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U.S. DEPARTMENT OF VETERANS AFFAIRS ADVISORY COMMITTEE ON TRIBAL AND INDIAN AFFAIRS MEETING #6

September 24–26, 2024

The U.S. Department of Veterans Affairs (VA) Advisory Committee on Tribal and Indian Affairs (the committee) convened for its sixth meeting on September 24–26, 2024. The meeting occurred in person at VA offices in Washington, DC. 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	Day 1	Day 2	Day 3
Chairwoman Sonya M. Tetnowski	✓	✓	✓
Ricky Alex	✓	✓	✓
Adam Archuleta	✓	✓	✓
Jack Austin, Jr.	✓		
Bobbie Baldwin	✓	✓	✓
Dean Dauphinais	✓	✓	✓
Reyn Kaupiko	✓	✓	✓
Nickolaus Lewis	✓		
Kevin Meeks	✓	✓	✓
Chauncey Parker	✓	✓	✓
DeLisa Ramon	✓	✓	✓
Ivan Sam	✓	✓	✓
William Smith	✓	✓	✓
Frank Star Comes Out			
Eugene “Geno” Talas	✓	✓	✓

Table 1. Committee member attendance

Day 1

Tuesday, September 24, 2024

Opening

Dean Dauphinais, Member of the VA Advisory Committee on Tribal and Indian Affairs, called the meeting to order.

Veronica Duncan, the committee’s designated federal officer (DFO), conducted roll call. A quorum was present on Day 1.

Sony M. Tetnowski, Chairwoman of the VA Advisory Committee on Tribal and Indian Affairs, welcomed the participants to the meeting.

Chief William "Bill" Smith provided an opening blessing.

Welcoming Remarks

Zaneta Adams, VA Deputy Assistant Secretary for Intergovernmental Affairs, greeted the participants and provided opening comments on behalf of the VA Office of Public and Intergovernmental Affairs (OPIA).

One of OPIA's key responsibilities is ensuring they share stakeholders' concerns and challenges with VA leadership and the White House. The Office of Tribal Government Relations (OTGR) is under OPIA's purview. OPIA is pleased to see VA improving how they serve Native American Veterans. Examples of this progress include implementation of the copayment exemption for Native American Veterans, growth of the Native American Direct Loan (NADL) Program, and partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) on suicide prevention efforts for Native American Veterans. Deputy Assistant Secretary Adams noted that the input and recommendations from this committee support VA in continuing to better serve Native American Veterans. She went on to welcome Executive Director Stephanie Birdwell back to OTGR. She concluded her remarks by thanking the committee for their time and efforts and welcoming them to contact her with any questions.

Office of Tribal Government Relations Updates

Executive Director Birdwell provided opening remarks and shared updates from OTGR. First, she thanked the committee members and VA leadership for their presence at the meeting. She announced that Terry Bentley recently retired from OTGR. Executive Director Birdwell expressed that she is pleased to be back with OTGR and ready to fight for better outcomes for Native American Veterans. She went on to highlight several of VA's recent accomplishments in support of Native American Veterans. These achievements include establishment of VA's tribal consultation policy, increased emphasis on suicide prevention, expansion of the NADL Program, implementation of claims events as a standard practice, establishment of reimbursement agreements with tribes and Indian Health Service (IHS), inclusion of purchased/referred care (PRC) in reimbursement agreements, and operationalization of the VA Office of Tribal Health (OTH) and the Advisory Committee on Tribal and Indian Affairs.

Executive Director Birdwell asked the subcommittee chairs to provide a preliminary overview of their priorities and any potential recommendations they plan to propose for the committee's consideration.

Chairwoman Tetnowski, who chairs the Health Subcommittee, shared that the subcommittee will propose recommendations pertaining to home-based health care, consistent implementation of basic life support, data collection on Veteran suicides in tribal communities, and establishment of a scholarship program for Native American Veterans who plan to join health care-related fields.

Mr. Dauphinais, who leads the Benefits and Cemeteries Subcommittee, said that the subcommittee plans to propose recommendations on establishment of an annual data report about Native American Veterans, improvements to the NADL Program, and staffing increases for OTGR.

Kevin Meeks, who serves as the Administrative Subcommittee chair, reported that the subcommittee does not have updates to share because they have not convened since the previous committee meeting.

Nickolaus Lewis emphasized the importance of using a tracking tool to ensure that the committee stays informed about VA's progress toward addressing the committee's recommendations. Trackers have replaced reports for many other advisory groups and are powerful tools for ensuring that committees have up-to-date information about the status of each recommendation.

Chairwoman Tetnowski said that the committee may also consider making a recommendation for VA to remove the committee member term limits. The intent of this change would be to promote consistency and retain institutional knowledge within the committee. The committee understands that this change would likely require congressional action, but they would like to discuss the issue with VA to assess whether there are any administrative options for addressing this concern. This potential recommendation is within the Administrative Subcommittee's purview.

Tribal Representation Expansion Project

Christa Shriber, Deputy Chief Counsel, VA Office of General Counsel (OGC), delivered a presentation about the Tribal Representation Expansion Project (T.REP).

As more Veterans seek to enroll in VA benefits, the need grows for representatives who can prepare, present, and prosecute claims. To represent Veterans' claims before VA, individuals must first be recognized by VA, which means that VA ensures the representative has the proper credentials and training and adheres to appropriate conduct. VA also investigates any complaints from Veterans against those who represent their claims. To become recognized, an individual must either be accredited or receive special authorization from OGC to represent a claim. There are several paths to accreditation for individuals. One can be accredited as an attorney, an agent, or a representative of a VA-recognized Veterans service organization (VSO). Attorneys and agents can charge Veterans a fee to represent their claims. VSO representatives and specially authorized representatives are prohibited from charging fees.

Currently, VA recognizes 93 VSOs as national, state, tribal, regional, or local organizations that have authorization to represent claims. For an organization to be recognized as a VSO, it must meet requirements specific to the organization type (national, state, tribal, regional, or local), as well as general requirements that apply to all organization types. In 2017, VA changed their regulations to enable federally recognized tribes to obtain VA recognition as tribal VSOs for the purpose of representing claims. Previously, tribes had to seek recognition as local or regional organizations. Presently, two tribes are recognized VSOs: the Navajo Nation and Gila River Indian Community.

For instances in which tribes are struggling to find enough representatives, OGC can use its discretionary authority to authorize certain tribally affiliated individuals to prepare, present, and prosecute claims before VA. Free training is available for these individuals through VA's partners.

OGC has done extensive outreach to tribes about T.REP. Ms. Shriber encouraged the committee members to put OGC in touch with any tribes or individuals who may have interest in participating.

Mr. Lewis suggested inviting the two tribal VSOs to present to the committee during a future meeting. It would be helpful for the committee to hear directly from the tribes about the process and outcomes of attaining claims representation recognition through VA. He also recommended leveraging the committee members' connections to raise awareness among Veterans about when representatives can charge them for their services and how to report inappropriate charging of fees by claims representatives.

Mr. Dauphinais asked that OGC provide the committee with detailed information on the steps for accreditation. That way, they can share this information with the tribes in their respective areas.

Ms. Shriber said OGC has fact sheets that outline the steps for accreditation, including a fact sheet that is specific to T.REP. She noted that she will share these materials with OTGR for dissemination to the committee members.

Mr. Meeks asked if Native Hawaiian groups are eligible to become recognized tribal VSOs.

Ms. Shriber responded that T.REP includes only federally recognized tribes, which means that Native Hawaiian groups are unfortunately not eligible for recognition as tribal VSOs. However, OGC would welcome the opportunity to meet with Native Hawaiian groups and discuss potential pathways for claims representation authorization. OGC aims to be as flexible as possible with its authority so that they can ultimately ensure that Veterans have access to representatives they trust.

Chairwoman Tetnowski remarked that it would be helpful to provide a clear way for VA-recognized representatives to easily prove to Veterans that they are legitimately authorized representatives.

Ms. Shriber said that the OGC website features an accreditation search index that Veterans can use to verify whether a representative is VA-recognized.

Chairwoman Tetnowski underscored the importance of including urban Indian organizations (UIOs) in T.REP.

Chief Smith said that to successfully expand T.REP and help Native American Veterans across the nation find representatives they trust, VA should update the authorizing language to remove the requirement that tribal entities must be federally recognized to become VA-recognized tribal VSOs. He further noted that no Veteran should ever be required to pay for claims representation.

Chairwoman Tetnowski thanked OGC for continuing to refine T.REP and the associated processes.

Office of Tribal Health Updates

This session featured comments from Dr. Mark Upton, Deputy to the Deputy Under Secretary for Health; Travis Trueblood, Esq., OTH Deputy Director; and Dr. Christie Prairie Chicken, OTH Director.

Dr. Upton began the session by highlighting several recent Veterans Health Administration (VHA) achievements. Approximately 6,000 Native American Veterans have signed up for copayment exemptions since the implementation of this benefit. On the VA side, the responsibility for implementing the VHA-IHS Memorandum of Understanding (MOU) transitioned from the Office of Rural Health (ORH) to OTH in May 2024. In addition, OTH is now almost fully staffed.

Next, Deputy Director Trueblood provided brief updates from OTH. As part of the transition of the VHA-IHS MOU's oversight within VA, OTH is taking the lead on drafting the associated strategic plan. VHA and IHS are currently standing up the executive committee for the MOU and its five workgroups: Outreach, Access, Resource Sharing, Data/Metrics and IT, and Communications. They are chartering the final workgroup; they have already put charters in place for the other four.

Deputy Director Trueblood elaborated on the copayment exemption update by noting that to date, VA has approved 5,996 applications for this benefit. They would like to see more Native American Veterans

enroll in this benefit. So far, VA has denied 938 copayment exemption applications. Most denials have occurred due to insufficient proof of the Veteran's tribal affiliation. Applicants whose applications are denied can re-apply. To prove tribal affiliation, applicants can provide a copy of their tribal identification or a letter from the tribe attesting to the Veteran's enrollment. To date, VA has exempted or reimbursed 234,173 copayments, which equates to $4,136,044.40 in exemptions and reimbursements.

Executive Director Birdwell inquired about the feasibility of breaking down copayment exemption data by tribe. Deputy Director Trueblood said OTH will explore this possibility.

Dr. Prairie Chicken added that OTH has previously broken this data down by state and has the data needed to provide a snapshot of copayment exemption enrollment by tribe, including the number of copayments exempted/reimbursed and the dollar amount of these exemptions/reimbursements.

Eugene "Geno" Talas asked if there is a deadline for Veterans to enroll in this benefit, and Deputy Director Trueblood responded that there is no deadline.

Deputy Director Trueblood went on to provide updates regarding OTH's cultural awareness training efforts. As authorized under the STRONG Veterans Act, minority Veteran program coordinators provide cultural awareness training to VA staff who work with Native American Veterans. This training will become part of the new minority Veteran program coordinator onboarding process. This effort is one of the first standardized, national-level approaches to providing cultural awareness training. In addition, OTH is collaborating with clinical contact centers to develop Culturally Aware Nurse Training on how to better connect with Native American Veterans. Another significant effort in terms of cultural awareness training is VA's partnership with IHS and SAMHSA to pilot a new suicide prevention model designed for Native American service members, Veterans, and their family members.

Another focus area for OTH is the incorporation of traditional healing practices. The list of VA sites that offer traditional healing options is growing, and OTH would like this expansion to continue. A key challenge is that VA providers and facility directors do not usually know how to secure traditional healing services for Veterans who request them. Because there is no national database of traditional healers, responses to requests for traditional healing services may require coordination at the regional or local levels. OTH welcomes input on how to address this challenge. The Centers for Medicare and Medicaid Services (CMS) will take the lead on updating coding for traditional healing services. The upcoming White House Tribal Nations Summit in November will serve as a forum to further discuss traditional healing.yes

Mr. Dauphinais asked if VHA anticipates offering cultural awareness training at the provider level. Deputy Director Trueblood said that VA intends to make the training a requirement for all personnel who have contact with Native American Veterans—especially in-person contact.

Mr. Dauphinais inquired about how VA partners with traditional healers to provide traditional healing services. Deputy Director Trueblood responded that VA does not yet have a good process in place for engaging with traditional healers because connections with these providers are often decentralized, occurring at the local level. Dr. Prairie Chicken added that OTH would like to partner with the Health Subcommittee to understand how to create a meaningful process for engaging with traditional healers. They would like to involve IHS in this discussion, too.

