

DEPARTMENT OF VETERANS AFFAIRS

**Advisory Committee on
Tribal and Indian Affairs**
Meeting 4 Summary

APRIL 4-6, 2023

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U.S. DEPARTMENT OF VETERANS AFFAIRS ADVISORY COMMITTEE ON TRIBAL AND INDIAN AFFAIRS MEETING #4

April 4–6, 2023

The U.S. Department of Veterans Affairs (VA) Advisory Committee on Tribal and Indian Affairs (the committee) convened for its fourth meeting on April 4–6, 2023. The meeting occurred in a hybrid format, with some participants joining virtually via Zoom and others attending in person at the Seven Feathers Resort in Canyonville, OR. In accordance with the provisions of Public Law 92-463, the meeting sessions were open for the public to attend. This document summarizes the presentations and discussions that took place during the 3-day meeting.

Committee Members in Attendance

The table below lists the committee members and indicates which days each member attended.

Member	Area Represented	Day 1	Day 2	Day 3
Chairman Jack Austin, Jr.	Oklahoma			
Adam Archuleta	Albuquerque	✓	✓	✓
Manaja Hill	Great Plains	✓	✓	✓
Reyn Kaupiko	Native Hawaiian Organization	✓	✓	✓
Nickolaus Lewis	Portland	✓	✓	✓
Admiral Kevin Meeks	Oklahoma			
Galyn Minkel	Bemidji	✓	✓	✓
Chauncey Parker	Billings	✓	✓	✓
Angela Pratt	Nashville	✓	✓	✓
Chief Bill Smith	Alaska	✓	✓	✓
Geno Talas	Phoenix	✓	✓	✓
Ted Tenorio	California		✓	
Sonya Tetnowski	Urban Indian Health Organization	✓	✓	✓
Fred Urbina	Tucson			
James Zwierlein	Navajo	✓	✓	✓

Table 1. Committee Member Attendance

Day 1

Tuesday, April 4, 2023

Opening

Acting Chair Sonya Tetnowski called the meeting to order. She introduced the Cow Creek Band of Umpqua Indians Color Guard, who posted the colors. Next, Jennifer Bryant, Cultural Resources Program Manager for Cow Creek Band of Umpqua Indians, offered an opening prayer.

Peter Vicaire, the committee's designated federal officer (DFO), welcomed attendees to the meeting. He then conducted roll call a quorum was present.

Welcoming Remarks

Joshua Jacobs, Acting Under Secretary for Benefits, provided opening comments. He underscored the importance of the committee's insights in guiding VA toward better connecting Native American Veterans with the services and benefits they have earned.

Acting Under Secretary Jacobs shared several recent VA accomplishments. He noted that long travel times to VA medical centers (VAMCs) discourage many Native American Veterans, especially elders, from attending the medical exams required to enroll in benefits. To address this challenge for Makah Tribal Veterans, the Veterans Benefits Administration (VBA) began bringing a mobile medical unit to Makah lands on a quarterly basis. Another recent accomplishment occurred in March, when VA lowered the interest rate for the Native American Direct Loan (NADL) Program from 6% to 2.5%.

Dr. Teresa Boyd, Veterans Integrated Services Network (VISN) 20 Network Director, also offered opening remarks. She said that the VISN20 serves 272 tribes and more than 10,000 enrolled Veterans and works to reach those who are not enrolled. The VISN engages with Native American Veterans in a variety of ways, including supporting Camp Chapparral since 1992 and participating in the Joint American Indian Veterans Advisory Council. The network operates a Tribal Veteran Representative (TVR) program that offers training and mentorship, through which 430 TVRs in Alaska alone have completed to date.

Manaja Hill asked if VA has considered designating Veterans who have a 70% disability rating or higher as automatically eligible for the NADL Program. He also pointed out that credit score requirements act as a barrier to accessing these loans for many Veterans. Acting Under Secretary Jacobs said that VA has interest in expanding eligibility for the NADL Program, given that the program is currently underused. He indicated that he will follow up on this issue.

Chief Bill Smith asked if VA has any updates to share regarding the committee's request to remove the term "trust land" in the authorizing legislation for the NADL Program. This terminology precludes most Native American Veterans living in Alaska from using the program, since 228 of the 229 Alaska tribes do not have trust lands. He added that if Congressional action is needed to change this wording, the committee will need VA's support in approaching Congress. Acting Under Secretary Jacobs responded that an expert on NADL would be presenting on the second day of the meeting and indicated he would ask this presenter to specifically address this issue during his presentation. Manaja Hill added that even for Veterans who are citizens of tribes that have trust lands, this language creates barriers by requiring the Veteran to go through an in-depth approval process with the tribal government. Acting Chair Tetnowski noted that the committee will need to ensure at least one committee member testifies about the importance of this bill.

Nickolaus Lewis noted that the issue with the NADL Program language has arisen at multiple committee meetings, with no progress made to date. He urged VA to indicate whether a legislative fix is needed for this issue and to clarify which issues do not fall under their authority. He suggested that the committee compile a separate list of recommendations pertaining to items that are outside of VA's scope so that committee members can bring these issues to their state legislatures and Senators.

Reyn Kaupiko noted that VBA has been responsive to requests from programs that serve Native Hawaiian Veterans, stating that in one case, changes were made within 3 months of the initial request. He expressed appreciation for the instances in which VA has been responsive.

Angela Pratt observed that only 29 tribes currently use the NADL Program out of the 574 tribes who are eligible. We need to find out why they are not participating, and we need to continue to educate tribes on the benefits of joining.

Geno Talas said that the NADL Program must honor cultural variation across tribes, noting that each tribe is unique.

Adam Archuleta highlighted the importance of conducting tribal consultation when designing programs for Native American Veterans. Gathering tribal input will help ensure these programs are useful to tribes and tribal Veterans.

Acting Under Secretary Jacobs expressed his commitment to follow up on the committee's concerns regarding the NADL Program.

OTGR Director Stephanie Birdwell provided welcoming remarks. She recognized Mr. Vicaire as the new DFO for the committee. She thanked those involved in coordinating this meeting, including the host tribe.

Advisory Committee Management

Jeffrey Moragne, Director, Advisory Committee Management Office, provided an overview of the committee term limits. Per the committee charter, a term is 2 years long. For all VA committees, members are limited to a total of two terms on that committee, plus one additional term on another committee. All members of the Advisory Committee on Tribal and Indian Affairs are approaching the end of their first term. To avoid needing to replace all committee members at the same time, the VA Secretary will appoint some of the committee members to shorter second terms than others so that term expirations are staggered. This approach is a standard operating procedure for all VA committees.

Director Moragne urged the committee to put all insights and recommendations in writing, which would compel accountability on VA's part by requiring a written response, as well as creating a record for future committee members. He also requested that each committee member nominate someone to replace them on the committee.

Mr. Hill raised concerns about the present meeting agenda, noting that VA revised the version of the agenda that the committee had approved. He emphasized the importance of honoring culture within the proceedings of this committee's meetings. For example, he remarked that the agenda should have included time for a welcome by the host tribe.

Director Moragne said that the committee can hold an administrative meeting to discuss this issue. The group cannot discuss committee recommendations during such meetings but can discuss any other topics. The DFO must be present for administrative meetings.

Mr. Lewis clarified that the committee had already discussed this issue and reiterated that their approved version of the agenda was overridden, with the time for comments from the host tribe removed.

Director Moragne said that agenda development is supposed to be a collaborative effort between the committee and the supporting VA office. Some items may be saved for future agendas due to time constraints, and VA also removes any items that may create a conflict of interest until that conflict is resolved.

Acting Chair Tetnowski indicated that the committee would like a response from VA on the process for deciding how to stagger members' second terms.

Advisory Committee Member Introductions

Acting Chair Tetnowski facilitated introductions of the committee members.

PACT Act Update

Acting Under Secretary Jacobs and Dr. Shereef Elnahal, Under Secretary for Health, provided an overview of the PACT Act, a new law that expands VA health care and benefits to Veterans exposed to toxic substances. Specifically, this legislation expands and extends VA health care and benefits eligibility for Veterans exposed to toxic substances and expands eligibility to enroll in VA health care for those who served in the Vietnam, Gulf War, and post-9/11 eras.

VA is adding more than 20 new conditions to the benefits roster. For specific locations and timeframes, the legislation removes the requirement for VA to establish a nexus between a Veteran's military record and medical record for service-connected medical conditions. Now, if a Veteran with a certain medical condition furnishes documentation showing that they served in a certain location and time period, VA can presume that the condition is service-connected. In addition, the PACT Act requires VA to consider additional conditions that may be related to toxic exposures and use a transparent process to determine whether these conditions warrant presumptive status.

