



NATIONAL CONGRESS OF AMERICAN INDIANS

U.S. House Committee on Veterans' Affairs

Legislative Hearing Testimony of Chief Executive Officer Kevin J. Allis National Congress of American Indians July 21, 2020

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On behalf of the National Congress of American Indians (NCAI), thank you for holding this hearing on legislation to support veterans. Founded in 1944, NCAI is the oldest and largest representative organization serving the broad interests of tribal nations and communities. Tribal leaders created NCAI in 1944 in response to termination and assimilation policies that threatened the existence of American Indian and Alaska Native (AI/AN) tribal nations. Since then, NCAI has fought to preserve the treaty and sovereign rights of tribal nations, advance the government-to-government relationship, and remove historic structural impediments to tribal self-determination.

AI/ANs have a long history of distinguished service to the United States. Per capita, AI/ANs serve at a higher rate in the Armed Forces than any other group of Americans and have served in all the nation's wars since the Revolutionary War. Additionally, AI/AN veterans served in several wars before they were even recognized as U.S. citizens. Despite this esteemed service, AI/AN veterans have lower personal incomes, higher unemployment rates, and are more likely to lack health insurance than other veterans.

The United States must honor its commitments to AI/AN veterans. The federal government's responsibility to provide quality healthcare to AI/AN veterans comes both from their service to this country and the federal government's treaty and trust obligations to AI/AN people. NCAI is grateful for the Committee's consideration of legislation intended to better fulfill the federal government's commitment to providing for the wellbeing of Native veterans when they return home.

H.R. 2791, the Department of Veterans Affairs Tribal Advisory Committee Act of 2019

AI/AN veterans, tribal leaders, and the Government Accounting Office (GAO) have expressed the need for the United States Department of Veterans Affairs (VA) to better engage with tribal stakeholders when assessing, developing, and implementing policy affecting AI/AN veterans. In a 2018 Veterans Health Administration Survey of Veteran Enrollees' Health and Use of Health Care, the VHA reported that 45.2% of AI/AN Veterans expressed prior dissatisfaction with the level of VA care received – nearly double the rate for Caucasian veterans.¹

¹ U.S. Department of Veterans Affairs, 2018 Survey of Veteran Enrollees' Health and Use of Health Care, https://www.va.gov/HEALTHPOLICYPLANNING/SOE2018/2018EnrolleeDataFindingsReport_9January2019Final508Compliant.pdf

H.R. 2791, the Department of Veterans Affairs Tribal Advisory Committee Act of 2019, would support this goal by creating a Veterans Affairs Tribal Advisory Committee (VATAC), which would provide vital opportunities for collaboration, communication, and coordination between the Department of Veterans Affairs (VA) and tribal nations. Specifically, a VATAC would advise the VA Secretary on how to improve programs and services for Native American veterans, identify timely issues related to Department programs, propose solutions to identified issues, provide a forum for discussion, and help facilitate engagement from across Indian Country.

Building a strong relationship between the VA and tribal nations will increase awareness and understanding across the VA of the unique issues affecting Native veterans in tribal communities. This awareness, paired with more direct interaction with tribal leaders who regularly hear from Native veteran constituents, will ultimately produce faster solutions and better services for AI/ANs that have served this country.

Accordingly, NCAI supports this legislation via Resolution #REN-19-033, “Supporting the Department of Veterans Affairs Tribal Advisory Committee Act.”² NCAI also supports an amendment proposed in S. 524, which is a Senate companion to H.R. 2791, which would ensure at least one seat is reserved for urban Indian organizations (UIOs) and one seat is reserved for Native Hawaiian organizations, in addition to the twelve seats reserved for tribal nations and tribal organizations.

H.R. 4908, Native American Veteran Parity in Access to Care Today Act

The United States has a recognized trust and treaty responsibility to provide healthcare to AI/ANs as a result of the forced cessation of our lands and resources. The United States assumed this responsibility through a series of treaties with tribes, exchanging compensation, and benefits for tribal resources. The Snyder Act of 1921 (25 U.S.C. 13) legislatively affirmed this trust responsibility and, along with the Indian Health Care Improvement Act, provide a basis of health care for AI/ANs pursuant to the treaty and trust obligations of the United States government. This fiduciary obligation recognizes that AI/ANs prepaid for their health care and ensures AI/ANs access to health care without additional costs. As a result, AI/ANs do not have copays or deductibles at Indian Health Service facilities, Tribal Health Programs, or UIOs. The VA, however, subjects AI/AN veterans to copayments. While IHS is currently the principal federal health care provided for AI/ANs, the federal government’s trust and treaty responsibility to provide health care to tribal citizens extends across all departments and agencies of the United States and includes VA.

In fiscal year 2017, approximately 30 percent of AI/AN veterans were charged copayments, averaging approximately \$281.56 per veteran.³ This represents a significant barrier to care for AI/AN veterans access to care and contravenes the federal trust responsibility. H.R. 4908, the Native American Veteran Parity in Access to Care Today Act, would address this disparate treatment of AI/AN veterans by ensuring they are not subject to copays when accessing health care

² See #REN-19 033, Supporting the Department of Veterans Affairs Tribal Advisory Committee Act, http://www.ncai.org/attachments/Resolution_JzkyMVTmtMzjAOLRvcbkvltXFjzIWGTkbsjnoWxHaoVkGdAzEUC_REN-19-033%20FINAL.pdf

³ U.S. Gov’t Accountability Office, GAO-19-291, Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Native Veterans (2019).

through the VA. NCAI strongly supports this bill, which upholds the VA's trust and treaty responsibilities to AI/AN veterans. Additionally, NCAI opposes any efforts to have these copay costs shifted to IHS or Tribal Health Programs.

Conclusion

Thank you for the opportunity to provide testimony on this legislation, and we greatly appreciate the work of this Committee to address the many challenges and barriers faced by AI/AN veterans. We look forward to working with this Committee to pass H.R. 2791 and H.R. 4908 and advance other federal policies that support those who have served our country.