement agreements with individual THP. VHA-THP reimbursement agreements vary based on each tribe's goals and services available to patients. From the Reimbursement Agreement Program's inception in 2012 to the end of the federal fiscal year 2021, VHA has provided IHS and THPs nearly $149 million in reimbursements for the care of nearly 14,000 Native Veterans. In 2022, the VA Reimbursement Agreements Program (RAP) has expanded to include Urban Indian Organizations (UIO). In tribal

consultations, listening session dialogues, and within written comments, American Indian and Alaska Native tribal leaders, Veterans, community members, and health care providers continue to articulate the need for traditional healing activities as a reimbursable service.

VA Chaplain activities include providing supportive spiritual care, designing and leading religious ceremonies of worship and ritual, educating the healthcare team and the community on religious and spiritual issues, and encouraging and supporting research activities to assess the effectiveness of providing spiritual care. They comfort, support, lead, advocate, counsel, mediate, and educate. American Indian, Alaska Native, and Native Hawaiian spiritual leaders hold the same level of significance in supporting Native Veterans' personal well-being and spiritual health as do clergy and other spiritual communities serving as VA Chaplains in supporting Service members and Veterans. They provide spiritual care screening, assessment, and care plans consistent with their traditional and time-honored practices.

Recommendation 3C: Homelessness as a Health Disparity

The TAC recommends **t**hat VHA Homeless Programs Office amend its Strategic Plan to target a 5% increase in Stand Downs located on tribal lands, rural communities, Native Hawaiian communities, and in urban areas with a high population of American Indians and Alaska Natives. VA should create objectives in the operations plans of each region to ensure the target increase percentage in Stand Downs can be met. VA should provide quarterly updates with information on progress made or a justification on why the goal was not reached. VA should gather information on the number of American Indians, Alaska Natives, and Native Hawaiians that attend each event, including their tribal affiliation. VA should complete this recommendation by October 2025.

Rationale: Utilizing comprehensive data on recent, current, and projected Stand Down events supported by the VHA Health Care for Homeless Veterans program, the Advisory Committee on Tribal and Indian Affairs can make informed recommendations on how these events can be strengthened for American Indian and Alaska Native Veterans. Supported by the VHA Health Care for Homeless Veterans (HCHV) program, Stand Downs are collaborative events organized by local VA medical centers with support from tribes, community agencies, other government agencies, and community groups that serve people who are homeless. Stand Down events offer a variety of services that meet basic and immediate needs (such as food, clothing, and hygiene care), but perhaps one of the most impactful offerings provided is access to information about available resources that give a Veteran options in addressing their own health disparities. In federal fiscal year 2019, HCHV supported 320 Stand Downs providing outreach to over 75,500 Veterans, but the COVID-19 pandemic cut the number of events offered and Veterans reached by more than half. The VHA should update its Homeless Programs Office Strategic Plan 2021-2025 to target events on tribal lands and in locations with a high concentration of American Indians and Alaska Natives. This is in alignment with VHA's stated objective "to identify how current programs that

address Native Veteran homelessness could be strengthened, and whether new programs or deliverables are needed."

Recommendation 3D: Joint Advisory Committee Meetings

The TAC recommends that VA facilitate regular joint meetings and recommendations between its Advisory Committee on Tribal and Indian Affairs and Advisory Committee on Homeless Veterans, as well as its Advisory Committee on Women Veterans, to increase understanding, opportunities for collaborative efforts, and the development of effective strategies that strengthen common goals and objectives. VA should begin facilitating these joint meetings by October 2023.

Rationale: In its May 2022 annual report, the VA Advisory Committee on Homeless Veterans acknowledged that "[p]eople of color and Native Americans are disproportionately represented in the Veteran population we serve; as such, we recognize that racial equality should be centered in all VA strategies to end Veteran homelessness moving forward." It recommends "that VA prioritize racial equity and racial justice across all strategies to end Veteran homelessness" and "that VA formalize a comprehensive set of upstream strategies to address racial equity related to homelessness and housing, methods and practices that identify risk factors for homelessness and that help prevent the fall into homelessness among housed Veterans of color." It recognizes the need "to look closer at the social determinants of health across the board" and that "much work is still needed to address homelessness (especially unsheltered homelessness) among Native American Veterans." Given the shared interests and purposes of both the Advisory Committee on Tribal and Indian Affairs and Advisory Committee on Homeless Veterans, joint meetings and recommendations would likely result in increased understanding, opportunities for collaborative efforts, and the development of effective strategies.