For newly recognized presumptive conditions, Veterans who did not previously file a claim for that condition can file a new claim for a presumptive condition; additionally, those who filed a claim that was previously denied but whose condition is now considered presumptive under the PACT Act can file a supplemental claim. VA will attempt to contact Veterans whose claims were previously denied but may now be eligible for benefits due to a presumptive condition. VA prioritizes claims filed by prisoners of war, homeless Veterans, and Veterans ages 85 and older, and now, under the PACT Act, will also prioritize claims for Veterans who have cancer. There is a 1-year grace period for filing claims, meaning that Veterans who file a PACT Act claim before August 10, 2023, may be able to preserve an effective date of August 10, 2022, for their claims.

The PACT Act requires initial toxic exposure screenings for all Veterans, along with follow-up screenings every 5 years. It also directs VA to train health care staff and claims processors on toxic-exposure related matters. The legislation also includes provisions for expanding the workforce and conducting research on Veteran mortality, health trends, and cancer rates. Finally, it authorizes 31 new VA facilities across the country.

Since the passage of this legislation, VA has received 445,538 PACT Act claims, and more than 200,000 Veterans have enrolled in VA health care. VA began processing these claims on January 1, 2023. Since November 1, 2022, VA has conducted nearly 2.8 million toxic exposure screenings, approximately 21,000 of which were for Native American Veterans.

VA conducts outreach about the PACT Act, including events held in partnership with tribes. Over the next few months, VA has numerous outreach events planned across Indian Country and is in the process of planning more.

Acting Chair Tetnowski underscored the importance of a “no wrong door” approach for Veterans that enables them to easily enroll in or access services regardless of which VA entity they contact. She expressed appreciation to VA for taking this approach to outreach about the PACT Act by coming to where Native American Veterans live.

Mr. Hill asked how the age of 85 was selected for priority claims processing. Acting Under Secretary Jacobs said that he will follow up on this question. Mr. Hill shared an example of a Veteran acquaintance of his who is 74 years old with a 50% disability rating but has a heart condition, and Acting Under Secretary Jacobs welcomed a follow-up discussion on this case.

Mr. Hill asked whether toxic substance exposure screenings are available at Indian Health Service (IHS) facilities. Under Secretary Elnahal said he does not believe they are currently available at IHS facilities but acknowledged that making them available here would help reach more Native American Veterans. He said he will discuss this idea with VA and IHS leadership. Acting Chair Tetnowski suggested raising this issue with IHS Director Tso when she joins the meeting on the second day. Director Birdwell added that tribal and urban Indian organization health facilities may be interested in offering these screenings, as well.

Mr. Lewis highlighted that it is important for VA to meet with tribal leaders when they visit tribal communities. He shared an example of a recent VA visit to a tribe after which the tribal leadership indicated they were not aware the visit had taken place. Meeting with tribal leaders can help drive efforts within the community. He also noted that Veterans should be included in committee meetings and meetings between tribal leadership and VA.

Chief Smith suggested the NIHB National Tribal Health Conference in May and the Alaska Federation of Natives in October as good forums for reaching Native American Veterans, especially Alaska Native Veterans, with outreach information.

Mr. Hill added that working with regional intertribal organizations, such as the Great Plains Tribal Chairmen’s Association, is a good way to initiate outreach to tribes in that region.

Mr. Talas said that in the Phoenix Region, VA rural coordinators are the key point of contact for connecting VA with tribal leaders regarding outreach events. In addition, he asked how many of the 31 new facilities will serve Indian Country and, if none serve Indian Country, how the committee can request for new facilities that can serve tribal and urban Indian communities.

Ms. Pratt asked who from VA and the host tribes participates in the PACT Act outreach events. A VA attendee responded that the Veterans Health Administration (VHA) and VBA representatives from their respective service areas. Local tribal Veterans Service Officers (TVSOs), as well as staff from local tribal health providers and local IHS facilities, also participate in the events. Ms. Pratt highlighted the need for VA to regularly communicate updated information on these events to the committee so that they can in turn communicate with tribes and urban Indian organizations about whether their Veterans will have opportunities to file claims at upcoming events or should plan to file another way.

Acting Chair Tetnowski noted that it is important to enroll as many Veterans as possible before the 1-year grace period ends on August 10, 2023.

Tribal Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program

Hilary Atkin, Director for Grants Management, HUD-ONAP; Teresa Pittman, LCSW, Director, Tribal HUD-VASH Program; and Carla Clark, Program Specialist, Homeless Program Office, delivered a presentation on the Tribal HUD-VASH Program.

The Tribal HUD-VASH Program was developed in 2015 to extend the benefits of the HUD-VASH Program to Native American Veterans living in tribal communities, created in part because standard HUD-VASH vouchers cannot be used on American Indian reservations. Under this program, HUD's Office Native American Programs provides hybrid Indian Housing Block Grants to participating tribes for rental assistance, rather than issuing HUD-VASH vouchers. For both programs, VA provides the case management and supportive services for the Veterans served. Case managers for the Tribal HUD-VASH Program must possess or develop cultural knowledge specific to the tribal communities they serve.

The eligibility requirements are the same for the standard and tribal HUD-VASH programs. To be eligible to participate in the program, an individual must be a Veteran who meets the federal definition of homeless or at risk of homelessness. VA acknowledges that in tribal communities, homelessness may result in overcrowded homes due to other community members providing homeless individuals with a place to stay. Eligibility requirements state that the Veteran must be in need of case management to sustain housing and must agree to receive this case management.

For the tribal program, Veterans served must be American Indian or Alaska Native. The primary differences between the standard and tribal HUD-VASH programs pertain to how rental assistance is provided. Under the tribal program, rental assistance is not portable, since the assistance is provided to tribes through grants rather than vouchers. HUD provides these grants annually through a non-competitive award process. For tribal grantees, fair housing laws do not apply as they do for the standard program; tribes can use preference in determining which Veterans to serve through this program. The tribe also determines where to house the Veteran. Under the tribal program, a Veteran's income must not exceed 80% of the area median income, whereas for the standard program, local public housing agencies establish income limits.

HUD has issued two notices of funding opportunities to expand the HUD-VASH Program for current grantees or to extend it to new grantees. Currently, the program is determining how to award some leftover expansion funding and plans to conduct tribal consultation on this issue during the next few months.

VA is developing outreach to urban Indian organizations (UIOs) to promote awareness of services VA provides to Veterans experiencing or at risk of homelessness. They will work with IHS and UIOs to coordinate in-person meetings to discuss local needs, resources, and processes to access care.

VA works with communities to hold stand-down events, which offer homeless Veterans access to services and programs that assist in addressing homelessness. These services include assistance with filing claims, social services, meals, clothing, and haircuts. Tribal stand-downs are tribally led,

community-centered events that incorporate cultural practices and provide Veterans with resources to address and prevent homelessness.

VA also serves homeless Veterans through the National Call Center for Homeless Veterans, a central resource Veterans can call that directs them to their local VAMC or community resources.

Mr. Talas asked about the process tribes should use for determining where to house a Veteran. He also requested clarification on what non-portable rental assistance means.

Mr. Lewis shared an example of a Veteran who is ineligible for HUD-VASH assistance because her income is too high, even though her only income sources are disability and social security. He noted that his tribe does not accept HUD-VASH grants because it decreases their Indian Housing Block Grant funds. Insufficient housing stock is another challenge for many tribes. He said he would like to see data on the unused Tribal HUD-VASH Program funds. Mr. Lewis also highlighted the importance of ensuring that the program hears input from those doing this work in the field, since they understand the program barriers best.

Mr. Kaupiko indicated that he would like to have a follow-up discussion with VA about the HUD-VASH Program on Hawaiian homestead lands, as these lands are not considered tribal.

Mr. Lewis and Chief Smith expressed concerns about the disallowance of vouchers on tribal lands. Chief Smith said that using vouchers instead of grants would be helpful.

Mr. Hill expressed his support for using vouchers instead of grants for the Tribal HUD-VASH Program, since a voucher would not result in decreased Indian Housing Block Grant funds for tribes. He noted that to use this program, Native American Veterans must go through clearance processes for both VA and their tribe. He also noted that tribal politics can play a role in whether a Veteran receives housing. Finally, he pointed out that Standing Rock Sioux Tribe only uses 10 of 20 HUD-VASH placements each year.

Ms. Pratt said that the committee has raised the same concerns about the Tribal HUD-VASH Program to VA several times and urged VA to follow up on the recommendations the committee has already made on this program. She highlighted the underuse of this program as an indicator of its many barriers. She suggested holding a summit with those who work directly with Veterans. She also noted that more tribes are regaining reservation lands and may soon become eligible to participate in the program.

Chauncey Parker requested clarification on whether VA or HUD has the authority to make changes to the Tribal HUD-VASH Program. Director Birdwell said that HUD is responsible for the housing aspect of the HUD-VASH program, while VA oversees the case management component.

