



**Vice-President Sonya Tetnowski for the National Council of Urban Indian Health
Testimony for the House Indigenous Peoples of the United States Subcommittee Legislative
Hearing on H.R. 4153
September 25, 2019**

Additional Questions and Answers for the record:

- 1. In your testimony, you maintain that the Department of Veterans Affairs (VA) already has the authority to apply VA reimbursements to Urban Indian Health Centers. How has the VA responded to this claim?**

Urban Indian Organizations (UIOs) are part of the IHS I/T/U system – The language of the first MOU explicitly states “the intent of this MOU (is) to facilitate collaboration between IHS and VA, and **not limit initiatives, projects, or interactions between the agencies in any way**. The MOU recognizes the importance of a coordinated and cohesive effort on a national scope, while also acknowledging that the implementation of such efforts requires local adaptation to meet the needs of individual tribes, villages, islands, and communities, as well as local VA, IHS, Tribal, and **Urban Indian health programs.**” UIOs should never have never been left out of future MOU revisions or the reimbursement agreement. However, we believe that after some internal decision making, the VA maintains that in-order to reimburse Urban Indian Organizations, it will take a legislative language fix from Congress. It is a chronic issue of when UIOs are not explicitly named, they are intentionally left out.

- 2. In your experience, what has it been like communicating to the VA your concerns for veterans seeking treatment at Urban Indian Health Centers?**

Unfortunately, although I know several programs see high veteran populations and have tried extensively to work with their local VA facilities, it is historically difficult to communicate with the VA regarding Native Veterans. Unfortunately, I’ve heard of stories of complete nonresponse from the VA facilities, and others have effectively stated their hands were tied when it comes to sharing patient care responsibilities and important health care records. It wasn’t until after the NCUIH listening session with the VA that a phone call was even coordinated for many of our members. Even then the most support provided or information provided was that the VA could attend our events but no other services or partnership issues were discussed or resolved.

- 3. Without the application of the VA and Indian Health Services’ (IHS) Memorandum of Understanding (MOU), what health care options do Native veterans living in urban areas currently have?**





UIOs still provide services for urban Native Veterans, although funding is always a concern. Approximately 60% of Native Veterans live in urban areas, and having the ability to be reimbursed by the VA would make a significant impact and alleviate the burden of the chronic funding shortages faced by urban Indian health programs. We are so extensively underfunded that we depend on reimbursements from other federal programs. Not being able to receive reimbursements from the VA is a significant source of lost revenue – which impacts our ability to hire more practitioners, retain practitioners, offer additional services, and ultimately, serve our patients.

4. **How might culturally-competent health care be lost in such scenarios?**

Statistics show that Native Veterans prefer to have their health care needs served in a facility where they have the option to seek culturally competent care, even going without care or choosing not to receive care in the VA health care system. Native Veterans cite such things as discrimination, isolation, lack of understanding, long wait times and lack of transportation as obstacles that they must overcome to receive care at some VA facilities. Native Veterans thrive in their care when they have cultural resources such as the sweat lodge, prayer circles, smudging ceremony and traditional healer practices available to them. UIOs provide culturally competent care by AI/AN providers who understand the traditional teachings and ways of the Native Veteran. Native American healing practices have survived as an integral part of the cultures of first nation people, and Native Veterans have a right to exercise these cultural healing practices as the non-Native Veteran has the right to exercise the right to call upon their Christian beliefs in their health care for example, chapels within the VA facilities, crucifix and Christian portraits hung in treatment and hospital rooms, bibles and Christian literature in bedside tables and in waiting lounges.

Note: As I shared when questioned, the trust responsibility to support our Native veterans' does not stop at the reservation boundaries. This technical fix would allow UIO's to serve our Native veterans' where they are rather than forcing them to commute to facilities outside of their comfort zones. Help us to correct this oversight in the reimbursement agreement!

