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NCAI HEADQUARTERS
1516 P Street, N.W.
Washington, DC 20005
202.466.7767
202.466.7797 fax
www.ncai.org

U.S. House of Representatives and Senate Committees on Veterans' Affairs
Joint Session on Veterans Service Organization (VSO) Priorities

Written Testimony of President Fawn Sharp
National Congress of American Indians
March 18, 2021

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. NCAI has fought since then 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.[1]

The United States must honor its commitments to AI/AN veterans. The federal government's responsibility to provide quality healthcare and other benefits 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 Committees' work during the 116th Congress to pass legislation that addresses some of the barriers AI/ANs face in being able to fully access the services they deserve. We look forward to our continued work with Congress and the Administration to maintain that momentum. My testimony today will address the following topics that are critical to the health and well-being of our AI/AN veterans: cultural competency at the U.S. Department of Veterans Affairs (VA); improvements to the VA-Indian Health Service (IHS) Memorandum of Understanding (MOU) and care coordination; suicide data collection; addressing AI/AN veteran homelessness; and the implementation of legislation passed in the 116th Congress.

Cultural Competency at the Department of Veterans Affairs

NCAI's Veterans Committee provides a forum for discussing issues that impact AI/AN veterans and helps develop NCAI policy priorities to improve the lives of veterans across Indian Country. Participants in the NCAI Veterans Committee

[1] National Center for Veterans Analysis and Statistics (2020). American Indian and Alaska Native Veterans: 2017, Department of Veterans Affairs, May 2020 https://www.va.gov/vetdata/docs/SpecialReports/AIAN.pdf

continue to highlight cultural competency issues across the VA and Veterans Health Administration (VHA). The same sentiments were also recorded in a 2018 VHA Survey of Veteran Enrollees' Health and Use of Health Care that showed AI/AN veterans have higher rates of issues around quality of care and accessibility as compared to non-AI/AN veterans.[2] One major reason for this discrepancy is VA's lack of cultural competency, which also directly impacts the provision of healthcare and can affect how veterans' claims are processed and whether they are approved. For example, the VA's generic Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire does not address cultural issues, and VHA staff are not aware of the nuances of tribal identity and customs. This lack of consideration leads to many AI/AN veterans being denied benefits or receiving benefits that are insufficient given the severity of their conditions. Additionally, aging veterans face a lack of translation services, including those with certain types of traumatic brain injuries affecting language that have reverted to their traditional languages.

Given the importance of cultural competency, the NCAI Veterans Committee has expressed the need to increase access to accreditation for Tribal Veterans Organizations (TVOs) and Tribal Veteran Service Officers (TVSOs), which are needed to assist AI/AN veterans with benefits claims and accessing other VA services at the local level. Unfortunately, the current regulations require that for a Tribal Nation to become an accredited TVO, it must establish and fund an organization that has the primary purpose of assisting veterans and survivors with their claims. This burdensome regulatory structure is the reason only a handful of tribally affiliated groups have applied for accreditation, and why even fewer have received accreditation. We urge members of both chambers to examine ways to ensure Tribal Nations are able to become accredited TVOs to better assist AI/AN veterans with the preparation, presentation, and prosecution of benefits claims.

VA-IHS Memorandum of Understanding and Care Coordination

In 2010, the VA and IHS signed a Memorandum of Understanding (2010 MOU) "to establish coordination, collaboration, and resources-sharing between the [VA and IHS] to improve the health status of [AI/AN] Veterans."[1] This agreement expanded upon a 2003 MOU and includes five goals:

- "Increase access to and improve quality of healthcare and services to the mutual benefit of both agencies. Effectively leverage the strengths of the VA and IHS at the national and local levels to afford the delivery of optimal clinical care.
- Promote patient-centered collaboration and facilitate communication among VA, IHS, AI/AN veterans, tribal facilities, and Urban Indian clinics.
- In consultation with Tribal Nations at the regional and local levels, establish effective partnerships and sharing agreements among VA headquarters and facilities, IHS headquarters and facilities, tribal facilities, and Urban Indian Health Programs in support of AI/AN veterans.
- Ensure that appropriate resources are identified and available to support programs for AI/AN veterans.