Bobbie Baldwin noted that traditional ceremonies are an important aspect of traditional healing. Some tribes have traditional healing associations or groups. For example, the Navajo Nation has the Diné Hataałii Association, which connects community members with traditional healers. Tribes are the best point of contact for bringing various traditional healers to VA's attention.

Dr. Prairie Chicken and Deputy Director Trueblood said they would like more information on any traditional healing associations that the committee is aware of.

Ivan Sam suggested gathering testimonies from Native American Veterans about how traditional healing approaches and other healing modalities, such as art, helped them to cope. He pointed out that the White House Tribal Nations Summit would be a great opportunity to share these testimonies.

Chief Smith highlighted the importance of including traditional medicines in the dialogue about traditional healing. He noted that in Alaska, because the clinics treat both Native American and non-Native Veterans, they only receive reimbursement from VA for medications that are listed on the VA formulary.

Dr. Prairie Chicken agreed that VHA-tribal reimbursement agreements for Alaska and the lower 48 states need to include mechanisms for reimbursing traditional medicines. She expressed interest in working with the Health Subcommittee to determine how to resolve this issue.

Mr. Lewis noted that localized materials would help raise awareness among Native American Veterans about traditional healing options. He cautioned that some individuals portray themselves as traditional healers when they are not, and these individuals can cause harm. At the local level, community members know who the trusted traditional healers are. Oregon has a Section 1115 waiver that defines traditional healing. The state worked with tribes to develop this definition. Mr. Lewis said he would like to see VA follow a similar approach by working with this committee to define traditional healing. He suggested that VA provide the committee with a list of issues or questions they need assistance with. The committee can help them obtain these answers at the local level.

Time constraints prevented several committee members from posing their questions to OTH. Chairwoman Tetnowski asked the members to send any remaining questions to her. She will compile these inquiries and share them with OTH.

Discussion With Indian Health Service Leadership

IHS's Deputy Director Ben Smith and Deputy Director for Management Operations Darrell LaRoche joined the committee for this session.

Deputy Director Smith conveyed IHS Director Roselyn Tso's gratitude to the committee members for their efforts. He highlighted several current IHS initiatives. Presently, tribal health programs are testing the PRC reimbursement process for services provided to eligible Native American Veterans. For their Fiscal Year (FY) 2025 budget request, IHS has included several legislative proposals, one of which would expand authorities for recruiting and compensating personnel under 38 USC Chapter 74. Currently, one of IHS's largest initiatives is the modernization of its health IT system. The Resource and Patient Management System (RPMS) is more than 40 years old, and many aspects are outdated. Therefore, IHS is building a new electronic health record (EHR) system called PATH (Patients at the Heart) EHR. IHS has identified the Lawton Service Unit, located in the Oklahoma City area, as the pilot site for implementing

PATH EHR. Deputy Director Smith said that he intends to bring any feedback from this committee to Director Tso.

Adam Archuleta inquired about the interoperability of the new EHR system with other systems, including VA's EHR system, Cerner.

Deputy Director Smith said that interoperability has been a long-standing consideration for this modernization effort. IHS chose the current pilot site based on the need to test the interoperability of PATH EHR. He encouraged continued participation in tribal consultation and urban confer about modernization.

Chairwoman Tetnowski shared that the report from a recent IHS infrastructure study contained seven inconsistencies for her clinic alone. She urged IHS to address the flaws of the National Data Warehouse before launching a modernized system from this broken foundation. She also noted the need for discussion among VA, IHS, and CMS around which entity should serve as the payer of last resort.

Executive Director Birdwell said that in 2011, the U.S. Department of Justice advised VA and IHS that VA is the payer of last resort.

Mr. Meeks emphasized the importance of interoperability with a range of EHR systems beyond Cerner, including the various systems that many tribes opted for instead of RPMS.

Deputy Director Smith said that the Health Information Technology Modernization Executive Steering Committee includes representation from VA. He will convey these concerns to that group.

Discussion With the VA Deputy Secretary

Deputy Secretary of Veterans Affairs Tanya Bradsher joined the committee for the next session. She provided brief remarks regarding the reach of the PACT Act. VA has been conducting extensive outreach encouraging Veterans who filed claims previously to file again, as most Veterans are eligible for additional benefits under the PACT Act. VA is on track to receive 2 million PACT Act claims. In addition, they are receiving a greater volume of claims that are not specific to the PACT Act—the number of non-PACT Act claims is nearly double the number of PACT Act claims. This uptick can likely be attributed to the increased VA staffing and outreach made possible through the PACT Act. In FY 2024, VA has processed more than 2.4 million claims overall. Last year, VA enrolled 53,000 women Veterans in benefits.

Chief Smith highlighted the importance of encouraging Veterans who are 100% disabled to file for benefits under the PACT Act. Deputy Secretary Bradsher agreed, noting a need to document all toxic exposures that Veterans were subject to during their military service. Tracking such data will help VA better understand the impacts of toxic exposure.

Mr. Talas remarked that within the Hopi and Navajo communities, there are many success stories about Veterans signing up for VA benefits. He pointed out that making compensation and pension (C&P) exams available in rural locations would encourage even more Veterans to enroll. Elderly Veterans in particular do not always follow through with enrolling if they must travel to complete their C&P exams.

Deputy Secretary Bradsher noted that mobile clinics could be part of the answer to increasing access to C&P exams.

Mr. Meeks suggested that VA leverage their partnership with IHS to regularly offer C&P exams at IHS facilities in rural areas.

Chauncey Parker pointed to VA transportation supports in Montana as an effective approach to helping Veterans attend appointments, including C&P exams. He encouraged VA to expand these supports to other parts of the country.

Ms. Baldwin said that in the Navajo Area, there is a clear misalignment of VA efforts between the two states. She observed that VA staff in Arizona seem to make a greater effort than VA staff on the New Mexico side. For example, at a recent stand down event, New Mexico personnel attended for 3 hours, but the Arizona team stayed for the full 8-hour event.

Chairwoman Tetnowski raised the issue of basic life support at hospitals, noting that there is still much work to do in terms of establishing consistent basic life support regulations across VISNs. The committee anticipates presenting a recommendation to VA on this issue.

Deputy Secretary Bradsher agreed regarding the importance of addressing these inconsistencies.

Chairwoman Tetnowski expressed appreciation for VA's efforts toward providing whole-person care, including their suicide prevention efforts in collaboration with SAMHSA and IHS, as well as their work to incorporate traditional healing services. She also highlighted a need for additional Tribal Veterans Representatives.

Chief Smith raised a concern that a Veteran shared with him. The Veteran said that instead of visiting the facility closest to his home, he prefers to travel to one that is farther away because he receives better care there. However, he is now required to visit the closer facility. Chief Smith said that Veterans should be able to seek the best care available to them rather than being required to accept the closest care. Deputy Secretary Bradsher said she will follow up on this concern to determine whether it is a policy or statutory issue.

Behavioral Health and Suicide Prevention Update

VHA Presentation and Discussion

Cicely Burrows-McElwain, Director, State and National Implementation, VA Office of Suicide Prevention, presented an overview of VHA's suicide prevention efforts for Native American Veterans.

During FY 2024, VHA has partnered with SAMHSA to expand culturally informed suicide prevention efforts and establish a comprehensive health approach by incorporating Indigenous perspectives and traditional knowledge. During the week of September 23, 2024, VHA and SAMHSA initiated a new interagency agreement to continue this work during FY 2025. Data shows an increase in suicides among Native American Veterans—an already disproportionately impacted population.

VHA and SAMHSA conducted listening sessions across the nation to better understand concerns, viewpoints, and promising practices at the community level. Their goal is to develop a new pilot model for suicide prevention. VHA and SAMHSA would like to know about any community-level events where they can learn more about challenges and success stories.

Through the listening sessions, VHA and SAMHSA heard that the previous suicide prevention model used a top-down approach that diminished tribal sovereignty by asking tribes to complete SWOT analyses.

SAMHSA's Gathering of Native Americans/Gathering of Alaska Natives curriculum was recommended as a more appropriate, collaborative framework. Integration of protective factors, such as connection to culture, was also recommended as an avenue for building resilience. The new approach will emphasize strengths and relationship-building and will prioritize partnering with communities to build community-specific processes.

In late August, VHA and SAMHSA held a gathering to discuss approaches to suicide prevention for Native American service members, Veterans, and family members. More than 100 participants joined this convening. A virtual follow-up session will take place on October 8, 2024, and committee members are encouraged to attend.

The new approach is still in development. VHA and SAMHSA will pilot the approach over a 2-year timeframe. During the next few months, VHA and SAMHSA will identify three communities to pilot the approach, including an Alaska Native community, a tribal or intertribal entity in South Dakota, and a UIO. Following identification of the pilot communities, VHA and SAMHSA intend to hold a convening that includes participation from these communities as well as participants who provided input during previous convenings. A primary objective of this gathering will be to create connections for communities to learn from one another.

Executive Director Birdwell said she will send Director Burrows-McElwain contact information for the National Council of Urban Indian Health (NCUIH), as they would be an effective partner in this work.

Chief Smith encouraged the VHA-SAMHSA team to attend the Alaska Federal of Natives (AFN) convention, as it is the best opportunity to connect with a range of Alaska Native communities and Veterans in one place. He also noted that AFN could be a strong candidate for participation in the pilot program.

IHS Presentation and Discussion

Dr. Pamela End of Horn, National Suicide Prevention Consultant, delivered a brief presentation on IHS's suicide prevention efforts.

IHS awards Zero Suicide Initiative funding to six tribal programs and two UIOs. IHS also funds two Zero Suicide Coordinating Centers, which aim to build health care facilities' capacity to implement the Zero Suicide model. These two cooperative agreements are in place with the Northwest Portland Area Indian Health Board (NPAIHB) and Research Triangle Institute (RTI). NPAIHB focuses on capacity-building for the six tribal grantees, while RTI supports the two urban grantees.

In April, the White House issued the National Strategy for Suicide Prevention. This strategy contains a federal action plan that articulates specific actions for IHS to take. It directs IHS to:

- Implement evidence-based universal suicide risk screening across the health care system
- Develop a 5-year suicide prevention strategic plan for Native Americans
- Establish counseling and education on lethal means restriction across the health care system
- Develop and implement community crisis response plans in 10 IHS areas

The strategy instructs IHS to implement, through revisions to the Indian Health Manual, the Ask Suicide-Screening Questions tool as the universal suicide risk screening tool across all facilities. Data shows that the rate of Native Americans who screen as being at risk for suicide is comparable to the rate for the

U.S. population generally—both rates are approximately 2%. However, Native Americans identified as at-risk are more likely to have intent and a plan. This finding highlights the importance of focusing on intent and behavior, as well as restricting access to lethal means.

IHS recently launched a 4-year project to conduct crisis response planning. This effort includes crisis response planning at the area level, environmental scans of crisis services, development of a crisis services toolkit, mortality reviews, health care provider wellness campaigns, and establishment of local crisis response teams.

Time constraints prevented committee members from posing their questions to IHS about suicide prevention efforts. Chairwoman Tetnowski asked the members to send any remaining questions to her. She will compile these inquiries and share them with IHS.

National Partner Organization Panel Discussion: Policy and Practice

This session featured a panel of leaders from national-level intertribal and urban Indian organizations. Panel members included:

- Francys Crevier, Chief Executive Officer, NCUIH
- A.C. Locklear, Interim Chief Executive Officer, National Indian Health Board (NIHB)
- Jay Spaan, Executive Director, Self-Governance Communication & Education Tribal Consortium (SGCETC)
- Larry Wright, Jr., Executive Director, National Congress of American Indians (NCAI)

Chairwoman Tetnowski asked the panel members to briefly discuss policies and practices they have encountered that are relevant to serving Native American Veterans.

Executive Director Wright said that NCAI has received feedback stating that NCAI needs to focus more on Native American Veterans. In response, NCAI assigned three new co-chairs to lead the NCAI Veterans Committee. NCAI represents Indian Country for policy and funding advocacy, and they currently have their largest-ever number of members. NCAI carries out its work through resolutions. To date, they have issued more than 4,400 resolutions. Executive Director Wright welcomed the committee to engage with NCAI and to contact him about collaborating on NCAI resolutions for various issues.