Mr. Lewis asked for an explanation on why HUD-VASH vouchers cannot be used on tribal lands. He urged VA to note and follow up on the concerns and recommendations the committee presents, highlighting the importance of accountability on the VA side. Finally, he stated that future committee meeting agendas should allow sufficient time for meaningful conversations to follow VA presentations.

Ms. Pratt said that previously, HUD told the benefits subcommittee that the voucher versus grant issue is a policy matter for HUD. The committee requests VA's support with attaining the needed policy change.

Director Birdwell suggested that the committee develop a document that lists the committee's requests that require policy fixes versus those that pertain to how legislation is interpreted. Mr. Lewis expressed support for this idea.

Public Comment Session

Mr. Vicaire indicated that VA did not receive any requests to provide public comment.

Co-Pay Exemption/Implementation

Dr. Mark Upton, Deputy to the Deputy Under Secretary for Health, provided several updates.

A concern that the committee previously expressed to Dr. Upton regarding the enrollment form sparked a broader discussion within VHA about updating the form. VHA decided to remove the problematic question from the form.

Dr. Upton announced that Travis Trueblood, Director for the VA Office of Tribal Health (OTH), is leaving VA. He thanked Mr. Trueblood for his pivotal role in launching OTH and stated that Dr. Christie Prairie Chicken will take on the role of director. Director Trueblood provided brief remarks thanking VA and the committee for their work and support of OTH.

Dr. Upton stated that the final regulation on co-pay exemption for Native American Veterans was published today.

Andrew Patrick, Executive Director for VA Revenue Operations (RO), described the co-pay exemption application process for Native American Veterans. As its primary form of outreach about this benefit, VA will include a slip in each co-payment statement that explains the benefit and how to apply. Veterans need to provide documentation proving their Native American status and a completed U.S. Office of Management and Budget form to apply for the benefit. Once RO establishes the applicant's eligibility for the benefit, they will waive co-pays for that Veteran in perpetuity and process refunds for any co-pays the Veteran paid dating back to January 2022. If the Veteran supplies insufficient documentation, RO will contact them and instruct them on how to re-apply.

Chief Smith raised the issue of Veterans who have been sent to collections due to unpaid co-pays, noting that these situations can negatively impact Veterans' credit scores. He also asked whether VA will charge co-pays for Veterans who receive community urgent care through VA's network and visit more than three times per year. Dr. Upton responded that based on tribal feedback, VA decided not to apply co-pays in those situations.

Executive Director Patrick said that if a Veteran was turned over to collections as a result of unpaid co-pays, RO will resolve the issue, cancel any outstanding debt, and ensure the Veteran receives reimbursement. Any debt accrued as a result of co-pays billed for beginning in January 2022 will be reimbursed and/or canceled.

Acting Chair Tetnowski said that at the last meeting, the committee suggested canceling the Veteran's debt in such situations and providing them with a letter they can furnish to credit reporting agencies to show that the issue was resolved. Another suggestion was for VA to send a message through the VA Health Information Exchange portal to Veterans who are eligible for the co-pay exemption benefit. She asked for more detail on what type of documentation VA will accept as proof of Native American status.

Director Birdwell said that VA will accept a Certificate of Degree of Indian Blood, a tribal enrollment card, or a letter or other official documentation from the Veteran's tribe. Dr. Upton indicated he will follow up about the possibility of using the VA Medical Exchange Portal as an outreach tool.

Mr. Lewis raised the issue of cultural and spiritual healing, noting that these practices vary across tribes. He said that the only way VA can truly understand these practices is by spending time in tribal communities. In-person attendance at committee meetings would also support this understanding.

Dr. Upton agreed, noting that he would like to continue dialogue about how he and others from VA can learn about these practices first-hand. Dr. Ben Kligler, Executive Director for the VA Office of Patient Centered Care and Cultural Transformation, and Dr. Tamara Campbell, Executive Director for the VA Office of Mental Health and Suicide Prevention, echoed these sentiments.

Dr. Prairie Chicken also acknowledged the importance of traditional healing and noted that OTH would like to implement a White House summit on this topic. Currently, VA offers some cultural healing services, such as sweat lodges and healing circles, but there is much more work to do.

Chaplain Chad Maxey noted that the National VA Chaplain Service recognizes that spiritual healing is critical for Veterans. Chaplains at VA facilities ask individual Veterans about their spiritual needs and work with tribes as needed to connect Veterans with these spiritual healing services. He welcomed feedback about how they can improve their work with tribes and Native American Veterans.

Mr. Talas said he is pleased to see that this benefit is finally available for Native American Veterans. He highlighted the need to clearly communicate about this benefit and what it covers to Veterans and TVSOs.

Dr. Upton welcomed the committee to provide input as this benefit unfolds about issues that need clarification or ideas for outreach materials that would be helpful.

Mr. Talas raised the issue of making the same benefit available to the spouses of these Veterans.

Chief Smith said that the Alaska Native Claims Settlement Act (ANCSA) of 1971 affected what tribal documentation is available for many Alaska Natives. Those who enrolled into an ANCSA corporation in 1971 typically have ANCSA enrollment numbers and BIA documentation, but those who missed the opportunity to enroll, including those born after 1971, do not have this documentation, though some ANCSA corporations will issue identification cards if asked. Dr. Upton said he will follow up on this issue.

Ms. Pratt asked how VA will decide which sites to visit to learn more about traditional healing, noting that visiting all tribes would not be feasible. She suggested adding a question about spiritual healing needs to the form Veterans complete when they visit a clinic.

Mr. Kaupiko highlighted a disconnect between the National VA Chaplain Service at the national and local levels, sharing that when he contacted the chaplain for his area, they seemed unaware of their responsibilities in regard to cultural healing.

Mr. Archuleta suggested creating a data dashboard that uses contributions from workers in the field to inform VA and helps track the success of cultural healing approaches.

Mr. Hill stated that for Native American people, spirituality is a way of life that cannot be categorized as a religion nor captured in a written protocol. Tribal spiritual leaders do not hold degrees in theology like

VA chaplains do. He expressed concern that the people responsible for developing policy on how to serve Native American Veterans do not truly understand the people they serve. He observed that VA leadership should set an example for all of VA by attending Native American ceremonies. In addition, VA should provide professional development to its staff on working with Native American communities.

Dr. Prairie Chicken underscored that OTH is committed to working with Native American communities and with the committee to engage in policy work and provide supports that honor traditional lifeways.

VHA-IHS MOU Operational Plan Update

Dr. Upton, as well as Dr. Peter Kaboli, Acting Executive Director for the VA Office of Rural Health; Dr. Sarah Ono and Dr. Travis Lovejoy, Co-Directors for the Veteran Rural Health Resource Center, delivered a presentation on the VHA-IHS Memorandum of Understanding (MOU) Operational Plan.

Of the approximately 18 million Veterans in the United States, 145,000 are Native American. The average life expectancy for Native American Veterans is 5.5 years shorter than that of the general population. In addition, they are more likely to experience social and economic difficulties that impact wellness compared to the general population.

Rural Veterans are more likely to use VHA for health care services compared to their urban counterparts (61% and 41%, respectively). Challenges to providing health care in rural areas include workforce shortages, geographic barriers, limited broadband coverage, and social determinants of health, like housing. Approximately 38,000 rural Veterans identify as Native American.

The mission of the VA Office of Rural Health (ORH) is to improve the health and well-being of rural Veterans through research, innovation, and the dissemination of best practices. Under the ORH strategic plan, the office's goals are to:

- Improve partnerships with other federal entities, such as IHS
- Reduce rural health care workforce shortages
- Conduct further research on rural Veteran health

ORH provides a variety of funding opportunities to help promulgate promising practices. In FY 2022, ORH awarded \$327 million to more than 40 enterprise-wide initiatives that are administered at the regional level and reach all VAMCs. As an example, one such program funds the purchase of tablets for Veterans. Another aims to increase the availability of transportation for Veterans.

The VHA-IHS MOU, which was first drafted in 2003, aims to improve access and health outcomes for Native American Veterans. The MOU was revised in 2012 and again in 2020. The most recent revision was intended to ensure the MOU reflects the evolving health care and health information technology (IT) landscapes. To inform this update, VA and IHS leadership conducted extensive tribal consultation. The MOU provides a framework for coordination and partnership through which the agencies can leverage and share resources in support of the following mutual goals.

- Increase access and improve quality of care and services for Native American Veterans
- Ensure enrollment and seamless navigation for Native American Veterans in VHA and IHS
- Facilitate the integration of the VHA and IHS health IT systems
- Improve access through resource sharing

The following work groups of the VHA-IHS MOU executive committee provide subject matter expertise and work to implement different aspects of the MOU.

- Patient care team
- IT team
- Access team
- Data and metrics team
- Learning and development team
- External communications team

The MOU operational plan outlines how VHA and IHS will accomplish the MOU goals. It provides robust oversight of critical MOU components, including program management, logistics, and data.