Native women Veterans encounter unique gaps and barriers to the VA benefits and services they have earned. The proportion of female American Indian and Alaska Native Veterans is higher than that of female Veterans of other races. Many female Native Veterans struggle with transitioning back to civilian life. On top of navigating resources for their own health care needs, they often must balance family and work obligations. Historical mistrust of the medical system is also prevalent. Many will not speak to male Veteran Service Officers about women's health needs and are reluctant to apply for disability claims. Through engagement at Tribal Women Veterans Summits, the VA Office of Tribal Government Relations has learned that many American Indian and Alaska Native women that served in the military do not consider themselves "Veterans". They reported feeling invisible in their own communities. They continue to bring up culture as a way to combat this invisibility. Tribal leaders, Native Hawaiian organizations, and Native Veteran advocates understand that culturally-tailored health initiatives are often overlooked for female warriors. Incorporating cultural tradition and treatments in VA services for female Native Veterans

can improve the quality of life and health outcomes for our sisters, their families, and the American India, Alaska Native, and Native Hawaiian community.

Recommendation 3E: Advance Appropriations for IHS

The TAC recommends that VA support the Administration by:

1. Writing to the to the House and Senate Budget, Appropriations, and authorizing committees, affirming that advance appropriations for the VHA have reduced budget uncertainty effects of continuing resolutions and government shutdowns, as reported by the GAO.
2. Affirming to OMB and the White House that advance appropriations have helped the Veterans Health Administration.
3. Providing budget formulation and execution technical support upon request to the IHS.

Rationale: Although Congress provided advance appropriations[xv] for IHS through fiscal year 2024 — a historic first —VA's continued support for advance appropriations is crucial to pushing ahead the effort to secure advance appropriations for the Indian healthcare system permanently. The Indian healthcare system, including the IHS, Tribal facilities, and UIOs, is the only major federal healthcare provider funded through annual appropriations. As a result, whenever there is a budget disagreement in Washington which culminates in a government shutdown or continuing resolution, the provision of healthcare to IHS beneficiaries suffers. For example, during the 2019 government shutdown, several UIOs had to reduce services or close their doors entirely, forcing them to leave their patients without adequate care. One UIO suffered 7 opioid overdoses, 5 of which were fatal.

Advance appropriations can help ameliorate the impact of funding lapses by helping the Indian healthcare system ensure continuity of health care services through certainty of funding, permit planning for current and future needs, and promote provider recruitment and retention. In fact, in a 2018 report authored by the Government Accountability Office (GAO), VA officials stated that advanced appropriations "has improved their ability to manage resources for continuity of services and allowed them to avoid the substantial additional planning that occurs before a potential government shutdown when agencies are determining which providers and staff would be deemed excepted."[xvi] VA officials further stated that advance appropriations facilitates planning as well as physician recruitment.[xvii]

Because so many American Indian and Alaska Native Veterans utilize the Indian health care system, advance appropriations for the IHS is necessary to ensure that the health of Native Veterans is not at risk due to unrelated budget disagreements. Recent studies show that over 50% of American Indian and Alaska Native Veterans receive at least some of their healthcare through the IHS.[xviii] In some communities, an American Indian or Alaska Native Veteran may only have

access to an Indian healthcare provider. Without advance appropriations, the healthcare that these Veterans rely on the IHS to provide is at risk every single year.

In return for their military service, the United States promised all Veterans, including Native Veterans, "exceptional health care that improves their health and well-being."[xix] The need for exceptional health care for AI/AN Veterans is especially important given that they are more likely to be uninsured and have a service-connected disability than other Veterans.[xx] As one of the federal agencies which provides healthcare and receives advance appropriations, VA is well- placed to support advance appropriations for IHS and show the difference that advance appropriations can make for a healthcare system.