Mr. Locklear shared that NIHB identifies most of its priorities through tribal input. NIHB's primary focus is public health and promoting health equity for Native Americans. Currently, behavioral health is one of NIHB's top priorities. They have also been advocating for traditional healing. NIHB is presently working with CMS to establish a framework for reimbursing tribal facilities for traditional healing services. The VHA-IHS reimbursement agreement is the foundation that is making this reimbursement possible. In addition, NIHB is exploring lessons learned from VA's health IT modernization efforts so that they can advise IHS on how to apply these best practices to its modernization project. NIHB is also assisting federal agencies in developing strategies for compliance with Executive Order (EO) 14112.

Executive Director Spaan shared that tribes established SGCETC about 30 years ago. The purpose of SGCETC is to help tribes enhance self-governance by offering training, sharing best practices, and bringing tribes together to learn from one another. SGCETC holds annual conferences and supports advisory committees for IHS, the U.S. Government Accountability Office (GAO), and the U.S. Department

of the Interior. Several years ago, GAO identified the incomplete VA-IHS work plan as a risk. SGCETC encourages VA and IHS to finalize the work plan.

Ms. Crevier said that Native Americans who live in urban areas are often overlooked. NCUIH estimates that approximately half of Native American Veterans live in urban areas. Native American Veterans face the same issues as their rural counterparts but often have access to fewer culturally appropriate resources. Across the nation, there are 41 UIOs that operate 90 urban facilities. Each year, NCUIH conducts a needs assessment to determine its priorities for the following year. Current priorities include enhancing housing resources, improving the referral process between UIOs and VA, bettering data collection on Native American Veterans, promoting traditional healing services, and increasing UIO participation in VA's reimbursement agreement program. Currently, only seven UIOs have reimbursement agreements in place with VA, and none have submitted reimbursement claims to VA.

Mr. Talas asked if individuals can request that NCAI author resolutions, or if only tribal governments can propose resolutions. Executive Director Wright responded that while individuals are welcome to participate in discussions, only tribes may sponsor resolutions.

Mr. Dauphinais asked Executive Director Wright to share information about the NCAI Foundation. Executive Director Wright said that NCAI established the foundation after learning that less than .05% of the philanthropic spending in the United States benefits Indian Country and hearing from charitable organizations that they did not direct money to Indian Country because they did not know who to talk to or where to start. In just 10 months of operation, the NCAI Foundation secured $12 million dollars. The foundation functions as an umbrella organization; donors can give money to the NCAI Foundation and trust that it will be allocated toward Native American causes.

Mr. Dauphinais remarked that NCAI would make a great information-sharing hub for routing information to Veterans.

Executive Director Wright shared that last year, NCAI rebranded itself. NCAI continues to build its internal capacity and strives to interface with Indian Country as much as with the federal government.

Chief Smith said he would like to see the NCAI Veterans Committee develop resolutions that would help remove access barriers for Native American Veterans.

Executive Director Birdwell added that it is important for NCAI and the other national-level partner organizations to help advance the recommendations from the committee to VA.

Ms. Crevier inquired about the process for the committee to collaborate with NCAI on a resolution. Executive Director Wright said that the committee should present the suggestion to the NCAI Veterans Committee. Resolutions can cover a wide range of issues as long as the topics have a national scope. Hiring and spending are the only topics that NCAI cannot advocate for in its resolutions.

Mr. Locklear noted that tribal and urban Indian facilities in the lower 48 states receive reimbursement from VA at lower rates than what IHS receives. Tribes have reported feeling pressured to accept lower rates during negotiations. This issue underscores the importance of ensuring that tribes and UIOs have opportunities to share information and best practices with each other.

Chairwoman Tetnowski drew parallels between the need for tribes to share information with one another and the need for federal partners to share information with one another. This committee has

successfully brought together the IHS Director and the Secretary of Veterans Affairs to discuss issues at the committee meetings, which marks tremendous progress. However, there are still significant challenges around determining the payer of last resort. Resolving this issue will require additional conversations involving all partners. Since its inception, this committee has made 13 recommendations to VA. They anticipate making eight or nine additional recommendations this year. The committee needs to establish a formal way to track progress toward the recommendations, such as using a checklist or flow chart that identifies specific timelines for completing actions. This way, changes in federal leadership will not result in losing traction toward addressing these recommendations. Much work remains to be done, but VA has been very responsive to the committee's recommendations.

Mr. Archuleta expressed surprise that no UIOs have submitted reimbursement claims to VA. He encouraged more collaboration and advocacy for UIOs to actively participate in VA's reimbursement agreement program. VA needs to ensure all entities participating in the reimbursement agreement program receive training on how to properly submit reimbursement claims.

Chief Smith said that the new requirement for electronic submission of reimbursement claims poses a challenge for rural portions of Indian Country. In Alaska, there are many rural areas with no internet access, which makes electronic submission impossible. One facility in Alaska had a box of paper claims returned to them by VA.

Ms. Crevier told the committee that they can make recommendations to VA that would build their own capacity as a committee. For example, they can request the inclusion of technical advisors.

Chairwoman Tetnowski said that the committee would like to continue inviting these four partnership groups to participate in future committee meetings.

Veterans Experience Office Updates

Jason Thomas, Chief of Staff for the Veterans Experience Office (VEO), and Andi Martinez, Senior Partnership Advisor for the VA Central Office, presented an overview of VA's efforts to improve the VA customer experience.

VEO gathers insights from customers and provides VA leadership with guidance on how to improve the VA customer experience. VA defines *customer experience* as the product of interactions between an organization and a customer throughout their relationship. VA assesses these interactions using three metrics: ease, effectiveness, and emotion/empathy. These metrics refer to whether services were easy to obtain, whether those services met the Veteran's needs, and what the Veteran's feelings were about the services they received. The VA Trust Report summarizes how these factors impact customers' overall trust in VA.

Steps that VA has taken since VEO's inception to ensure a Veteran-focused user experience include redesigning the VA website, launching a VA app, standing up a 24/7 hotline, sharing a weekly newsletter on resources for Veterans with 13.9 million subscribers, and developing outreach materials about the PACT Act.

Each year, VEO assesses Veterans' levels of trust in VA by surveying approximately 257,000 randomly selected Veterans. VEO's goal is to attain a VA-wide trust score of 90%, meaning that 90% of survey participants agree with the statement "I trust VA to fulfill our country's commitment to Veterans."

When VEO was established in 2016, the VA-wide trust score was around 55%. As of the third quarter of FY 2024, this score was 80.2%. Breaking this data down according to respondent race/ethnicity shows Native American Veterans have the lowest level of trust in VA, with a trust score of 69.9%.

One of the committee members asked about the sample size of Native American Veterans specifically. Mr. Thomas said that he will locate and share the exact number of Native American survey participants. Each year, the sample comprises several thousand Native American participants.

Another committee member asked whether VEO mails hard copies of the weekly newsletter, noting that digital newsletters can be difficult for those without internet access to engage with. Mr. Thomas responded that presently, the newsletter is only available in a digital format. VEO is working to identify more ways to engage with rural Veterans who face connectivity challenges.

Mr. Thomas shared that VEO conducted human-centered design research that resulted in a journey map for Native American Veterans. This journey map illustrates challenges, barriers, opportunities, and decisions in the context of the customer experience of Native American Veterans.

Chairwoman Tetnowski asked how frequently VEO updates the journey map. Mr. Thomas said that approximately every 5 years, VEO verifies the data and updates the journey map accordingly. He indicated that he would share a copy of the journey map with the committee members.

Chairwoman Tetnowski asked about the specific intent of the journey map. Mr. Thomas responded that the map consolidates customer experiences into themes so that VA and its partners can identify discrete challenges to address. For example, navigation of VA facilities is a common theme in customer experience challenges that Veterans report. Once this challenge was clearly identified, VA was able to address it. They did so by staffing all VAMCs with greeters who guide Veterans around the facilities.

Mr. Dauphinais inquired about factors that VA knows or believes contribute to lower trust of VA among Native American Veterans. Ms. Martinez responded that VA personnel will examine the data to identify contributing factors and follow up with the committee. She added that the three metrics of ease, effectiveness, and emotion/empathy likely tie into these contributing factors.

Ms. Martinez shared that VA's VetResources Community Network (VRCN) provides Veteran engagement support to partners such as VSOs, nonprofit organizations, and federal agencies. Partners who are part of the network share tools, best practices, and resources with one another. Tribes and UIOs are encouraged to join the VRCN to access a range of resources and to connect with other partners.

Mr. Thomas asked the committee how VA can make resources more accessible to tribal communities that face connectivity challenges. Mr. Dauphinais recommended sharing information with NCAI, NIHB, and similar organizations. These organizations can pass information along to tribes in hard-to-reach areas.

Chairwoman Tetnowski voiced her support for this suggestion. She added that the committee members can send VEO points of contact from their respective areas, as well as from NCAI and other organizations.

Mr. Talas said that for data collection efforts like the VA-wide trust survey, providing paper copies would invite more participation from Veterans, especially older Veterans, who live in rural areas.

Mr. Sam shared that some California counties compile data about Veterans. He suggested contacting these counties to request data.

Mr. Dauphinais noted that Native American media outlets, such as *Indian Country Today* and *Native News Online*, may also be good avenues for sharing information with tribes. Mr. Thomas said VEO has drop-in ads they can share with news outlets, and he asked if the committee has contact information for either outlet. Chairwoman Tetnowski said she has contact information she will share with VEO for *Indian Country Today,* and Mr. Dauphinais offered to do the same for *Native News Online*.

Department of Defense SkillBridge Program

This session comprised a presentation about the DoD SkillBridge Program, which aids those transitioning from active duty to civilian life by helping to connect them with meaningful employment. The panelists included Lorena Wilson, Senior Enlisted Advisor for the Soldier for Life Directorate, and Kathy Feehan, Management and Program Analyst for the Department of Defense (DoD) Military-Civilian Transition Office.

The SkillBridge Program provides active-duty service members with opportunities to gain civilian employment experience through internships and apprenticeships. Through this program, active-duty service members can work within civilian organizations during the last 180 days of their time in the service. The goal of these placements is to connect the service members with a certain industry and create a high probability of employment within that industry after they transition to civilian life. These placements can be for virtual or in-person roles. Military commanders are asked to approve service members' participation in this program, and in some instances, service members can receive approval to travel or relocate for their participation. Throughout their participation in the program, service members continue to report to their commanders. They do not receive compensation from the industry employer; instead, they continue to receive their military salary. The internships or apprenticeships must not exceed 40 hours per week, create a conflict of interest, or put the service member at risk.

Employers that are eligible to participate in the SkillBridge Program as provider organizations include government agencies, industry associations, trade schools, companies of all sizes, colleges and universities, nonprofit organizations, and third-party providers.

Ms. Baldwin asked if employers must have anticipated job openings to participate in the program. The presenters responded that the employers must project a high probability of employment (75% or higher). To be eligible for the program, the employers also must be willing to accept a certain proportion of SkillBridge interns/apprentices.

Executive Director Birdwell asked if tribal governments or enterprises can participate as provider organizations, and the presenters confirmed that they can.

The presenters went on to share that the program is transitioning to structured enrollment periods for new provider organizations. There will be a fall enrollment period from October 1 to December 1 each year and a spring enrollment period from February 1 to April 1.

To become a provider for the SkillBridge Program, employers should first review the information on the DoD SkillBridge website and attend an information session. They should then complete an ethics training before submitting an application. If their application is approved, the employer's next steps are

to enter into an MOU for the program and then create their SkillBridge opportunity. MOUs for existing providers were automatically extended through June 30, 2025.

To be eligible to enter into a SkillBridge Program MOU, employers must be in business for at least 3 years and be in good standing; have available full-time positions that are equal to or exceed the number of participating candidates; accept at least the minimum number of SkillBridge candidates, which is determined by organization size; provide no-cost opportunities; ensure a high probability of employment; and provide outcome data on the salary, hire, and retention rates through this program. For remote opportunities, at least 50% of the work must take place synchronously.

Executive Director Birdwell asked whether reserves can participate in the SkillBridge Program. The presenters said that reserves are not eligible because when they are activated, it is so that they can accomplish a specific job. Members of the National Guard are eligible to participate in the SkillBridge Program if they have been on active duty for at least 180 days.

A committee member asked if SkillBridge opportunities are available within the hospitality industry, noting that tribal gaming enterprises need to expand their workforce.

Mr. Talas asked what the process would be for tribes to join as SkillBridge employers, such as whether DoD would establish an MOU with the tribal government. The presenters said that DoD uses the same standardized MOU for every SkillBridge provider organization. The MOU could be established with the tribal government itself or with leadership from a tribal department, such as human resources.