Programs outlined within the operational plan include the following.

- Veterans Transportation Service
- Highly Rural Transportation Grant Program
- HUD-VASH Program
- Consolidated Mail Out Pharmacy
- VA Video Connect
- Rural Native Veteran Health Care Navigator Program

The MOU offers a framework for reimbursement agreements between VA and tribal or IHS health providers. Successes under the VHA-IHS MOU include the reimbursement of \$186 million to IHS and tribal health facilities for care provided to more than 15,000 Native American Veterans and fulfillment of approximately 7.7 million mail-out pharmacy prescriptions. In addition, 26 tribal communities have received awards through the Highly Rural Transportation Grant for FY 2022.

Next steps for the operational plan include annual reviews of the plan and subsequent revisions, as well as annual tribal consultation/urban confer sessions. At some point, OTH will assume oversight for the operational plan.

Capt. John Rael, Director for the IHS Office of Resource Access and Partnerships, noted that the operational plan is designed as a living document that will continually evolve to continue supporting the well-being of Native American Veterans.

Mr. Lewis said that tribes must meet certain requirements to be eligible to enter into a reimbursement agreement with VA. He requested that VA provide an example of a reimbursement agreement contract for tribes to review, as well as a concept paper on the circumstances under which services provided to a Veteran are eligible for reimbursement. He noted that enrolling Veterans in Medicaid or Medicare is significantly easier than enrolling them in VA benefits and asked what VA can cover that Medicaid and Medicare do not. He also indicated that he would like data on how many tribes with VA reimbursement agreements are not using these agreements due to the complexity of billing VA.

Mr. Parker seconded Mr. Lewis' request for a list of tribes who have reimbursement agreements in place with VA but are not leveraging those agreements.

Chief Smith highlighted the trust responsibility that VA and IHS have to tribes, as well as VA's obligation to care for Veterans. He urged VA and IHS to reexamine their medication formularies, noting that if an IHS provider believes a Veteran needs a certain medication, VA should cover that medication. Many Veterans have encountered challenges stemming from a lack of alignment between the IHS and VA lists. He added that the VHA-IHS MOU and reimbursement agreements enabled an expansion from two to more than 200 clinics that serve Veterans in Alaska.

Ms. Pratt observed that these documents are only effective to the extent that they are implemented well. She encouraged VA and IHS to train their staff on the provisions of the MOU and reimbursement agreements and how to implement them properly.

Chief Smith and Dr. Kaboli clarified that the MOU focuses on federal collaboration regarding clinical care. Reimbursement agreements between VA and IHS or tribal facilities are enabled by the MOU but are distinct documents that are managed separately.

Mr. Talas shared an example of an effective approach that was previously in place but was disrupted by revisions to the MOU. He cautioned VA and IHS to be careful about such impacts when updating the MOU. Dr. Upton indicated that he would like to follow up with Mr. Talas about this specific situation to learn more and see if he can assist.

Veteran Experience Office

Barbara Morton, Deputy Chief, Veteran Experience Office, delivered a presentation on the Veteran Experience Office. Established in 2015, this office aims to collect feedback and perspectives from Veterans and use these insights to inform VA strategies, policies, programs, and decision-making. The office serves all three VA administrations and was launched to establish customer experience as a key measure of VA performance.

The office uses trust as the primary indicator for this performance measure. The VA definition of customer experience comprises ease, effectiveness, and emotion/empathy as the main drivers of trust. Issued in 2021, Executive Order 14058 underscores the importance of customer trust in federal delivery of services, as well as instituting customer experience as a key performance measure.

Between FY 2016 and FY 2023, the rate of Veterans who agreed with the question "Do you trust VA to fulfill this country's commitment to Veterans?" rose from 55% to 77%. VA's ultimate goal is 90%.

As part of its diversity, equity, and inclusion efforts, VA aims to measure, report, and improve the trust of underserved Veterans, such as women, Veterans of color, and LGBTQ+ Veterans.

Beginning in October 2021, VA spent a year gathering baseline enhanced demographic data on trust and its performance indicators. Native American and other underserved Veterans report lower trust and lower levels of ease, effectiveness, and emotion in their encounters with VA.

VA used a human-centered design to make improvements to the customer experience based on Veterans' voices. Deputy Chief Morton shared several examples of how VA improved customer experiences by focusing on feedback from the Veterans they serve. For instance, the VA website previously featured agency-level announcements on the home page. Based on Veteran feedback, VA redesigned the website so that the home page features the top user tasks. Customer satisfaction with the website subsequently increased by 23%.

To help conduct outreach related to the PACT Act, the Veteran Experience Office has been marketing ways Veterans can access up-to-date information from VA, including visiting the website, downloading the VA health and benefits app, and calling VA. They developed a PACT Act frequently asked questions document and a roadmap to applying for VA benefits under the PACT Act.

Mr. Hill expressed appreciation for the information provided, particularly the demographic breakdown of levels of trust Veterans have in VA. He noted that many Native American Veterans have been told to go to IHS when they visited VA, which contributes to the low trust levels.

Day 1 Closing

Acting Chair Tetnowski thanked the participants for their time and input.

Mr. Talas offered a closing prayer.

Day 2

Wednesday, April 5, 2023

Opening

Acting Chair Tetnowski called the meeting to order. Ms. Bryant offered an opening prayer. Mr. Vicaire welcomed attendees to the meeting and then conducted roll call, quorum was present.

Welcoming Remarks

Cow Creek Band of Umpqua Tribe of Indians Chairwoman Carla Keene provided opening remarks. She welcomed the meeting participants to the tribe's traditional lands. Native Americans, including citizens of Cow Creek Band of Umpqua Tribe of Indians, have fought and died for the United States at numbers that well exceed their proportion of the U.S. population. They have fought in every major U.S. military action, even before being granted citizenship. Patriotism is strong within Indian Country.

Chairwoman Keene introduced The Honorable Denis McDonough, Secretary of Veterans Affairs, and IHS Director Roselyn Tso, both of whom joined the meeting in person to participate in a panel discussion.

Secretary McDonough greeted the participants. He stated that in his role, he will advocate for Native American people, land, and resources. He thanked the committee, noting that they have accomplished a tremendous amount since their inaugural meeting in January 2022 and that he relies on their input and partnership to understand how to better serve Native American Veterans.

Secretary McDonough highlighted several areas of significant progress over the past year, as follows.

- VA established OTH, the sole purpose of which is to deliver health care to Native American Veterans.
- As of March 13, NADL interest rates decreased to 2.5% for the life of the loan. Veterans who have an interest rate of 3.5% or higher are eligible to refinance their loans to take advantage of this new rate.
- In August, VA provided the draft VHA-IHS reimbursement agreement to tribes for review. Tribal consultation on this issue occurred in September. VA and IHS are in the process of negotiating the final agreement.

- The Navajo Nation Veterans Administration became the first accredited representative under the Tribal Representation Expansion Project (TREP) and began filing claims in 2022. Eleven individuals representing nine additional tribes have requested training from VA's accredited training partner. Three individuals have completed this training.

Director Tso greeted the participants and thanked the committee for inviting her to join the meeting. She acknowledged that contexts and needs vary across tribes. Many Veterans opt to receive services from IHS instead of VA. She highlighted her priorities for IHS as including accountability and relationships with Veterans. She recognized that eligibility for VA services does not mean Veterans will visit VA to receive those services. Director Tso noted that she has fulfilled her commitment to visit all 12 IHS regions to better understand the challenges communities and individual Veterans face. In 2023, she plans to spend a week on the ground in each region. She also plans to attend the next committee meeting.

IHS is shifting to a more systematic approach by implementing one set of governance standards for all IHS facilities. On January 15, IHS issued its 1-year work plan for this unification effort. Approximately 2 weeks ago, IHS released its first-ever year-end review, which highlights the past year's accomplishments. Director Tso said that in her daily work, she prioritizes accountability to tribes and the transparent, appropriate use of resources.

Panel Discussion on the VHA-IHS MOU

Acting Chair Tetnowski initiated the discussion by highlighting the inconsistent delivery of health care services for Native American Veterans.

Chief Smith reported that in March, he testified before the House Committee on Appropriations and was asked if he truly believes that two federal agencies can work well together. He affirmed that this level of collaboration is possible, pointing to the VA-IHS partnership as an example. He urged VA and IHS to reexamine their medication formularies, noting that if an IHS provider believes a Veteran needs a certain medication, VA should cover that medication. He also reiterated the committee's request to remove the term "trust land" in the authorizing legislation for the NADL Program.

Secretary McDonough said VA is working on the formulary alignment issue and is committed to resolving this challenge.

Mr. Parker shared that for tribes in Montana, acquiring resources for Veterans and providing them with direct services is challenging due to the highly rural nature of the state. He also pointed to limited knowledge about the resources available for Native American Veterans as an ongoing challenge.