[i] 38 U.S.C. § 547.
[ii] Government Accountability Office, *VA and Indian Health Service: Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Native Veterans*, GAO-19-291 (Washington, D.C. Mar. 21, 2019), available at: https://www.gao.gov/assets/gao-19-291.pdf.
[iii] Presidential Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships, (86 Fed. Reg. 7491, Jan. 29, 2021), available at: https://www.federalregister.gov/documents/2021/01/29/2021-02075/tribal-consultation-and-strengthening-nation-to--nation-relationships.
[iv] On November 30, 2022, President Biden issued a new memorandum "to establish uniform minimum standards to be implemented across all agencies regarding how Tribal consultations are to be conducted." The TAC stands ready to provide guidance to VA on how the agency can build upon the baseline standards contained in the memorandum. *See* Presidential Memorandum on Uniform Standards for Tribal Consultation, (87 Fed. Reg. 74479, Dec. 5, 2022), available at: https://www.federalregister.gov/documents/2022/12/05/2022-26555/uniform-standards-for-tribal-consultation.
[v] Department of Veterans Affairs Charter of the Advisory Committee on Tribal and Indian Affairs (Apr. 23, 2021), available at: https://www.va.gov/tribalgovernment/docs/actia/actia-charter.pdf.
[vi] While Native Hawaiian organizations are not covered under the VHA-IHS MOU, the TAC recommends that VA ensure a similar VISN partnership for Native Hawaiian organizations. For example, the VA Sierra Pacific Network (VISN 21) includes the VA Pacific Islands Health Care System, which serves an estimated 31,000 Veterans throughout Hawaii and the Pacific Islands.
[vii] 25 U.S.C. § 1601(1).
[viii] 25 U.S.C. § 1601(3).
[ix] 25 U.S.C. § 1602(3).
[x] 38 U.S.C. § 547(f)(10).
[xi] *See* Indian Health Service, *Indian Health Manual, Part 5, Chapter 26: Conferring with Urban Indian Organizations*, available at: https://www.ihs.gov/ihm/pc/part-5/p5c26/.
[xii] For example, the National Council of Urban Indian Health (NCUIH) is the national non-profit organization with a mission centered on health equity for AI/ANs living in urban areas. Tribal organizations serving tribes that have a large concentration of their tribal members living in urban areas, such as the Northwest Portland Area Indian Health Board, are also well-positioned to provide subject matter expertise.
[xiii] The VA Indian Health Service/Tribal Health Programs/Urban Indian Organization (I/T/U) Reimbursement Agreements Program (RAP) provides VA reimbursement to IHS, Tribal Health Programs, and UIOs for services provided to eligible AI/AN Veterans. RAP was first initiated in 2012 with IHS and Tribal Health Programs and in 2022 expanded to include UIOs. The program is part of a larger effort to improve access to care and coordination for AI/AN Veterans under the broader VHA-IHS Memorandum of Understanding.
[xiv] *See* Memorandum of Understanding Between the United States Department of Veterans, Veterans Health Administration and United States Department of Health and Human Services, Indian Health Service (Oct. 1, 2021), available at: https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2021_Letters/60086-2-VHA-IHS-MOU-enclosure-10-26-2021.pdf.

[xv] Consolidated Appropriations Act, 2023, H.R.2617, 117th Cong. (Dec. 29, 2022), available at: https://www.congress.gov/bill/117th-congress/house-bill/2617.
[xvi] Government Accountability Office, *Indian Health Service: Considerations Related to Providing Advance Appropriation Authority*, GAO-18-652 (Washington, D.C. Sep. 13, 2019) at 14, available at https://www.gao.gov/products/gao-18-652.
[xvii] Id. at 14-15.
[xviii] B. Josea Kramer, Stella Jouldjian, Mingming Wang, Jeff Dang, Michael N. Mitchell, Bruce Finke, and Debra Saliba, *Do Correlates of Dual Use by American Indian and Alaska Native Veterans Operate Uniformly Across the Veterans Health Administration and the Indian Health Service*, 26 Suppl 2(Suppl 2), J. of General Internal Med. 662–668 (2011); Nancy D Harad, Valentine M Villa, Nancy Reifel, Ruth Bayhylle, *Exploring Veteran Identity and Health Services Use Among Native American Veterans*, 170(9) Mil. Med. 782-6 (2005).
[xix] Veterans Health Administration, *About VHA*, https://www.va.gov/health/aboutVHA.asp.
[xx] U.S. Department of Veterans Affairs, *American Indian and Alaska Native Veterans: 2017* (May 2020) at 14-19, available at https://www.va.gov/vetdata/docs/SpecialReports/AIAN.pdf.