Reyn Kaupiko asked if there is a list of SkillBridge opportunities that service members can filter by area. The presenters confirmed that service members can search for opportunities by area using the SkillBridge website.

Mr. Kaupiko asked if there is an end date for the SkillBridge Program. He also asked whether commanders can deny service members' requests to participate in the program. The presenters said that the need for SkillBridge is continually growing, and there is no planned end date for the program. Commanders can deny requests for participation in this program if they have concerns about the service member balancing their other duties with the internship/apprenticeship.

Ms. Baldwin asked if there are entrepreneurial opportunities within the program for service members who wish to operate their own businesses after their time in the service. The presenters said that the DoD transition assistance curriculum includes several tracks, one of which is an entrepreneurial track taught by the U.S. Small Business Administration. All service members are required to complete the DoD Transition Assistance Program as they near the end of their time in the service.

Mr. Parker noted that for industries that require specific certifications, many service members leave the service with extensive experience in that area but do not have the specific certification in hand. He asked whether SkillBridge employers ever pay for certification if the service member meets a certain years-of-experience threshold.

The presenters said that service members can choose to participate in a credentialing program as part of their preparation to transition out of the service. The credentialing program provides training and covers the cost of one credentialing exam.

Chief Smith describe a specific challenge that Veterans face to obtaining a commercial driver's license, transportation work identification credential card, and hazmat materials endorsement after they transition to civilian life—including Veterans who drove trucks during their service. The presenters indicated that they will follow up on this issue and share more information with Executive Director Birdwell so that she can pass along the findings to the committee.

Mr. Meeks recommended that any SkillBridge MOUs with tribal governments should contain a clause stating that nothing in the contract shall be construed as waiving tribal sovereignty. The presenters said they will convey this feedback to DoD and follow up with Mr. Meeks via email.

Mr. Talas asked if DoD has published any data that highlights the impacts of the SkillBridge Program. The presenters noted that this data will be published on the SkillBridge website soon.

Chairwoman Tetnowski said that many tribes and UIOs may have best practices to share with DoD regarding credentialing, internships, and apprenticeships.

Recess

Chairwoman Tetnowski recessed the meeting for the day.

Day 2

Wednesday, September 25, 2024

Opening

Chairwoman Tetnowski called the meeting to order. Ms. Duncan conducted roll call. A quorum was present on Day 2.

Native American Direct Loan and Specially Adapted Housing Programs

Jason Latona, Assistant Director for the VA Loan Guaranty Service, presented an overview of the NADL and Specially Adapted Housing Programs.

Through the NADL Program, VA provides direct loans for the purchase, construction, or improvement of homes for Native American Veterans and Veteran spouses of Native Americans who reside on trust land. Established in 1992, the program was designed to fill the gap that results from the unavailability of home loans from third-party lenders for homes located on trust land. NADLs are intended to mirror the no-down-payment home loan guaranty benefit that would otherwise be available for eligible Veterans through third-party lenders. Most lenders will not issue home loans for trust lands because tribes are sovereign nations and because state laws do not govern real estate transactions on trust land. In addition, obtaining a security interest on trust land is difficult because banks cannot have stake in the property due to its location on trust land.

For their eligible Veterans to qualify for a loan through the NADL Program, tribes must first have an MOU in place with VA. To date, 114 tribes have entered into MOUs with VA for the NADL Program. The Cherokee Nation was the most recent tribe to establish such an MOU. For the Veteran to qualify, they or their spouse must be an enrolled tribal member, and the home must be located on trust land. Veterans with a service-connected disability are exempt from paying the VA funding fee for the home loan.

In March 2023, a 2.5% interest rate took effect for NADL loans. Veterans who have NADL loans with an interest rate of 3.5% or higher are eligible to refinance at this lower rate. This interest rate is slated to expire in March 2025. VA hopes to renew this interest rate or offer a similarly low rate.

During FY 2024, the NADL Program has conducted 80 outreach events to connect with tribes and tribal housing authorities. They have received 131 NADL applications and closed 39 loans. They are continuing to expand their outreach to tribes, Veterans, and tribal VSOs. They also promote the NADL Program through partnerships within VA and with other federal agencies, such as the U.S. Department of Housing and Urban Development (HUD).

VA is aware of a significant barrier to implementing the NADL Program in Alaska. As set forth in the Alaska Native Claims Settlement Act, Alaska Native Villages have corporation land rather than trust land. There is only one federally recognized tribe with a reservation in Alaska. The authorizing legislation states that homes must be located on trust land to qualify for the NADL Program, meaning that Alaska Native Veterans have largely been unable to participate in this program. Currently, VA is working to change the language within this legislation to be more inclusive of Alaska Native Veterans.

VA offers several different housing adaptation grants for Veterans. These include:

- Specially Adapted Housing (SAH)

- Special Housing Adaptation (SHA)
- Temporary Residence Adaptation (TRA)
- VR&E Independent Living Adaptation
- Home Improvements and Structural Alterations (HISA)

The SAH and SHA grants are designed to help Veterans who own their homes to stay in their homes and live more independently. The SAH/SHA grants can be used in conjunction with a NADL to build a new adapted home or to modify a current home to accommodate a Native American Veteran who has certain disabilities. The TRA grant is for Veterans who are temporarily residing with family and require special adaptations. The VR&E Independent Living Adaptation grant is intended for Veterans who cannot work due to service-connected disabilities. HISA grants help cover medically necessary improvements to a Veteran's primary residence. For the HISA grant, Veterans without a service-connected disability are eligible for up to $2,000, and those with a service-connected disability can obtain up to $6,800.

Mr. Archuleta asked about the possibility of a Veteran combining a NADL and a HUD Section 184 Indian Home Loan Guarantee Program.

Assistant Director Latona said that the NADL Program is a stand-alone program, meaning it is unlikely that a Veteran would have loans through both programs. However, Veterans who have a Section 184 loan are still eligible for specially adapted housing grants.

Mr. Meeks pointed out that in Oklahoma, most tribal lands are restricted land instead of trust land. He asked if Veterans who have access to build or purchase a home on restricted land are eligible for the NADL Program.

Assistant Director Latona said he will work with OGC to answer this question and will follow up with the committee. Whenever VA negotiates an MOU with a tribe for the NADL Program, they discuss the types of land that tribal members have access to.

Chief Smith underscored the importance of working to overcome the legislative language restrictions and expand the NADL Program to Alaska as soon as possible so that Alaska Native Veterans can capitalize on the 2.5% interest rate before it expires. Resolving this issue is an important step in fulfilling the directives of EO 14112. He suggested coordinating these loans directly with the Veteran instead of working through MOUs with the Veteran's tribe.

Assistant Director Latona noted that the Senator Rounds Bill, which is anticipated to pass soon, would update the authorizing language for the NADL Program to change how VA defines tribal lands in Alaska for the purposes of this program.

Chief Smith said that this committee can help VA develop the legislative fix for this issue if needed. He then shared a story of a Veteran he knows who must have a leg amputated, followed by the amputation of an arm. The Veteran applied for a loan to modify his home in preparation for these surgeries. However, he was told that he will not be considered 100% disabled until after the surgery and will have to wait until then to receive the loan.

Assistant Director Latona said that the HISA grant is a good option for this Veteran, as it does not require the Veteran to already be disabled to qualify for the funding.

Mr. Kaupiko asked whether VA has data that shows the impacts of the 2023 interest rate decrease for the NADL Program. He noted that demonstrating the success of this change would help justify the continuation of the low interest rate.

Assistant Director Latona responded that after lowering the interest rate to 2.5%, VA saw an increase in the number of tribes and Veterans who expressed interest in the program. He said he will share this data with the committee.

Mr. Talas asked who assesses the homes of Veterans who apply for housing adaptation grants.

Chairwoman Tetnowski thanked Assistant Director Latona and his team for their work toward fulfilling the committee's recommendation around making the NADL Program more accessible.

Tribal HUD-VASH Program

Anthony Love, Senior Advisor for the VA Homeless Programs, began this session by presenting an overview of the VA Homeless Programs initiatives.

The mission of the VA Homeless Programs is to provide resources and policies to VAMCs to help homeless Veterans overcome homelessness and obtain permanent housing. VA applies a housing-first approach to this work. VA Homeless Programs works closely with the White House Council on Native American Affairs (WHCNAA) to engage with Native American Veterans experiencing homelessness. They administer the HUD-VASH Program on the VA side.

The HUD-VASH Program is a housing choice voucher program designed specifically for Veterans. To be eligible for the program, Veterans must qualify for VA benefits and services, and they must meet an income threshold. Veterans who are approved to participate in the HUD-VASH Program are issued a HUD Housing Choice Voucher that covers much of their rent expenses. VA provides case management and support for participating Veterans. The HUD-VASH Program has two areas of focus, including a prevention focus for Veterans who are at risk of becoming homeless and a rapid rehousing focus for Veterans who have already lost housing.

VA Homeless Programs also administers the following efforts.

- A program that helps Veterans go into transitional housing for clinical support and then shift to permanent housing
- The Health Care for Homeless Veterans Program, which involves outreach and engagement within communities to sign Veterans up for health care and help them obtain short-term housing
- Community Resource and Referral Centers, which provide community-based services to Veterans who are experiencing or at risk for homelessness
- The Veterans Justice Outreach Program, which works to provide Veterans who are homeless and involved in the criminal justice system opportunities to receive appropriate support for mental health and substance use disorders and avoid unnecessary arrest, as well as to support the reentry of incarcerated Veterans into society

In partnership with the WHCNAA, VA holds stand down events across the country. Stand downs are events designed to support Veterans who are homeless or at risk of homelessness. These events, some of which are designed specifically for Native American Veterans, offer opportunities for Veterans to

connect with VA and community providers. Services offered may include food, shelter, clothing, health screenings, dental services, legal services, and VA benefits counseling. Additionally, these events provide a forum for VA to refer Veterans to community-based services, including housing supports.

Next, Hillary Atkin, Director for the HUD Office of Native American Programs, provided an update on the Tribal HUD-VASH Program.

Given that standard HUD-VASH vouchers cannot be used on tribal lands, VA developed the Tribal HUD-VASH Program in 2015 to provide HUD-VASH vouchers to Veterans in tribal communities. Under this program, HUD's Office of Native American Programs provides hybrid Indian Housing Block Grants to participating tribes. These grants cover rental assistance vouchers for Veterans. As with the standard HUD-VASH Program, VA provides case management and supportive services to Veterans via the Tribal HUD-VASH Program. VA case managers for the Tribal HUD-VASH Program are required to have cultural knowledge about the tribe they work with.

Currently, 29 tribes participate in the Tribal HUD-VASH Program. At the outset of the program, 26 tribes were selected for participation. Since then, the program has expanded to include three additional grantees. HUD and VA are planning to expand the program again. This decision was largely based on input from the committee. The departments anticipate that the application process for this expansion will be much easier than it was for the previous expansion.

HUD has changed its approach to how it disburses Tribal HUD-VASH funds. Previously, it disbursed money based on how many of the allocated housing units a grantee was using. Now, to promote maximum flexibility and help grantees plan for administrative costs, HUD disburses the full award amount each year based on the total units allocated for that grantee.

One of the committee members noted that homelessness among Veterans has increased. They asked if HUD has data about homelessness among Native American Veterans specifically. Director Atkin responded that HUD does have this data, and it shows that Native American Veterans are overrepresented among Veterans who are experiencing homelessness. The HUD Annual Homeless Assessment Report presents exact figures on homelessness among Veterans generally and Native American Veterans specifically.

Another committee member asked how often the Tribal HUD-VASH Program is open to new tribes beyond the 29 current tribal grantees. Director Atkin said that occasionally, Congress designates funds to expand the program to additional grantees. Another such opportunity will be available soon. The committee member followed up by asking if the program seeks applications from specific geographic areas when it expands to include additional grantees. Director Atkin responded that HUD typically gathers grant applications through a standard notice of funding opportunity; they do not necessarily seek to award applicants within specific areas.

A committee member asked what tools or processes HUD and VA use to ensure that Tribal HUD-VASH case managers have cultural knowledge of the tribal communities they serve. Director Atkin said that most case managers are tribal citizens. In addition, VA provides cultural training for these case managers.