Secretary McDonough noted that the PACT Act is a powerful tool for raising awareness among Veterans about the services available to them. This legislation expands access to VA health care and benefits. He reported hearing about instances of Native American Veterans in rural areas who missed their compensation and pension exams due to travel challenges or mail issues that delayed their notification letters. VA is exploring how to reschedule these exams at locations that are more convenient for rural Veterans, such as IHS facilities.

Mr. Archuleta noted that IHS is modernizing its electronic health record system and that he looks forward to how this modernization may further promote collaboration with VA. He encouraged VA and

IHS to consider a future expansion of the reimbursement methodology for facilities that serve Native American Veterans.

Mr. Talas expressed support for conducting compensation and pension exams at IHS facilities. Regarding the VHA-IHS reimbursement agreement, he stated that the agencies should notify Veterans in advance of any changes the new agreement will create and how those changes could affect Veterans. This type of communication is key to rebuilding trust with Native American Veterans.

Secretary McDonough reiterated the importance of encouraging Veterans who are newly eligible under the PACT Act to indicate their intent to file by August 10, 2023, so that they can back-date their benefits to August 10, 2022.

Ms. Pratt underscored the importance of education, communication, and collaboration. She said that the federal system is very difficult to navigate, and VA and IHS must always listen to those they serve and be responsive to the navigational challenges that Veterans face.

Mr. Hill asked if IHS will conduct the toxic exposure screenings that are now required under the PACT Act. Secretary McDonough responded that IHS is not doing so at this point but indicated that VA will discuss this possibility with IHS.

Acting Chair Tetnowski suggested that VA also consider enabling tribal and UIO health care facilities to provide compensation and pension exams and toxic exposure screenings.

Mr. Hill suggested that VA consider involving tribal colleges and universities in the Veteran Readiness and Employment Program. This approach would provide a more culturally attuned experience for Native American Veterans. He shared his own experience with the program, describing an encounter with the University of North Dakota in which he was treated disrespectfully. Secretary McDonough said he would like to follow up with Mr. Hill to learn more about what happened.

Chief Smith remarked that VA reimburses expenses that Veterans incur when traveling to receive medical care at 33% lower than the allowable Internal Revenue Service rates. He said that for rural Veterans, especially in Alaska, reimbursement for lodging is important, as the trip to a compensation and pension exam may take several days. Individuals often risk their lives to travel over dangerous terrain, such as via the rivers in Alaska, and sometimes they do not arrive in time for their appointments. He requested more flexibility for these appointments for Veterans in rural Alaska.

Acting Chair Tetnowski highlighted several challenges that the committee discussed during the first day of the meeting, as follows.

- Use of the Tribal HUD-VASH Program on Hawaiian homestead lands
- Ongoing issues with billing under reimbursement agreements between VA and tribal health providers
- Implementation and use of the NADL Program, especially in Alaska
- Veteran debt caused by non-payment that results from a disagreement between VA and IHS about who is the payer of last resort

Mr. Lewis expressed his appreciation to Director Tso for her commitment to visiting Native American communities in person and to Secretary McDonough for following through on his commitment to attending this meeting in person. He said that while there are Veterans going without support, the

conversation about how to serve Veterans should never be easy. He recommended that Secretary McDonough follow Director Tso's example and visit tribal communities in person to see how Veterans live and hear from the people who work with Veterans every day. He reiterated several issues that the committee discussed during the first day of the meeting, as follows.

- Cultural healing practices vary across tribes but are critically important for Native American Veterans.
- Many tribes that have reimbursement agreements with VA are not actually using these agreements. There is a need to discuss this issue further and find out what challenges are contributing to this lack of implementation.
- Barriers to the Tribal HUD-VASH Program include disallowance of standard HUD-VASH voucher usage on tribal lands, housing stock shortages, and the refusal of some tribal housing authorities to use the program because it would decrease their Indian Housing Block Grant funds

Mr. Lewis said that increased flexibility for tribes in how they participate in programs and use funds, including reimbursements, would be incredibly helpful in addressing many of these issues. For example, tribes should be permitted to use their reimbursed funds according to their unique community needs, such as by building more housing for Veterans to use via the Tribal HUD-VASH Program. Further, many tribes do not seek grants at all due to the stringent application and reporting requirements.

Ms. Pratt highlighted the importance of ensuring that the voices of those who regularly work with Veterans are represented in tribal consultation and other engagements with VA. Sometimes, tribal leaders do not share VA's Dear Tribal Leader letters with the appropriate personnel. She agreed with Mr. Lewis' comments on the need for flexibility, noting that basing policy and regulations on input from one tribe would create barriers for other tribes, since all tribes have unique priorities, strengths, and challenges. She indicated that the only way to avoid creating barriers for any tribe is to build flexibility and provisions for tribal autonomy into policy.

Chief Smith said he would like to see this committee held harmless. He noted that some committee members did not attend this meeting in person because they could not afford upfront payment for lodging and per diem. Secretary McDonough indicated that he will work with the VA Office of Public and Intergovernmental Affairs (OPIA) to address this issue.

Director Tso and Secretary McDonough expressed their gratitude for this opportunity to learn from the committee, as well as their commitment to continue the conversation. Acting Chair Tetnowski thanked them both for their participation and encouraged them to contact the committee any time they would like advice or insight.

White House Council on Native American Affairs Health Committee

Dr. David Wilson, Senior Policy Advisor for the White House Council on Native American Affairs (WHCNA), provided a presentation on the council and its health committee.

In 2013, WHCNA was created by executive order to help improve federal coordination and use of resources for serving tribal communities. The Secretary of the Interior and the White House Domestic Policy Advisor co-chair the council, and the council members comprise senior federal leaders. The council aims to deepen cultural awareness and understanding of tribes as sovereign nations across the federal government, as well as maximize resources to serve tribal communities.

Three times per year, WHCNAA holds cabinet-level meetings during which policy decisions occur. In addition, cabinet-level engagements with tribal leaders, including the White House Tribal Nations Summit, take place three times each year. Each month, the council holds all-of-government meetings, as well as committee meetings.

WHCNAA comprises the following six committees.

- Climate change, tribal homelands, and treaties
- Economic development, energy, and infrastructure
- Education
- International Indigenous issues
- Public safety and justice
- Health

The health committee operates a Native American Veterans homelessness initiative. Stand-down events are a key component of this work, and the committee is working to involve more federal agencies in these events and encourage more Veterans to attend. They recently engaged the National Council of Urban Indian Health to conduct outreach to Native American Veterans about these events. The committee also launched a behavioral health initiative that involves IHS, CDC, SAMHSA, VA, and the National Institutes of Health (NIH). This initiative aims to provide services and resources as well as destigmatize behavioral health services.

Per a recent executive order, the health committee is also working to better incorporate Indigenous knowledge into federal decisions and actions. Traditional healing and traditional foods are key components of this focus on Indigenous knowledge. In 2019, NIH convened the first-ever traditional medicine summit. Planning for a second summit is underway for September 2023.

Dr. Wilson posed the following questions to the committee.

- What are the top priorities for Native American Veterans that you would like to achieve this year and in 2024?
- What are the most pressing health concerns facing Native American Veterans and what federal agencies could collaborate to address those concerns?
- What are the success stories from Native American Veterans about using traditional ways of healing?

Acting Chair Tetnowski said that traditional healing means feeling the support of one's tribe, participating in ceremony, and working with traditional healers. She shared that traditional healing helped her feel safe when she returned home after serving. She encouraged WHCNAA to continue contacting the committee for input.

Mr. Lewis noted that Section 1115 waivers through the Centers for Medicare and Medicaid Services (CMS) are a potential avenue for allowing cultural healing practices, but CMS has not approved these waivers. He observed that this response from CMS does not align with the presidentially directed focus on Indigenous knowledge. He requested WHCNAA's support in working with CMS to resolve this challenge. Dr. Wilson asked Mr. Lewis to invite him to the planned discussion with CMS on this issue.

Mr. Hill stated that traditional healing helped him regain the identity he lost while serving in the military. He tried several prescriptions that VA prescribed, but practicing his tribe's traditional ways helped him far more in recovering from a substance use disorder.

Mr. Kaupiko noted that when a Veteran experiences behavioral health issues, it affects the entire household. Veterans' families must be considered when discussing this topic, as well. Dr. Wilson agreed, adding that many homes in Native American communities are multi-generational, meaning that the behavioral health experiences of one Veteran can affect many people.

Mr. Talas said that he would like to see new VA facilities built on tribal lands.

Public Comment Session

Diana Lucero (Hopi) provided remarks during the public comment session. She began by emphasizing traditional healing as one of the most important issues raised during this meeting. She pointed out the helpfulness of such services for Veterans experiencing post-traumatic stress disorder. She also highlighted the importance of transportation for Veterans living in rural areas, noting that many people living on Hopi lands do not own vehicles. Ms. Lucero also identified a need for more caregiver supports. In many cases, the families of Native American Veterans choose to care for ill or injured Veterans themselves. These family caregivers spend a tremendous amount of time and money caring for the Veterans without receiving any compensation. Finally, she highlighted the important role of translators in serving Veterans. She said that speaking to elder Veterans in their own languages builds trust and increases the likelihood that the Veterans will share their experiences and concerns. If a Veteran does not understand a certain VA process, they may give up on accessing VA services altogether, and having a translator present to explain these processes can make a difference. In closing, Ms. Lucero thanked the committee and VA for their efforts.

Tribal Veterans Representative Expansion Project

Shekeba Morrad, Attorney, VA Office of General Counsel (OGC), provided a presentation on TREP.

To represent a Veteran before VA in their pursuit of benefits or services, an individual must first be recognized through VA's accreditation process. Individuals may be accredited as a representative of a VA-recognized organization or as an attorney or agent. A non-accredited individual may be specially authorized to represent a particular claim.

Organizations can also be recognized by VA as national, state, tribal, regional, or local organizations. Only one organization can be recognized on behalf of one state or tribe. There are specific requirements for each type of recognition (e.g., national, tribal) as well as general requirements for all types. Supporting documentation for organizational accreditation may include tribal constitutions, treaties or other proof of federal recognition, annual progress reports, grant applications, publications and websites, financial reports, internal policy, training materials, and personnel resumes personnel. The primary purpose of this documentation is to provide evidence of an effective and sustainable organizational structure.

Currently, there are 91 VA-recognized organizations that collectively comprise more than 8,000 accredited representatives. One of these is a tribal organization.

The purpose of TREP is to ensure that Native American Veterans have options to receive qualified, competent representation for their VA claims.

VA has learned the following through TREP efforts.

- Some states accredit TVSOs through VA-recognized state organizations.
- Some tribes already have Veterans programs in place and simply need to learn more about the process for becoming recognized.
- Funding appears to be the most limiting factor for tribes in establishing organizations that could potentially become VA-recognized tribal organizations.
- Some tribes employ an individual whose role is to connect Native American Veterans with external VA-recognized organizations. However, there are concerns about the frequency and continuity of these services.

For tribes that do not currently have sufficient options for representation, OGC helps facilitate access to representation by recognizing individuals or using OGC's discretionary authority to authorize certain individuals who are affiliated with tribal governments to prepare, present, and prosecute benefit claims before VA. Tribes who are interested in this special authorization should begin by emailing OGC. After discussing options with the tribe, if both parties agree that special authorization is the best option, OGC will set forth an MOU with the tribe to establish this special authorization. The specially authorized individuals must then complete training. Currently, three individuals from tribal communities are in the process of becoming specially authorized.

Vietnam Veterans of America (VVA) has volunteered as a free training partner for TREP special authorization purposes. However, VVA is not the only approved training source. A tribal government's assertion that the individual has completed training through a different VSO is sufficient to fulfill the special authorization training requirements.

To date, OGC has met individually with 21 tribes to discuss TREP. In addition, OGC has conducted outreach at several intertribal events. Navajo Nation was the first VA-recognized tribal organization as of May 2022. A second tribe has recently applied for VA recognition. OGC is exploring collaborations with state VSOs to learn about the best practices that emerged from their recognition processes with VA.

Once organizations attain VA recognition, they can connect with regional VBA points of contact to access the VA system. Under TREP, funding does not accompany recognition.

Tribes interested in discussing TREP can send an email to ogctrep@va.gov.

Mr. Talas indicated that he plans to email some questions to Ms. Morrad.

Chief Smith noted that a detailed checklist for the full recognition process would be helpful. He expressed his support for TREP.

Ms. Morrad said that tribes are not restricted to seeking VA recognition as tribal organizations; they can seek recognition as regional organizations, for example, if desired.

Mr. Parker remarked that the organizational recognition process is somewhat restrictive. He said that more organizations and individuals would likely apply if the process was more flexible.

Mr. Lewis indicated that the committee would like to have more discussions with OGC on a different topic. Attorneys at federal agencies often decline recommendations from tribes and tribal advisory committees. For example, the committee originally included in this meeting agenda a ceremony to honor an individual Veteran, but they were later told that this item was removed from the agenda at the direction of OGC. Celebrations of Veterans during these meetings are important.

Mr. Parker reiterated Mr. Lewis' concerns. He shared an example pertaining to the first stand-down event in Montana, which occurred last year. Local suicide prevention coordinators were invited but were not permitted to attend because the event occurred at a casino.

Survivor Benefits

Ann Duff, Director for the VA Office of Survivor Assistance, delivered a presentation on survivor benefits.

Caring for Veterans' survivors is an important component of VA's obligation to Veterans. If a Veteran passes away due to a service-connected illness or injury, the surviving spouse and dependent children are entitled to VA benefits. These benefits include VA health care and educational benefits. Survivors are eligible to be buried with the Veteran when they pass away or even if they pass away first. If the Veteran served during a war-time period and their survivor's income falls below a Congressionally established limit, the survivor is eligible for a survivor's pension.

The PACT Act expanded eligibility for Veterans as well as their survivors. Survivors of Veterans who died from a condition that is newly recognized as presumptive under the PACT Act can now apply for benefits.

The office's outreach about survivor benefits is designed to reach the Veteran first, since the survivor may be too overcome by grief when the Veteran passes away to consider applying for survivor benefits. In many cases, this outreach has encouraged Veterans who did not previously use VA to seek a disability rating to ensure their spouse will be eligible for survivor benefits.

Currently, VA is working to resolve several issues that the committee previously identified with the Native American Journey Map.

Chief Smith said that his brother, who was a Vietnam Veteran, died in 2017. VA told his brother's wife that she was ineligible for survivor benefits and asked that she repay some of his disability payments. He stated that VA stops paying immediately upon the Veteran's death, which often creates hardships for families. He emphasized the importance of connecting more survivors with benefits.

Director Duff said she would like to follow up with Chief Smith to learn more about his family's case. If Chief Smith's brother never received a disability rating from VA but his records show that he served in Vietnam and passed away due to a presumptive condition, even as a secondary or tertiary cause, his wife should be eligible to apply for benefits. She noted that the need for training at the regional level on who is eligible for survivor benefits is an ongoing challenge.

Mr. Talas highlighted the importance of ensuring spouses are aware of survivor benefits. Veterans should be encouraged to bring their spouses to claims clinics so that they, too, can learn more about these benefits. He pointed out that for some tribes, such as Hopi, traditional marriages do not usually involve a marriage license. He asked about VA's guidelines for how survivors should prove their marriage in this situation.

Director Duff responded that the VA requires the surviving spouse to prove in some way that they were effectively married. This evidence could include statements from neighbors or other family members, a letter from a tribal official, or the presence of joint financial accounts.

Mr. Lewis said that a theme has emerged during this meeting of a disconnect between VA headquarters and local VA offices. He urged VA to improve communication with its regional offices. He said he would like to see a clear plan from VA on how it will do so. Director Duff indicated that she will take this recommendation back to VA.

NADL Program Update

Bryant Lacey, Assistant Director for Program Management and Performance Analysis, provided an update on the NADL Program.

VA created the program in 1992 to fill a credit scarcity gap for Native American Veterans, given that traditional private lenders typically do not make loans on tribal lands. Since its inception, Native American Veterans have used the NADL Program to close on more than 1,200 homes. Of these loans, 523 are currently active. South Dakota has the highest number of NADL loans.

Veterans in receipt of service-connected disability payments are exempt from paying the VA funding fee, which is 1.25% for the NADL Program.

Currently, tribes are required to enter into an MOU with VA to use the NADL Program. Currently, 111 tribes have MOUs in place for the NADL Program. The interest rate reduction to 2.5% was instituted to address affordability challenges identified via feedback from the committee and other partners and stakeholders. This rate will be effective for 24 months. Assistant Director Lacey implored the committee members to help share information about this new rate and raise awareness that those with interest rates 3.5% and higher can refinance at this lower rate.

The NADL Program recently centralized its team and created a central data repository. This repository enables the program to easily track the numbers of applications and closed loans. In FY 2022, the program received 102 applications and closed on 40 loans. Incomplete applications contribute significantly to the gap between the number of applications received and the number of loans issued. A dedicated team follows up on incomplete applications to request more information.

A committee member asked if pandemic-related contractor and supply shortages also contributed to this gap, and Assistant Director Lacey indicated that these challenges, as well as limited housing stock on tribal lands, were likely additional factors. Further, infrastructure, such as sewer lines, must be in place before the NADL Program can approve a loan. Another challenge pertains to lack of income for Veterans who live in areas with limited employment opportunities.

Mr. Hill noted that in South Dakota, several tribes have independent loan programs that staff housing specialists. They assist Veterans with accessing the NADL Program, which likely contributes to the high NADL usage in the state.