Office of Rural Health Updates

Dr. Peter Kaboli, Director for VA ORH, and Dr. Jay Shore, Population Specialist for the Veterans Rural Health Resource Center in Salt Lake City (VRHRC-SLC), presented updates on behalf of ORH.

Dr. Kaboli initiated the session by providing an overview of rural health care challenges. These challenges fall into four broad categories, as follows.

- Workforce, including provider shortages and challenges with recruitment and retention
- Geography, including long travel distances and challenges with transportation
- The digital divide, including connectivity challenges
- Social determinants of health, such as housing and employment

Rural Veterans represent 24% of all Veterans. However, 61% of rural Veterans are enrolled in VHA benefits, compared to 41% of urban Veterans and 46% of all Veterans. Native American Veterans are overrepresented among the rural Veteran population; approximately 45% of Native American Veterans who are enrolled in VHA live in rural areas.

Next, Dr. Shore provided an overview of the ORH Veterans Rural Health Resource Center in Salt Lake City. VRHRC-SLC strives to address challenges faced by rural Native American Veterans. Since its inception in 2008, VRHRC-SLC has collaborated with many partners, including more than 100 tribes, OTGR, OTH, the IHS Center for Minority Veterans, and the University of Colorado's Center for American Indian and Alaska Native Health. VRHRC-SLC's Native American-centered projects have focused on mental health care access, outreach, health care navigation, resources, and analysis and policy review.

Dr. Shore provided updates on VRHRC-SLC's Rural Native Veteran Health Care Navigator Program (RNV-HCNP). The intent of RNV-HCNP is to increase access to care and resources for Native American Veterans by developing a health care navigation model specifically for rural Native American Veterans. Health care navigators increase the patient's access to care, improve the efficiency of health care episodes, enhance patient satisfaction and understanding of health care, and promote better outcomes for patients as well as more efficient use of resources. At present, VRHRC-SLC is piloting a model under which health care navigators are embedded in the primary care team. They are piloting this model at two sites: the Northern Arizona VA Health Care System and the San Francisco VA Health Care System. A proposal is currently in development calling for wider dissemination of this model in FY 2026.

Dr. Shore highlighted several new and forthcoming VA resources that VRHRC-SLC helped to create. VA recently released a suicide prevention toolkit that provides guidance to VA suicide prevention teams on how to partner with tribes on prevention efforts, as well as an updated toolkit for addressing the housing needs of Native American Veterans. In early 2025, VA will release a mobile mental health app specifically for Native American Veterans. Native American Veterans and the health care providers who serve them helped to conceptualize the app.

Mr. Talas asked how VA can enhance home-based care for Veterans in the Prescott, AZ, area who are unable to travel to receive care. Dr. Kaboli said that VA's Home-Based Primary Care program is the most extensive option available for home-based care. He said he will follow up on whether this program serves the Prescott area.

Ms. Baldwin noted that the Navajo Nation spans three states. There are disparities in how active and helpful the rural health care coordinators are. The coordinators from Arizona are very involved, but those from the New Mexico side are less active. The tribe would like to see similar effort from the New Mexico coordinators in the future.

Chairwoman Tetnowski underscored the importance of home-based care, noting that the committee plans to issue a recommendation around this topic.

Pilot Program on Graduate Medical Education and Residency

Dr. Ryan Scilla, Director of Medical and Dental Education, VA Office of Academic Affiliations, delivered a presentation on Section 403 of the MISSION Act and the Pilot Program on Graduate Medical Education and Residency (PPGMER) that this legislation authorizes.

PPGMER is a reimbursement program rather than a grant program. Although the MISSION Act passed in 2018, the rulemaking to stand up PPGMER took about 5 years. Through PPGMER, VA determines the covered facilities where residents may be placed. This new approach differs from the previous process, which required that residencies occur on VA grounds for VA to reimburse the academic affiliates. The pilot program will conclude in August 2031.

Covered facilities include those operated by IHS, a tribe or tribal organization, and DoD, as well as federally qualified health centers and facilities located in the same areas as VA facilities that VA designates as underserved.

In its selection process for covered facilities, VA prioritizes the following criteria.

- County has a low ratio of VA providers to Veterans
- County has a low range of specialists
- Facility is within an HHS-designated health professional shortage area
- Community is designated as rural by the U.S. Census Bureau
- Zip code is designated as frontier or remote by the Economic Research Service
- Facility is in the same area as a VA facility that VA has designated as underserved

The MISSON Act sets forth two new authorities for PPGMER, as follows.

- Reimbursement of salary and benefits for time that residents spend delivering non-Veteran care in non-VA facilities
- Reimbursement of start-up costs for new residency programs at non-VA facilities

Participating academic affiliates must report the following data.

- Care delivery data, including:
    - Number and percentage of Veterans receiving care from residents
    - Number and percentage of clinical appointments for Veterans
- Resident data, including:
    - Number of resident positions at each covered facility
    - Medical specialties pursued by the residents
    - Residents' time spent
    - Program costs

- Number of residents hired by VA

There are two pilot models under PPGMER. Through Model A, the academic affiliate hires the residents and sends them to rotate at a covered facility. The academic affiliate pays the residents' salaries and benefits, and VA reimburses the affiliate for these costs. Under Model B, VA reimburses the covered facilities for new GME program startup costs and the salaries and benefits of their residents. Programs seeking reimbursement under Model B must be new residency programs that have initial Accreditation Council for Graduate Medical Education (ACGME) accreditation or have continued ACGME accreditation without yet having graduated an inaugural class.

For Model B reimbursements, covered startup costs include curriculum development, faculty recruitment and retention, accreditation, faculty salary, and resident education expenses like medical equipment and software.

Following publication of the final rule in 2023, VA issued the first PPGMER request for proposals (RFP) in the summer of 2024. This RFP only pertains to Model A funding. Proposals are due September 30, 2024. The Office of Academic Affiliations conducted outreach regarding the pilot program by partnering with this committee, as well as ACGME, NIHB, and several medical college associations. They issued a news release and conducted regional tribal outreach events in partnership with OTH and OTGR.

Within their proposals, applicants must state their goals for the residency program and describe the infrastructure of the covered facility, including a list of faculty and information about the clinical learning environment, planned activities and educational experiences, patient population, and weekly rotation schedule.

Following the selection of participating organizations during November or December of 2024, VA will establish financial agreements with the academic affiliates. Residents will begin their rotations in the 2025 to 2026 academic year. These awards are for that academic year only, but VA hopes to provide a streamlined pathway for awardees to reapply for subsequent funding years. VA has received an application from the Chickasaw Nation and hopes to receive proposals from additional tribal entities. PPGMER is required to fund at least 100 individual residents between now and 2031. If the program receives a high level of interest in earlier years, it is possible VA may exhaust the program funding prior to the end date.

Chairwoman Tetnowski requested clarification on how residents are assigned to residency programs. Specifically, she asked whether VA assigns the residents to the programs or simply reimburses for residents who are already placed.

Dr. Scilla responded that VA does not determine rotation arrangements. Rather, their role is to evaluate applications, select awardees, and fund the rotations for the selected programs. VA does not directly sponsor residencies, but instead reimburses the academic affiliates who sponsor those positions. The covered facilities determine which academic affiliates to partner with and how many residents to place in rotations. VA will reimburse the academic affiliates for all time that residents spend rotating in the facilities, including time spent serving non-Veterans.

I/T/U Reimbursement Agreement Program

Janet Cabeen, Director of Network Development; Tom Grahek, Integrated External Networks Deputy Executive Director; and Donna Green, Director of Network Support, provided an overview of the IHS/Tribal Health Program/UIO (I/T/U) Reimbursement Agreement Program (RAP).

The purpose of the I/T/U RAP is to reimburse I/T/U health care facilities for services provided to dually eligible Native American Veterans. These reimbursements do not require preauthorization from VA, nor are they subject to a VA copayment.

Currently, 124 tribal health program facilities, 74 IHS facilities, and 9 UIO facilities participate in the I/T/U RAP.

I/T/U reimbursement agreements are distinct from MOUs, sharing agreements, and interagency agreements. The reimbursement agreements are not part of VA purchased care programs. These agreements are established between local VAMCs and I/T/U facilities, and the VA Office of Integrated Veteran Care oversees them.

Native American Veterans can choose to receive care at their local VAMC or I/T/U facility and do not need a referral from the VAMC to seek subsequent care at an I/T/U facility. The Veteran may be referred to a community provider for ancillary services through the Community Care Network, a Veteran Care Agreement, or the I/T/U RAP.

Over the past year, VA has partnered with tribes to establish new reimbursement agreements to replace the previous agreements, which expired on June 30, 2024. Currently, 17 of the 26 reimbursement agreements have been updated for Alaska tribes, and 64 of the 96 updated reimbursement agreements have been executed for tribal health programs in the lower 48 states. Many of the outstanding reimbursement agreements are currently being signed and finalized. OTH is helping to identify the proper tribal points of contact for the other outstanding reimbursement agreements.

Chief Smith asked whether reimbursement agreements signed after July 1, 2024, will retroactively take effect as of July 1. Director Greene responded that the portion of the agreements that pertains to care for Native American Veterans will have an effective date of July 1. However, the portion that pertains to non-Native Veterans will take effect as of October 1, 2024, since the extension of that provision applies through September 30, 2024.

Chief Smith highlighted several challenges with the reimbursement agreements. He said that the new electronic submission process for reimbursement claims poses a challenge for communities that connectivity. He pointed to a need for VA to train facilities on how to submit claims for reimbursement, noting that this training never occurred when the process changed to an electronic one. He further noted that some tribes in the lower 48 states are receiving lower reimbursement rates compared to IHS. He shared the story of a facility in Alaska that had a box of paper claims returned to them by VA despite their reimbursement agreement stating that paper claims can be submitted if providing claims electronically is infeasible. Director Greene said that VA is following up on this specific issue to determine what happened and resolve it.

Director Greene went on to say that the new reimbursement agreements feature significant enhancements, including:

- Reimbursement of PRC and contracted travel for IHS and tribal facilities
- Inclusion of durable medical equipment, home health, and telemedicine for all I/T/Us
- Updated flexibility for IHS and tribal facilities to use their own formularies rather than being required to adhere to the VA formulary
- Removal of the requirement for I/T/Us (except Part B tribal health facilities in Alaska) to meet VA standards
- Extension of timely filing limits from 12 to 36 months for all I/T/Us
- Removal of reimbursement agreement expiration dates for all I/T/Us
- Inclusion of retroactive effective dates for tribal and UIO programs

Mr. Archuleta asked if the updated timely filing limits will apply retroactively, taking effect as of July 1, 2024. Director Greene researched this question during the session, and later in the session, she shared that the timely filing provisions are not retroactive to the effective date of the reimbursement agreement.

Mr. Meeks requested additional discussion with VA regarding VA's oversight of tribal formularies as potential infringement on tribal sovereignty.

Mr. Talas inquired about the meaning of home health within the context of the I/T/U reimbursement agreement expansions. Director Greene responded that the expanded agreements enable VA to reimburse I/T/Us for care that is provided within the Veteran's home.

Chief Smith noted that Director Tso wants to reopen the VHA-IHS MOU so that IHS prescriptions for traditional medicine will be reimbursable despite not being included in the formulary.

Deputy Executive Director Grahek provided an overview of VA's progress toward addressing the committee's input from the spring 2024 meeting around the following five themes.

- **Traditional healing:** To continue efforts to integrate traditional healing into the I/T/U RAP, OTH will attend the November Traditional Healing Summit. VA will continue to follow up with CMS around developing coding taxonomies for traditional healing services. Once the process for how to reimburse traditional healing services is identified, VA is open to including addenda in its reimbursement agreements with I/T/Us that outline exactly how such reimbursement will work.
- **Tribal consultation:** For any communications they participate in that pertain to reimbursement agreements with tribes, the VHA Office of Integrated Veteran Care will work to ensure that VA effectively communicates with tribes regarding any potential updates to the agreements. They will also help ensure that the VA pharmacy understands how changes to the VA formulary may impact tribes.
- **Women's health:** The new reimbursement agreements include telemedicine and PRC expansions designed to increase access to women's health services for Veterans. Since the issue of women's health was raised in the spring, VA's mobile mammography units have visited several tribes to help provide crucial services to Native American women Veterans.
- **Record sharing:** VHA will continue to collaborate internally with OTH and OTGR and externally with I/T/Us on the issues that the committee raised regarding medical record sharing.

- **Suicide prevention:** VA is committed to reducing suicide rates among Native American Veterans. The new reimbursement agreements with I/T/Us allow for reimbursement of telehealth services provided to rural Veterans.

National Cemetery Administration Updates

Glenn Powers, Deputy Under Secretary for Field Programs and Cemetery Operations, and James Earp, Cemetery Grant Program Director, presented updates to the committee regarding National Cemetery Administration (NCA) burial and memorial benefits.

NCA has a scheduling office in St. Louis that arranges Veteran burials in national cemeteries. VA determines whether the Veteran is eligible for interment in a national cemetery.

VA now offers pre-need eligibility determinations, which assist Veterans and their families with planning for future burial needs. If the Veteran is found to be eligible during the pre-need determination, VA will provide them with a pre-need eligibility letter that they can share with their family members.

VA funds national, state, and tribal Veterans cemeteries. National cemeteries are fully funded through the VA budget. State and tribal Veterans cemeteries are funded through VA grants.

Accommodation of religious beliefs and traditions is important to NCA, and NCA staff are trained to be ready to accommodate the decedent's wishes to the greatest extent possible. NCA personnel communicate closely with family members to understand and respond to these wishes.

The burial and memorial benefits that NCA offers in addition to the burial and funeral include headstones or flat markers, burial flags, presidential memorial certificates, niche covers, and bronze medallions to place on private grave markers. For a Veteran or their spouse who is cremated, commemorative urns and plaques are available. Per a congressional mandate, if the decedent is cremated and the remains placed in an urn, the decedent cannot be buried in a national cemetery. This restriction does not apply for state and tribal Veterans cemeteries. VA is prohibited from providing a grave marker for cremated remains, even for state and tribal Veterans cemeteries.

NCA maintains the Veterans Legacy Memorial website, which lists information about all Veterans who are buried in national Veterans cemeteries. The site is interactive, enabling users to post content that commemorates the Veterans. Currently, the website contains nearly 10 million Veteran pages and 125,000 memories posted by site users.

NCA's Veteran Cemetery Grants Program administers tribal and state Veterans cemeteries. Currently, 13 tribal Veterans cemeteries are funded through this grant. Since 2011, NCA has awarded more than $37.9 million to tribes through this grant. To qualify for the grant, a tribe must have trust land that can be developed into a cemetery. Through this program, VA funds the initial operating equipment. After the cemetery opens, the tribes are responsible for funding operations and maintenance.

Previously, NCA implied that tribes must maintain their Veterans cemeteries to national cemetery standards. Adhering to these standards diminishes the opportunity for cultural expression. NCA is working to correct this issue; they will make it clear that while tribes need to establish appearance standards for their cemeteries, the appearance standards do not need to mirror national cemeteries.

Mr. Talas asked if there is a time limit for ordering grave markers. Deputy Under Secretary Powers responded that there is no time limit for ordering the markers, though there is a time limit on requesting reimbursement for them.

Mr. Talas asked what actions family members should take if a grave marker arrives broken or with an incorrect name on it. Deputy Under Secretary Powers said that family members should call the phone number listed on the NCA website. They can still request a replacement even if they accepted the delivery before realizing there was an error.

Mr. Talas remarked that for residents of the Hopi Reservation, timely delivery of grave markers can be challenging. If no one is present at the delivery location to sign for the package, the drivers sometimes wait a week before re-attempting the delivery.

Mr. Kaupiko asked if there is a best practice guide on memorials that can be shared with cultural practitioners. He noted that for many years, the state of Hawaii outlawed Native Hawaiian cultural burial practices. The previous governor, however, reversed this legislation, making the practices legal once again.

Deputy Under Secretary Powers said he will contact the state Veterans cemetery on Oahu to see if they have any guidance documents.

Chief Smith remarked that VA should be responsible for installing headstones at state and tribal Veterans cemeteries. The law prohibiting VA from assisting with installation means that for some Veterans, headstones are never installed. Deputy Under Secretary Powers agreed that this law has created challenges and noted that NCA has advised Congress to make several statutory changes, including allowing commemorative urns to be buried in Veterans cemeteries.

Overview of Outreach in Tribal Communities

John Green, Deputy Executive Director for Outreach, Transition and Economic Development (OTED) at VA, presented an overview of VA's outreach efforts to tribes and Native American Veterans.

OTED conducts Tribal Veterans Outreach that is intended to ensure all Native American Veterans, service members, and surviving spouses are aware of VA services and benefits and know how to access them. The accessibility component of this objective is crucial, since outreach about services can only be effective if the audience knows how to obtain those services. The goals of this outreach are to build trust with Native American Veterans, resolve barriers to access that rural Native American Veterans face, and ensure that VA staff have a baseline understanding of Native American cultures and demonstrate cultural awareness in their work.

In 2018, the Veterans Benefits Administration (VBA) and OTGR launched a joint outreach campaign entitled *Bringing VA Benefits Home*. This campaign comprised events designed to inform Veterans and surviving spouses who live in tribal communities about VA benefits and services. Following the passage of the PACT Act, the campaign's focus shifted to helping Veterans and surviving spouses access these benefits and services through claims events. In FY 2025, OTGR will solicit tribal governments who can host claims events. OTED and the VA Medical Disability Examination Office (MDEO) will coordinate the events. MDEO supports VA Regional Office outreach efforts by working with contracted vendors to provide C&P exams.

In FY 2024 to date, VA regional offices have held 325 tribal outreach events, reaching 38,483 attendees. During the same period, MDEO supported 21 tribal claims clinics, processing 441 claims and reaching 1,371 Veterans. Also during this timeframe, VBA and OTGR jointly supported 43 tribal claims clinics.

A committee member encouraged VA to be more proactive in ensuring that rural Veterans can access C&P exams without traveling to urban areas. Contracting with IHS to have their providers conduct these exams or simply make IHS facilities available for other exam providers to use would greatly increase accessibility.

Deputy Executive Director Green said that MDEO's vendors have begun mobilizing specialty providers who can conduct C&P exams. He indicated that he will connect the committee with the correct points of contact for sharing the suggestion on partnering with IHS.

Chairwoman Tetnowski added that the committee plans to invite MDEO to their next meeting so that they can further discuss this issue.

Mr. Dauphinais inquired about whether OTED is attaining its outreach goals for Indian Country and if they need assistance in connecting with points of contact to further this outreach.

Deputy Executive Director Green said that OTED is meeting the goals it established for Indian Country but can always increase its reach. He expressed interest in collaborating with the committee to further enhance outreach in Indian Country.

Mr. Dauphinais asked if OTED has outreach data they can share with the committee that illustrates their impact in Indian Country. Deputy Executive Director Green confirmed that he has this data and indicated that he will share it with the committee.

FY 2024 Telehealth Year-in-Review

VA Presentation and Discussion

Dr. Leonie Heyworth, Deputy Director for Clinical Services within the VA Office of Connected Care (OCC), provided an update regarding VA's telehealth activities and efforts during FY 2024.

Compared to FY 2023, telehealth episodes of care have increased by 9% for FY 2024. Video-to-home is the most used telehealth modality, followed by video-to-clinic. Asynchronous care is the third most common telehealth modality.

A significant barrier to maximizing telehealth has been determining how to reach Veterans in rural areas who could benefit from telehealth but have connectivity challenges or are not enrolled in VA benefits. To help address this challenge in high-need areas, VA offers the Accessing Telehealth Through Local Area Stations (ATLAS) and Telehealth Grant Programs. Through ATLAS, VA operates telehealth sites at non-VA locations in the community. ATLAS coordinators are available at these sites to help Veterans set up for their telehealth visits. Currently, there are 16 ATLAS sites across the country. The Telehealth Grant Program provides the funding for ATLAS. VA will develop regulations for ATLAS and expects these regulations to take effect in FY 2026. As part of this process, VA would like to gather tribal input and ideally partner with tribes to establish ATLAS sites in tribal communities. Other potential partners for new ATLAS sites include IHS, federally qualified health centers, critical access hospitals, and VSOs.

In 2022, the Cleland and Dole Memorial Veterans Benefits and Health care Improvement Act directed OCC to develop a strategic plan for promoting the effectiveness of telehealth technologies and modalities. Presently, OCC is exploring options to implement innovative telehealth technologies, such as using eye scan technology for vital sign readings. They are also collaborating with internal and external partners to engage Veterans and learn more about how to meet their needs in terms of telehealth. In addition, OCC developed a plan for assessing telehealth effectiveness and Veteran outcomes over time.

The evaluation plan includes the following five phases.

1. Comprehensive literature review
2. Establishment of a Telehealth Effectiveness Coordinating Center to oversee the evaluation
3. Refinement and application of key quality and safety metrics for telehealth
4. Initiation of telehealth effectiveness evaluations
5. Completion of comprehensive evaluations for a broad range of telehealth scenarios

Phases 1 and 2 are complete, and the third and fourth phases are currently underway.

Mr. Dauphinais asked if there are any ATLAS sites in Indian Country and, if so, whether those sites are well-received.

Dr. Heyworth responded that there are no ATLAS sites on tribal lands yet. However, VA hopes to partner with tribes to establish tribal ATLAS sites in the near future.

Chairwoman Tetnowski asked if UIOs will be eligible for Telehealth Grant Program funding to establish ATLAS sites. Dr. Heyworth confirmed that VA would consider applications from UIOs.

IHS Presentation and Discussion

Dr. Chris Fore, Director for the IHS TeleBehavioral Health Center of Excellence (TBHCE), provided a summary of IHS's telehealth efforts.

IHS has two national-level telehealth programs, which include the TBHCE and the IHS-Joslin Vision Network Teleophthalmology Program. Currently, the TBHCE provides telebehavioral health services across 26 sites. In addition, IHS has a range of regional and site-specific telehealth programs. Because these localized programs do not fall under a national program, IHS's telehealth data is somewhat fragmented. IHS is working to establish a telehealth division that would bring together these programs under a national scope.

Many IHS facilities lack sufficient sound-proofing, space, and connectivity to provide telehealth services. During the COVID-19 pandemic, about 80% of the telehealth visits that IHS conducted were audio-only. Approximately 18 months ago, IHS launched a new telehealth program that works on any internet-connected device without requiring the user to download an app. So far, IHS has received positive feedback from both patients and providers about this platform.

Chairwoman Tetnowski asked if the platform is available across all IHS sites. Dr. Fore confirmed that it is available to any IHS provider.

Recess

Chief Smith motioned to recess the meeting for the day. Mr. Kaupiko seconded the motion. Chairwoman Tetnowski recessed the meeting.

Meeting With White House Council on Native American Affairs

After the committee recessed for the day, they visited the Eisenhower Executive Office Building, where they met with Morgan Rothman, the White House Domestic Policy Council's Senior Advisor for Native American Affairs. The discussion is summarized as follows.

Chairwoman Tetnowski shared the current committee priorities, committee scope of work, and their anticipated forthcoming recommendations following tomorrow's portion of the meeting. The committee's priority areas include homelessness and suicide prevention. Cross-agency collaboration with SAMHSA and IHS has allowed for gap analysis, moving the needle on these priorities. The committee has three subcommittees: the health subcommittee, the administrative subcommittee, and the benefits subcommittee.

Mr. Rothman expressed support for the addition of tribal advisory committees and noted that all Secretaries sit on the WHCNAA. He recommended including the WHCNAA in interagency recommendations.

Mr. Talas stated that tribal advisory councils are "boots on the ground" for Veterans' issues, and policy language does not align with their experiences on the ground.

Mr. Rothman stated that written, tangible recommendations are tremendously helpful for addressing this misalignment. He said he will follow up with VA Secretary's office.

Chairwoman Tetnowski noted that the VA Secretary's office has been very helpful in these efforts thus far.

Chief Smith called out the need to remove barriers to interagency collaboration. He highlighted the collaboration between the VA and IHS on the reimbursement agreement as an example of removing barriers. He noted the impact of the reimbursement agreement in expanding sites of service in Alaska. Finally, he expressed willingness for committee members to testify in support if needed.

Mr. Rothman stated he recently visited the Alaska Native Tribal Health Consortium and Alaska Native Medical Center. He shared some of his experiences, noting that "tribal health is rural health."

Mr. Meeks said that health is a trust/treaty responsibility. He highlighted the importance of creating awareness at the Cabinet level that "if you have talked to one tribe, you have talked to one tribe." Each tribe is different, and creative flexibilities need to be available.