Mr. Archuleta highlighted limited availability of local builders as a barrier to using the program. Large contractors are not usually an option, either, as they have indicated that involvement in building homes for this program is too legally complex. He also said that the complexity of the NADL Program MOUs discourages tribes from participating. Further, many Native American Veterans are hesitant to take out

mortgages, which he believes is a more significant barrier to program usage than lack of awareness in the Southwestern United States.

Chief Smith said the NADL Program is a great idea but requires some changes to increase its usability. In Alaska, people typically build their own homes, but they need to acquire the materials to do so. For Alaska Natives who have been allotted ANCSA corporation land, the land is in the individual's name. Chief Smith indicated that Alaska Native Veterans should be permitted to build on this land. In these cases, there is no tribe with which to establish an MOU. Finally, Chief Smith reiterated the committee's recommendation that VA remove the term "trust land" in the authorizing legislation for the NADL Program. This terminology precludes most Native American Veterans living in Alaska from using the program, since 228 of the 229 Alaska tribes do not have trust lands.

Mr. Kaupiko asked if any tribes have NADL MOUs in place but no active loans, and Assistant Director Lacey confirmed that this is the case for several tribes.

Assistant Director Lacey indicated that Senate Bill 185 contains five key provisions that would address many of the current barriers to the NADL Program. It would change the definition of trust land to be inclusive of Alaska corporation land, make MOUs discretionary, and allow refinances of non-NADL loans on tribal lands, such as HUD loans. This pending legislation includes an outreach component and a provision for a pilot program that would enable VA to lend funds to Native community development financial institutions at a rate of 1%, which the institutions can re-lend as they choose.

Programs for Serving Minority Veterans

Victor Lagroon, VA Chief Diversity Officer, facilitated a panel discussion with participation from Mr. Hill; Carmen Drummond, National Minority Veteran Program Manager for the Center for Minority Veterans (CMV); Terry Obago, Program Manager for the Albuquerque VA Health Care System; and Shawndin Tracy, Facility Rural Health Coordinator for the Phoenix VA Health Care System.

Mr. Lagroon began by asking the group: What are some of the innovative strategies that the Center for Minority Veterans is using to foster and develop partnerships to maximize awareness of the benefits with other federal, state, and local government agencies?

Ms. Drummond responded that CMV has formalized many of these partnerships with MOUs. Through the STRONG Act, CMV is partnering with IHS to develop information that is culturally tailored for Native American communities. CMV will place minority Veteran coordinators at each VAMC who will be responsible for connecting with VSOs at the local level. MVP's goals are to increase Veteran enrollment in VA services and benefits and raise awareness of the available benefits. In addition, MVP aims to conduct outreach to Native American Veterans about benefits that pertain to them specifically, such as co-pay exemption. At the Gathering of Nations in Albuquerque, NM, in April, MVP will bring together representatives from all three VA administrations to share information on a variety of issues ranging from burial benefits to traditional healing.

Mr. Hill noted that he was planning to speak about the concept for the Native American Veterans Program (NAVVP) rather than CMV. He stated that VA needs to promote improved cultural sensitivity and integrate traditional practices into the benefits it offers. He emphasized the importance of local representation and suggested creating local advisory boards that comprise Native American Veterans to educate VA staff on working effectively with Native American Veterans in those areas.

Mr. Obago described the NAVP, which he launched primarily as a suicide prevention effort. He has partnered with mental health specialists, psychologists, tribal leaders, and local VSOs. He visits Veterans in his area and brings mental health specialists with him. Since he began this work, there have been no suicides among NAVP patients. He also said that VA has not accepted the data he has gathered on Native American Veteran issues, making it difficult for him to justify funding for his program. Other barriers include lack of transportation and limited technology. He also remarked that many Veterans feel more comfortable receiving traditional healing than visiting VA.

Mr. Hill said that his tribe has experienced significant turnover of MVP coordinators. He emphasized the importance of placing individuals in these roles who understand tribal lifeways.

Mr. Lagroon then requested that the group discuss the STRONG Act.

Ms. Drummond said the STRONG Act requires cultural competency training for all MVP coordinators and institutes additional vetting requirements for this role. The MVP coordinator training is updated annually.

Dr. Prairie Chicken noted that Mr. Hill has proposed a training called Our Way of Life, which is a culturally informed suicide awareness training. She requested that VA internally discuss this suggestion further.

Day 3

Thursday, April 6, 2023

Opening

Acting Chair Tetnowski welcomed participants to the third and final day of the meeting and thanked the participants for their input so far.

Chief Smith provided an opening prayer. Next, Mr. Vicaire conducted roll call, quorum was present.

Public Comment Session

Mr. Vicaire indicated that VA did not receive any requests to provide public comment.

TAC Reports

The report the subcommittee submitted in January is anticipated to be complete within the next month. The committee discussed items for inclusion in the next report.

Acting Chair Tetnowski suggested that the subcommittee include in this report Mr. Hill's previous recommendation that was not included in the last report. Ms. Pratt said the Benefits/Memorial Affairs Subcommittee will continue to work on shaping this recommendation and will invite the full committee to the next subcommittee meeting so they can participate in finalizing the recommendation.

Acting Chair Tetnowski asked if the format for the upcoming report should mirror the previous report, which listed recommendations and reviewed the committee's accomplishments. Mr. Vicaire confirmed that the format will be the same.

Acting Chair Tetnowski said that at this time, the Health Subcommittee does not have further recommendations. However, they have identified some gaps for which the committee could develop policy change recommendations.

Chief Smith raised the issue of inconsistency between the VA and IHS medication formularies and VA's failure to reimburse IHS for prescribed medications that do not appear on the VA formulary.

Mr. Kaupiko suggested having a debrief after this meeting to promote the success of future meetings.

Mr. Parker asked if a mechanism is in place for tracking progress toward the committee's recommendations. Acting Chair Tetnowski indicated that VA has 120 days from the report's finalization to respond to the recommendations, indicating whether VA concurs and outlining action plans for the items with which they concur. Director Birdwell added that the VA Secretary will share the final report with Congress.

Mr. Hill emphasized the importance of face-to-face meetings but noted that not all committee members have the means to travel to the meetings. Further, some members cannot speak on behalf of all the tribes in their regions because they do not have the funding to meet with every tribe. He stated that it is unfair for regional representatives on the committee to only share the voices of some tribes in their respective regions. He recommended convening another meeting to discuss how to improve the structure of the committee.

Ms. Pratt noted the importance of ensuring that the committee captures proceedings and recommendations in writing for both subcommittee and committee meetings. She suggested capturing action items through meeting minutes or reports.

Mr. Lewis said that some committee members have waited 6 months to receive travel reimbursements from VA after attending committee meetings. He urged VA to make it easier for committee members to join these meetings in person, such as by paying per diem and lodging in advance. During the meeting, Director Birdwell contacted OPIA to request permission to centrally book lodging for committee members rather than using vouchers for reimbursement. She later announced to the committee that OPIA agreed to this approach moving forward. She said she will also look into the possibility of advances for per diem.

Mr. Lewis raised several challenges around the Tribal HUD-VASH Program, including the disallowance of standard HUD-VASH voucher usage on tribal lands, low housing stock, and the refusal of some tribal housing authorities to participate in the program due to the decreases it would cause in Indian Housing Block Grants. He also noted that while the 120 days elapse for the report's finalization, new issues are arising. Many times, the committee is not included in discussions that pertain to advancing the recommendations they made, such as discussions with the National Housing Council on addressing Veteran homelessness. He also raised the importance of VA learning about cultural healing and what it means by visiting tribal communities.

Chief Smith asked if the final report will be shared with the committee so they can see what VA sent to Congress.

Director Moragne indicated that OTGR will share the final version with the committee. Further, the report will be publicly available once VA shares it with Congress. VA will not make any changes to the

content the committee has written. Once the committee submits the report to the DFO, VA program offices have 120 days to review the content that pertains to their work, indicate whether they concur with the corresponding recommendations, and provide action plans for items with which they concur. The Secretary then views the report, which now contains both the committee's recommendations and VA staff's suggestions for how to address them. The Secretary can edit the staff's input and will then sign the report and send it to Congress, the appropriate VA program offices, and OTGR to share with the committee.

Director Birdwell assured the committee that VA will not change the wording of the committee's recommendations. Instead, they will attach responses that share any insights about the potential risks and challenges associated with these recommendations, as well as the corresponding program offices' proposed action plans.

Acting Chair Tetnowski said that the committee chair signed the report on January 6.

Director Moragne noted that the 120 days begin when VA receives the report, rather than when the committee chair signs it. VA aims to complete the review in fewer than 120 days, with the average timeframe being about 100 days.

During this conversation, several committee members raised concerns about the nature of the interactions, asking for respectful dialogue and government-to-government engagement.

Acting Chair Tetnowski recommended inviting the Secretary of Housing and Urban Development to the next committee meeting.

Ms. Pratt asked whether the committee is permitted to invite U.S. Secretaries to subcommittee meetings. She said that including decision-makers in earlier discussions would help the committee better prepare to discuss and put forward recommendations during the full committee meetings.

Director Moragne said that subcommittees report to the parent committee rather than to VA leadership. Secretaries can join subcommittee meetings as subject matter experts, but it may be more advisable to invite other VA officials to participate as subject matter experts. The committee should work with Mr. Vicaire and Director Birdwell to do so.

Mr. Archuleta observed that the current committee members have limited time to advance their recommendations before their terms expire. He noted that while adding new perspectives to the committee is important, continuity is just as important. He asked about the possibility of revisiting the committee member term limits. Mr. Kaupiko added that he hopes the Secretary of Veterans Affairs will join the next committee meeting, as it will be the last meeting of this group before terms begin to expire. Mr. Talas agreed and further noted that convening all the committee members in person at the next meeting would be ideal.

Director Moragne said that the term limits are statutory, meaning that altering the term limits would require changes to the authorizing law.

AI/AN Veteran Data on Suicide and Behavioral Health

Cicely Burrows-McElwain, LCSW-C, Director for the VA Technical Assistance Resource Center for Community-Based Interventions, and Stacey Owens, MSW, LCSW-C, Military and Veterans Affairs Liaison for SAMSHA, provided a presentation on joint suicide prevention efforts.

Suicide Prevention 2.0, which is a collaborative effort between VA and SAMHSA, follows a community-based approach to combining clinical expertise and community partnerships to create a full public health model for providing a continuum of services. VA supports this approach by providing staffing, coordination, and technical assistance. VA's National Strategy for Preventing Veteran Suicide is based on four strategic directions:

- Healthy and empowered Veterans, families, and communities
- Clinical and community preventive services
- Treatment, recovery, and support services
- Surveillance, research, and evaluation

VA's 2022 National Veteran Suicide Prevention Annual Report discusses trends in Veteran deaths by suicide and focuses on suicide counts and rates among various Veteran subpopulations. VA also publishes annual state data sheets, which contain state-level data and compare it to national and regional trends.

In 2020, the suicide rate for Veterans was 31.7 deaths per 100,000 individuals, with 6,146 Veterans dying by suicide during that year. Although these numbers are the lowest since 2006, the Veteran suicide rate is much higher than the rate among civilians. Suicide prevention is VA's top clinical priority.

Under the Governor's Challenge, SAMHSA and VA collaborate to promote partnership between state policymakers and local leaders to implement comprehensive suicide prevention plans. All VISNs now employ community engagement and partnership coordinators who educate community facilitators about how to form local coalitions on suicide prevention. The goal of the challenge is to reduce suicide by using a comprehensive public health approach. Currently, 49 states and 5 territories are engaged in this work. VA and SAMHSA recently convened a committee of experts to discuss how to include tribes in this challenge. As a result of this engagement, VA and SAMHSA committed to reevaluating the current model for the challenge. The agencies are also working with experts to develop tools and trainings on how challenge participants can serve Native American Veterans and their families in culturally appropriate ways.

According to the 2021 SAMHSA National Survey on Drug Use and Health, 2.4 million Veterans had experienced a substance use disorder in the past year, and 3.9 million had experienced mental illness. Respectively, 92% and 51% of these respondents were not receiving treatment for their conditions. To address this challenge, SAMHSA stood up the Service Members, Veterans, and Their Families Technical Assistance Center (SMVF TA Center). The SMVF TA Center assists tribes, states, and communities in strengthening capacity to meet the needs of SMVF. The Center also supports the Governor's Challenge and offers public learning opportunities.

SAMHSA funds crisis intercept mapping to bolster community capacity to recognize and intercept suicide crises among SMVF before suicide occurs. To date, 83 communities have received intercept mapping support from SAMHSA.

The Adult Treatment Court Program is the SAMHSA grant program that serves the highest number of Veterans. It aims to expand support for substance use disorder treatment and recovery within existing drug courts. The program supports 156 drug court grants, including eight tribal drug courts and 17 treatment drug courts for Veterans. SAMHSA also offers grants that specifically deal with the prevention of substance misuse in Native American communities. These programs include the Tribal Opioid Response grant, which addresses opioid crises in tribal communities by increasing access to culturally appropriate evidence-based treatments, and Native Connections, which aims to prevent and reduce suicide and substance misuse among Native American youth. Last year, 102 tribes and tribal organizations received the Tribal Opioid Response grant. Currently, there are 254 awards under Native Connections.

Within the U.S. Department of Health and Human Services Region 10, the Native and Strong Lifeline is available for those who call 988 from Washington State and select option 4. This crisis line, which is designed for Washington's Native American population, staffs fully trained Native American crisis counselors.

Acting Chair Tetnowski noted that suicide prevention and behavioral health were the top priorities within the committee's recent report to VA.

Mr. Talas asked if IHS and tribal health providers collect any of the same data on Veteran mental health issues that VA and SAMHSA collect. He also asked if the VA-SAMHSA data on this topic illustrates the factors contributing to suicide.

Director Burrows-McElwain said the agencies draw their data from the Centers for Disease Control and Prevention (CDC) National Violent Death Reporting System. She indicated that she will gather more information on whether IHS and tribes report their data to this system like states do.

Ms. Owens said that the CDC data does not capture contributing factors. However, a key rationale for prioritizing community partnerships is the acknowledgment that these contexts are often community specific. SAMHSA aims to provide resources to communities so that tailored, culturally appropriate prevention plans and initiatives can be developed at the community level.

Mr. Hill said that education level requirements usually accompany community-level funding. For example, the grantee is often required to employ licensed social workers who have master's degrees. These requirements preclude many tribal personnel with cultural expertise from participating in the program. He asked about these requirements for the VA and SAMHSA grants pertaining to behavioral health.

Director Burrows-McElwain indicated that the VA Staff Sergeant Parker Gordon Fox Suicide Prevention Grant is inclusive of cultural healing activities. Several tribes are current recipients of this funding. The Governor's Challenge is an unfunded effort and thus does not have grant requirements.

Ms. Owens said that SAMHSA is currently developing a national peer support model. The recommendations for model standards are currently open for public comment.

Acting Chair Tetnowski urged VA and SAMHSA to specifically mention UIOs in the program language to ensure these organizations can apply, since they are not categorized as tribal organizations.

Mr. Lewis noted that 52% of Veterans do not use VA services, and this number is higher among Native American Veterans, most of whom use IHS instead. Conversations that are restricted to VA's purview do not account for the full range of ways in which Native American Veterans receive services. He characterized the committee as the body that can advocate for Veterans' needs across federal partners. He suggested inviting VA to future SAMHSA meetings and sharing today's VAR SAMHSA presentation with SAMHSA's tribal advisory committee.

Committee Transition Plan

Acting Chair Tetnowski asked each committee member to indicate whether they would like to continue serving for a full second term or vacate their positions earlier to help establish staggered terms. The committee members responded as follows.

Committee Member	Response
Chauncey Parker	Would like to continue serving; second term will last the full 2 years due to a later appointment to the committee
Chief Bill Smith	Would like to serve full second term
Reyn Kaupiko	Would like to serve full second term but willing to end term early if needed
Nickolaus Lewis	Would like to serve full second term but willing to end term early if needed
Geno Talas	Undecided
Adam Archuleta	Would like to serve full second term
Manaja Hill	Will obtain input from the body that appointed him
Galyn Minkel	Would like to end term early; seeking a candidate for replacement
Sonya Tetnowski	Would like to serve full second term
Angela Pratt	Would like to serve full second term
Chairman Jack Austin, Jr.	Not present to respond
Admiral Kevin Meeks	Not present to respond
Ted Tenorio	Not present to respond
Fred Urbina	Not present to respond
James Zwierlein	Not present to respond

Mr. Lewis suggested assigning shorter second terms to committee members who have been unable to actively participate. Acting Chair Tetnowski agreed.

Mr. Talas asked about the timeline for committee members to nominate their replacements.

Director Moragne indicated that nominees should be identified in August or September. The DFO will put together a recommendation package that includes recommendations for rerappointment as well as for new appointments. The DFO will send the package to the Secretary. Those who are appointed or rerappointed will receive appointment letters, and anyone who is not rerappointed will receive a certificate of appreciation.

Acting Chair Tetnowski noted that the committee will need to follow up with the committee members who were not present to gather their responses. She added that the committee can nominate a new chair if desired.

Closing

Acting Chair Tetnowski thanked the meeting participants.

Mr. Talas offered a closing prayer.

The Cow Creek Band of Umpqua Indians Color Guard retired the colors.

/s/ Sonya Tetnowski

Sonya M. Tetnowski