Mr. Rothman agreed with Mr. Meeks that the uniqueness of each tribe is a foundational concept. He stated that Interior Secretary Haaland has made a big difference in furthering that understanding. There will be training coming out for all federal employees related to tribes and tribal sovereignty.

Mr. Kaupiko asked how the TAC could help Mr. Rothman and the White House work more effectively and efficiently.

Mr. Rothman noted that documented recommendations to the Secretary of Veterans Affairs create an institutional history that helps to inform incoming Secretaries of Veterans Affairs. He expressed his desire for all tribal advisory committees to endure.

Mr. Dauphinais called out the importance of data, stating that it is difficult to make recommendations without clear, accurate data. The committee anticipates making a recommendation to VA that urges the publication of an annual data report.

Ms. Baldwin noted that women Veterans returning to civilian life have specific needs of that need more attention. Mr. Rothman thanked her for raising this issue and agreed that meeting these needs is critically important.

Mr. Archuleta agreed with the comments regarding the importance of continuity in leadership to carry forward recommendations. He described a need for mandatory appropriations to support mandates that are currently unfunded.

Mr. Rothman agreed about the need for increased funding, and he noted that increased collaboration between agencies could create additional efficiencies.

Mr. Sam brought up traditional healing, including its vital role in suicide prevention. He highlighted the need for federal support to move traditional healing forward. Mr. Rothman agreed that traditional healing plays a crucial role in supporting Veterans during their transitions to civilian life.

Mr. Parker emphasized the need for collaboration between federal agencies and continuity across administrations. He noted that the work of this committee benefits all Veterans, not just Native American Veterans.

Chairwoman Tetnowski reminded Mr. Rothman that this committee is available to him as a resource. She shared that the pending committee recommendations focus on the following topics.

- Data access
- Home health care
- VA's collaborations with other agencies
- Modification of regulations or statutes that limit access to VA home loans because of language that references trust land specifically

Mr. Rothman stated he will follow up with the committee regarding the legislative language around VA home loans.

Chief Smith reiterated that Alaska tribes are on corporation land, meaning that Alaska Native Veterans are currently unable to participate in the NADL Program.

Mr. Dauphinais expressed a sense of urgency around addressing the significant increase in suicides among Native American Veterans.

Mr. Rothman indicated that he will discuss this issue with one of his colleagues and follow up with the committee.

Day 3

Thursday, September 26, 2024

Opening

Chairwoman Tetnowski called the meeting to order.

One of the committee members offered an opening blessing.

Ms. Duncan conducted roll call and announced that a quorum was present.

Recommendations Review/Approval

During this session, two of the subcommittees proposed recommendations for the full committee to discuss and vote on. These presentations, discussions, and voting outcomes are discussed in the following sections.

Benefits and Cemeteries Subcommittee

Mr. Dauphinais, who chairs the Benefits and Cemeteries Subcommittee, reviewed the subcommittee's activities and the recommendations they are proposing to the committee for possible adoption.

The subcommittee members are:

- Dean Dauphinais (Chair)
- Ricky Alex
- Bobbie Baldwin
- Chauncey Parker
- DeLisa Ramon
- Ivan Sam
- Frank Star Comes Out

Proposed Recommendations for Committee Consideration

Mr. Dauphinais shared the subcommittee's proposed recommendations, accompanied by rationales and background information, as follows.

NADL Program

Proposed Recommendation 1A: Extend the VA Native American Direct Loan 2.5% interest rate reduction for an additional 24 months (or make it permanent).

Rationale for Proposed Recommendation 1A: On March 13th, 2023, the U.S. Department of Veterans Affairs reduced the NADL rate from 6% to 2.5%, a change effective through March 2025. This rate reduction was intended to gauge how improved affordability would impact NADL utilization. We have seen an increase in interest among Native Veterans, both for new loans and refinancing. However, more time is required to conduct broader outreach about this opportunity. Therefore, we recommend the following actions:

- Continue increasing NADL outreach efforts to raise awareness about the reduced 2.5% rate among Native Veterans.

- Expand partnerships with local organizations working with Native Veterans to promote home ownership on trust land.
- Extend the 2.5% interest rate reduction for at least an additional 24-month period or make the reduction permanent.

Proposed Recommendation 1B: Monitor the enactment of H.R. 8371—The Elizabeth Dole Act—and support the new NADL Native CDFI Relending Program.

Rationale for Proposed Recommendation 1B: We strongly support the creation of the Native Community Development Financial Institution (CDFI) Relending Program proposed in Section 232 of H.R. 8371. However, the program is set to sunset on September 30, 2026. While this provision was necessary for accounting reasons, we encourage the VA to expedite rulemaking to implement the program. By demonstrating its effectiveness, we hope to justify its extension beyond 2026. This model was successfully piloted by the USDA in its 502 Native CDFI Relending Program, and we believe the VA should maximize the similar Congressional authority provided under H.R. 8371.

Annual Data Report

Proposed Recommendation 2: We recommend the establishment of a comprehensive annual report on Native American Veteran data to streamline access to critical information and improve service delivery. Currently, data on Native American veterans is scattered across various VA departments, creating inefficiencies and delaying the identification of emerging trends or urgent needs.

Rationale for Proposed Recommendation 2: Currently, stakeholders must navigate multiple VA departments to gather data on Native American Veterans. The fragmented nature of this information creates inefficiencies in accessing critical data, which delays the time it takes to identify and respond to pressing issues affecting Native American Veterans. By establishing a comprehensive Annual Report on Native American Veteran Data, we can streamline access to key information, enabling quicker and more coordinated responses to the unique challenges Native Veterans face. This centralized reporting mechanism would allow service providers, policymakers, and tribal governments to have a holistic view of the current status of Native American Veterans, significantly reducing the effort and time spent gathering and analyzing scattered data.

The proposed report would compile essential data from various VA programs into a single, easily accessible document, highlighting crucial areas like homelessness, suicide rates, healthcare enrollment, and employment outcomes. This approach ensures that trends can be analyzed comprehensively, enabling the VA to make informed decisions and allocate resources more efficiently. (See Annual Homelessness Assessment Report [AHAR] to Congress The 2023 Annual Homelessness Assessment Report [AHAR] to Congress) Part 1: Point-In-Time Estimates of Homelessness, December 2023 [huduser.gov]).

A centralized report also aligns with the VA's commitment to improving outcomes for all veterans. Native American Veterans face distinct challenges rooted in both their military service and their cultural backgrounds, including geographic barriers to healthcare, underutilization of VA programs, and mental health disparities. A focused report will allow for targeted interventions, specifically tailored to Native American Veterans' needs. Additionally, it will provide transparency and accountability in the VA’s efforts to address these issues. By creating a single report, we can:

- Enhance Data-Driven Decision-Making: Comprehensive data analysis helps identify patterns and emerging needs, allowing VA leadership to craft policies and strategies that respond in real-time.
- Improve Resource Allocation: A clearer picture of where Native American Veterans face challenges (e.g., in housing or healthcare access) can guide better distribution of funds and services.
- Support Tribal Consultation and Collaboration: The report will facilitate informed dialogue with tribal governments by providing data that reflects the specific needs of their communities. This will strengthen partnerships between the VA and tribal entities.
- Increase Advocacy and Awareness: Centralized data can empower advocates to more effectively push for legislative changes or enhancements to VA programs that would benefit Native Veterans.
- Consider using the Annual Homeless Assessment Report (AHAR) as a model.

In summary, a comprehensive Annual Report will serve as a vital tool in advancing the well-being of Native American veterans, ensuring that the VA can swiftly respond to their needs while optimizing the services provided. This streamlined approach will not only reduce the burden on those seeking information but also allow the VA to proactively address emerging trends and challenges, ultimately improving the quality of care and support for Native Veterans.

OTGR Staffing

Proposed Recommendation 3: Increase staffing levels at the Office of Tribal Government Relations (OTGR).

Rationale for Proposed Recommendation 3: The current OTGR staffing is stretched thin, with specialists covering multiple states and vast geographic areas. For example, one staff member is responsible for 14 states, and another is responsible for 10 states, each state having multiple tribal communities within them. This makes it virtually impossible for any single staff member to provide the necessary outreach, conduct consistent and meaningful engagement with tribal governments, and Veteran leaders or adequately raise awareness about VA benefits in their regions.

Moreover, OTGR is tasked with addressing diverse and complex issues that vary significantly by region. Each tribe has its unique cultural traditions, social determinants of health, and access challenges, requiring tailored approaches in every area. Without proper staffing, the office cannot adequately address these needs. By increasing OTGR's capacity, the VA will be better equipped to fulfill its commitment to Native Veterans, ensuring they receive the benefits they deserve through culturally competent and accessible means.

The rationale for this proposed recommendation included the following proposed SMART goal parameters.

Specific: The OTGR should receive additional staffing to more effectively cover the vast territories it serves, including the 574 federally recognized tribes, state-recognized tribes, and over 100 Native Hawaiian organizations. Current staffing levels are insufficient to perform the necessary outreach, engagement, and awareness-raising across such an expansive area.

Measurable: We recommend increasing the number of program specialists within OTGR by at least 50%, particularly in underserved regions. This increase would allow for proportionate coverage, such as one staff member for every [number] tribal governments or geographical areas with significant Native Veteran populations. Progress could be tracked by the number of regions with dedicated OTGR staff and increased participation in VA programs.

Achievable: The increase is realistic, considering the current unmet need for outreach, education, and technical assistance in tribal communities. By adding more specialists, the OTGR can expand its reach and provide better services to Native veterans, enhancing the overall effectiveness of the VA's programs.

Relevant: There has been a 51.8% increase in Native American Veteran Suicides since 2021. With over 200,000 Native American veterans served by OTGR, the need for culturally competent outreach is critical. Many Native Veterans live in remote areas where access to VA services is limited, and a stronger OTGR presence would help bridge these gaps. This recommendation is aligned with VA's strategic priorities of increasing access to benefits for underserved populations.

Time-Bound: The additional staffing should be phased in by the end of the 2025 fiscal year, with hiring benchmarks set for each quarter. This timeline will ensure that all regions are adequately staffed by the end of FY 2025.

Discussion of the Benefits and Cemeteries Subcommittee's Proposed Recommendations

Discussion: Proposed Recommendation 1 (NADL Program)

The committee discussed Chief Smith's suggestion to encourage VA to create a pathway for establishing NADL agreements directly with Veterans as an alternative to an MOU with the Veteran's tribe. They agreed that for some Veterans, the absence of a VA-tribal MOU creates a barrier to participation in the NADL Program. Further, for Veterans whose homes will be on restricted or fee land, the title would be in the Veteran's name rather than under the tribe's purview. A committee member suggested encouraging VA to establish an agreement with the Veteran as a primary pathway, with the tribal MOU serving as an alternative path when the land is not in the Veteran's name. The committee agreed to revisit this issue later.

Mr. Kaupiko suggested updating the language of Proposed Recommendation 1A so that the committee would not have to revisit the recommendation again when the possible 24-month extension concludes.

Mr. Meeks and Mr. Talas agreed with this suggestion, and they proposed revising the language so that the recommendation states: "Extend the 2.5% interest rate reduction for at least an additional 24-month period while working to make the reduction permanent."

Within the rationale language, Mr. Talas suggested moving the third action so that it appears first in the list.

Discussion: Proposed Recommendation 2 (Annual Data Report)

Mr. Dauphinais reviewed an attachment the subcommittee included with the proposed recommendation that lists recommended focus areas for the annual data report. These topics include:

- Native American Veteran homelessness
- Native American Veteran suicide rates

- Health care enrollment and access
- Employment and economic opportunities
- Educational benefits utilization
- Disability claims and pension data
- Home ownership and loan data
- Health outcomes and chronic conditions
- Cultural competency in VA services
- Participation in tribal consultation and outreach
- Native American women Veterans

He pointed to fragmentation in VA data, with VHA data appearing to be disconnected from VBA data.

The committee discussed various concerns about the likelihood of inaccuracies in the data on Native American Veterans. For instance, much of the data relies on Veterans to self-identify as Native American, which can lead to data inaccuracies. Ultimately, they agreed to focus on the intent of this recommendation, which is to encourage the sharing of as much data as possible even though the data may not be perfect. In addition, the group talked about the need for additional VA staff to support this data compilation and publication effort, as well as the importance of instituting an implementation tracker to monitor VA's progress toward addressing each recommendation and its various components. Mr. Meeks recommended that the committee work with the VA Office of Data Governance and Analytics to create this tracking tool.

Discussion: Proposed Recommendation 3 (OTGR Staffing)

For the *measurable* parameter of the associated SMART goal, a committee member suggested replacing the proposed metric of a 50% increase in the number of OTGR program specialists with the desired number of staff members the committee would like to see VA add. This edit would help the recommendation sound less formidable, as a 50% increase may actually mean bringing only two new staff members on board.

Mr. Meeks suggested including a justification for why the committee quantified this request the way it did. For example, it may be helpful to note whether this metric was calculated based on geography or the number of Native American Veterans.

Mr. Parker asked about the fiscal year during which this recommendation would take effect.

Chairwoman Tetnowski responded that the committee would recommend that this change be implemented in FY 2027, given that the FY 2026 budget is already being formulated. She added that a post-election administration change could impact this timeline.

Voting on the Benefits and Cemeteries Subcommittee's Recommendations

After each discussion, the committee voted on whether and how to move forward with each proposed recommendation. These voting outcomes are summarized in the table below.

Motion	Recommendation	Motioned by	Seconded by	Voting outcome
Agreement in principle with the proposed recommendation	1. NADL Program	Kevin Meeks	Reyn Kaupiko	Consensus: In favor
Agreement in principle with the proposed recommendation	2. Annual data report	Chief Bill Smith	Kevin Meeks	Consensus: In favor
Agreement in principle with the proposed recommendation	3. Increased OTGR staffing	Geno Talas	Bobbie Baldwin	Consensus: In favor

Table 2. Voting outcomes for the Benefits and Cemeteries Subcommittee's proposed recommendations

Health Subcommittee

Chairwoman Tetnowski, who chairs the Health Subcommittee, reviewed the subcommittee's activities and priorities.

The subcommittee members are:

- Chairwoman Tetnowski (Chair)
- Adam Archuleta
- Reyn Kaupiko
- Nickolaus Lewis
- DeLisa Ramon
- Chief Bill Smith
- Geno Talas
- Mary Culley, VA Alternate DFO

During 2024, the subcommittee convened five times. They heard seven presentations that pertained to their five priority areas, which are described in the following section.

Proposed Recommendations for Committee Consideration

Chairwoman Tetnowski presented the subcommittee's proposed recommendations for consideration and discussion. The proposed recommendations were categorized within the following priority areas.

1. Home-based care
2. Housing
3. Suicide prevention
4. Scholarship, training, and certification
5. Basic life support

Home-Based Care

Under Priority 1, the subcommittee proposed the following recommendations.

Proposed Recommendation 1.1: Request VA reassess the eligibility criteria to support culturally appropriate aging in place scenarios.

Proposed Recommendation 1.2: Expansion of mobile care units, including equipment purchase to meet unique needs of remote villages.

Proposed Recommendation 1.3: Training for families to assist with [physical therapy, wound care, prosthetics care, occupational therapy, pain management, psychological support, medical monitoring, and hyperbaric chambers]. The priority is wound care.

Proposed Recommendation 1.4: Hire more home health aides, or contract with tribes, tribal organizations, or Urban Indian Health Centers to provide this additional service.

Rationale: To address the basic health needs of Veterans, it is vital to address the challenges associated with travel distances for receiving care, as well as eligibility criteria. An estimated 80% of Veterans will need long-term services and supports in their lifetimes. VA has projected increase of $14 billion in funding needs by 2037 to meet these needs. It is important to ensure that Veterans can receive these services at the location of their choosing. The home-based care priority comprises proposed recommendations for mobile clinics and for caregiver training.

Housing

Under Priority 2, the subcommittee proposed the following recommendations.

Proposed Recommendation 2.1: Modification to regulation so that receipt of HUD-VASH funding does not interfere with other housing programs for tribes, tribal organizations, urban Indian health organizations.

Proposed Recommendation 2.2: HUD secretary and VA secretary work together to optimize the programs available to AI/AN Veterans to remove obstacles.

Proposed Recommendation 2.3: Remove the need for a Tribal MOU from NADL Program requirement if the tribes agree that it won't harm tribal sovereignty for Veteran access to land.

Proposed Recommendation 2.4: In addition to trust land, add restricted and fee land to optimize the opportunities for Veterans to have homes in their communities.

Rationale: Updating the current regulatory language for HUD-VASH would ensure that tribes do not lose housing funds from other programs if they accept HUD-VASH vouchers. Proposed Recommendations 2.3 and 2.4 would remove many of the current barriers that individual Native American Veterans face to participating in the NADL Program.

Suicide Prevention

Under Priority 3, the subcommittee proposed the following recommendations.

Proposed Recommendation 3.1: Request VA data about steps taken to gather data on Veteran Suicides that occur on tribal lands and in urban communities.

Proposed Recommendation 3.2: Create a trending chart with in the GAO VA High Risk List Action Plan: Managing risks and Improving VA Health Care.

Proposed Recommendation 3.3: Identify those areas where the biggest need for intervention needs to occur, provide us the data and work with commissions, tribes, and UIHOs to bring additional services to the highest risk areas.

Rationale: According to the 2023 National Veteran Suicide Prevention Annual Report, the unadjusted suicide rate for Native American Veterans rose from 46.3 deaths by suicide per 100,000 people in 2021 to 51.2 deaths by suicide in 2023. Long travel distances and wait times of 20 days or longer to receive behavioral health care likely contribute to this challenge.

Scholarship, Training, and Certification

Under Priority 4, the subcommittee proposed the following recommendation.

Proposed Recommendation 4: Create a scholarship specific to AI/AN Veterans in health care, finance, or human resources.

Rationale: The workforce needs in the fields of health care, billing/finance, and human resources continue to grow. It is important to encourage Veterans to continue their education in fields that would directly benefit the I/T/U system.

Basic Life Support

Under Priority 5, the subcommittee proposed the following recommendations.

Proposed Recommendation 5.1: Communicating the contents of [VHA Directive 1177] to each of the Veterans Integrated Service Networks (VISNs).

Proposed Recommendation 5.2: Providing assistance to VISN directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

Proposed Recommendation 5.3: Providing oversight of VISNs to assure compliance with [VHA Directive 1177], relevant standards and applicable regulations.

Rationale: Consistent, high-quality basic life support services are important to saving lives. VHA Directive 1177 aims to optimize patients' safety by ensuring that VHA has the emergency response capability to manage cardiac events that occur on VHA property and access to appropriate resuscitation equipment and appropriately trained responders.

Discussion of the Health Subcommittee's Proposed Recommendations

Discussion: Priority 1 Proposed Recommendations (Home-Based Care)

Mr. Sam recommended including a recommendation regarding telehealth among the Priority 1 Recommendations, given that telehealth services are tremendously helpful for rural Veterans.

Chief Smith noted that telehealth needs to include audio-only visits because many rural Veterans do not have reliable internet access.

The group discussed whether Proposed Recommendation 1.1 is specific enough to Native American Veterans, given that other Veterans likely face similar barriers to home-based care that stem from the eligibility criteria.

Chairwoman Tetnowski clarified that the intent of Proposed Recommendation 1.3 is to establish training that educates family caregivers on how to recognize when wound care is needed, not to encourage them to treat the wounds themselves.

Discussion: Priority 2 Proposed Recommendations (Housing)

The group agreed that in the future, they will discuss making a recommendation on raising the maximum HISA grant amount for Veterans who do not have a service-connected disability, per a suggestion from Mr. Kaupiko.

Discussion: Priority 4 Proposed Recommendation (Scholarship, Training, and Certification)

Chairwoman Tetnowski clarified that the scholarship opportunities proposed in this draft recommendation would apply when a Veteran has exhausted their GI Bill benefits but wishes to continue their schooling, such as by attending medical school. This continued support for Veteran students would also help resolve workforce shortages in Indian Country.

Mr. Kaupiko requested that the committee revise the proposed recommendation language for Priorities 4 and 5 to specifically mention Native Hawaiian groups.

Discussion: Next Steps for the Health Subcommittee's Proposed Recommendations

The committee discussed next steps and agreed to send edits to Chairwoman Tetnowski in writing so that she can update the language of the proposed recommendations according to the discussion summarized above. She will then share the revised recommendations with the committee. There is an opportunity to combine some of the Health Subcommittee's proposed recommendations with the Benefits and Cemeteries Subcommittee's draft recommendations, which the full committee already agreed with in principle. The group can vote on the revised recommendations via email.

Mr. Kaupiko motioned to approve this approach. Mr. Talas seconded the motion. The motion passed without objection.

Future Committee Meeting Dates and Locations

The committee discussed where and when their next meeting should take place.

Previously, VA had recommended that in place of a full committee meeting next time, the three subcommittees should gather in separate locations so that the committee can complete more of their site visits. However, several committee members noted that they would rather continue meeting as a full committee each time.

Ms. Duncan noted that the next two committee meetings need to take place before July 2025. She suggested holding the next meeting during the spring and the subsequent meeting in the summer. The committee charter calls for the second of these meetings to take place in Washington, DC.

Several committee members provided meeting location suggestions. Chairwoman Tetnowski offered to host the next meeting in San Jose, CA. Mr. Dauphinais suggested meeting in San Diego, CA, where there are strong relationships between nearby tribes and VA facilities. Mr. Sam offered to reach out to contacts in the San Diego area to help identify a meeting host if the committee opts to convene there. Mr. Kaupiko offered to host the meeting in Hawaii.

Despite cost challenges associated with travel to Hawaii, several committee members agreed they would like to prioritize meeting there so that they can learn more about Native Hawaiian groups, including the unique challenges they face and how the committee can best support them. Per a suggestion from Mr. Parker, the group agreed to request Hawaii for the next meeting location and propose San Diego as an alternative if Hawaii is cost-prohibitive.

Discussion With the U.S. Secretary of Veterans Affairs

The Honorable Denis R. McDonough, U.S. Secretary of Veterans Affairs, joined the meeting to converse with the committee members. He thanked the committee for their efforts and welcomed them to share any comments.

Chief Smith expressed appreciation for all that Secretary McDonough has accomplished during his time in office. He shared that the committee members had a negative experience with the building security at this meeting venue. He also said that the committee would like to explore statutory changes to remove their term limits.

Chairwoman Tetnowski noted that the committee plans to present several recommendations to VA soon. The recommendations will pertain to suicide prevention and data, among other topics.

Secretary McDonough expressed his continued commitment to addressing these topics.

Chairwoman Tetnowski thanked Secretary McDonough for his leadership in addressing the committee's recommendations by not only responding within VA, but also communicating these issues to other federal agencies and partners.

Mr. Meeks thanked Secretary McDonough for his efforts and observed that VA appears to have accomplished an unprecedented number of positive changes under his leadership.

Public Comment Session

One member of the public—Rhonda Harjo—provided comments during the committee meeting.

Ms. Harjo described difficulties with securing in-home care for her father, a Korean War Veteran who served as a paratrooper in the U.S. Army. As many former paratroopers do, her father developed problems with his knees and back as he aged. He filed a claim in 2018 but was denied. In 2023, he worked with a claims representative to refile a claim. However, the claims representative made many mistakes in the process of submitting the claim.

VA contacted her father to schedule a medical appointment at a clinic. Ms. Harjo notified them that her father needs in-home services. VA had to obtain internal approval to hold her father's first two appointments at his home. For the third appointment, special equipment was required, which meant that VA had to again go through an internal approval process for providing in-home care. This happened in the fall of 2023, and since then, the family has struggled to reinstate the in-home care. At a VA outreach event, Ms. Harjo met OTGR's Mary Culley, who helped her navigate the process.

Ms. Harjo then learned that her father was likely eligible for nearly 100% disability, so the family again refiled a claim to update his disability rating. This effort led to another drawn out, complicated process of obtaining evidence to justify her father's claim. After the family finally submitted this evidence, they once again had to start from the beginning in terms of communicating with VA to justify the need for in-home visits. Currently, they are still struggling to arrange in-home appointments.

Ms. Harjo urged VA to improve their communication internally and with contractors and to implement a better system for tracking cases in which the Veteran needs in-home appointments. She encouraged VA to hire more OTGR staff who can help families navigate challenges like this one.

Closing

Chairwoman Tetnowski thanked all meeting participants for their time and engagement.

Mr. Sam offered a closing blessing.

Chief Smith motioned to adjourn the meeting. Mr. Kaupiko seconded the motion. Chairwoman Tetnowski adjourned the meeting.

Sonya M. Tetnowski

Sonya M. Tetnowski, TAC Chair