[2] Veterans Health Administration, Survey of Veteran Enrollees' Health and Use of Health Care, (2018), https://www.va.gov/HEALTHPOLICYPLANNING/SOE2018/2018EnrolleeDataFindingsReport_9January2019Final508Complia nt.pdf

- Improve health promotion and disease prevention services to AI/AN veterans to address community-based wellness."[3]

While the 2010 MOU was signed in addition to the VA-IHS reimbursement agreement that resulted in the reimbursement of over $120 million for direct care services provided by IHS and Tribal Health Providers (THPs) covering over 11,000 eligible AI/AN veterans,[4] improvements to the 2010 MOU are needed. NCAI would like to highlight several tribal priorities for inclusion in the current negotiated VA-IHS MOU.

One of our large concerns about the draft MOU is the lack of written performance measures and targets to indicate whether the MOU's stated goals are fully accomplished. In March 2019, the U.S. Government Accountability Office (GAO) published a report to provide updated information on the implementation of the 2010 MOU[5] and found that the lack of specific targets to track MOU progress continues to hinder the full implementation of the 2010 MOU.

A specific focus of the 2010 MOU was the interoperability of the VA and IHS systems "to facilitate sharing of information on common patients and populations."[6] Nine years later, GAO found that 66 percent of VA, IHS, and THP facilities still have challenges related to accessing each other's health IT systems.[7] The integration of electronic health records (EHR) and other information technology (IT) systems that affect the health care of AI/AN veterans across providers is a priority and must be accomplished by Congress closely monitoring the development of new health IT systems and ensuring full interoperability of VHA, IHS, Tribal Health Provider (THP), and Urban Indian Organization (UIO) EHR systems.

Address Data Collection on Suicide Among AI/AN Veterans and Increase Mental Health Services

AI/ANs experience high rates of depression and psychological distress, which contribute to Native people having one of the highest suicide rates of any group in the United States.[8] While the VA acknowledges suicide as a national health crisis that affects all Americans and publishes reports each year on suicide data, it continues to omit data specific to AI/AN veterans. Capturing data specific to AI/AN veteran suicide is essential for developing effective policy and initiatives to generate improved outcomes. Therefore, NCAI urges Congress and the Administration to work to develop policies and procedures that ensure the collection of AI/AN veteran suicide data, so that

[3] Memorandum of Understanding Between the Department of Veterans Affairs and Indian health Service, 3-OD-11-0006, signed October 1, 2010, https://www.va.gov/ORMDI/docs/ihs-mou.pdf
[4] Kara Hawthorn, VA IHS/THP Reimbursement Agreement, K. Hawthorne, 8/2020, https://www.dshs.wa.gov/sites/default/files/ALTSA/stakeholders/documents/tribalaffairs/IHS-THP Brief_Fall2020SummitResources_Website.pptx.
[5] 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), https://www.gao.gov/products/GAO-19-291.
[6] U.S. Department of Veterans Affairs (VA) and U.S. Department of Health and Human Services, Memorandum of Understanding Between the Department of Veterans Affairs and IHS, 3-OD-11-0006, October 1, 2010, https://www.va.gov/ORMDI/docs/ihs-mou.pdf.
[7] Id., at 4
[8] Curtin SC, Hedegaard H. Suicide rates for females and males by race and ethnicity: United States, 1999 and 2017. NCHS Health E-Stat. 2019. https://www.cdc.gov/nchs/data/hestat/suicide/rates_1999_2017.htm

federal and tribal policy makers have the necessary information to address the suicide crisis among AI/AN veterans.

The VA must improve efforts to provide culturally appropriate services to AI/AN veterans with respect to mental health and suicide prevention outreach. To that end, NCAI thanks Representative Julia Brownley for introducing H.R. 912, the American Indian and Alaska Native Veterans Mental Health Act, which would require each medical center of the VA to have no fewer than one full-time employee whose responsibility is serving as a minority veteran coordinator. This legislation would also ensure that all minority veteran coordinators receive training in the delivery of culturally appropriate mental health and suicide prevention services to AI/AN veterans. Accomplishing both of these tasks is a positive step to combat veteran suicide.

Address Tribal Homelessness by Expanding the Tribal HUD-VASH Program

Although outside this Committees' jurisdiction, addressing AI/AN veteran homelessness by making permanent the Tribal U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program within the larger HUD-VASH program and ensuring adequate funding for the program is a priority for Tribal Nations and AI/AN veterans. To date, the program has been a nationwide success because it combines rental assistance, case management, and clinical services for at-risk and homeless veterans. Unfortunately, this program is not fully available to all Native veterans living on tribal lands. NCAI has a standing resolution supporting legislation that would make all Tribal Nations and their tribal housing programs eligible for the HUD- VASH program, which to date has remained limited to the original 26 recipients. [9]

S. 257, the Tribal HUD-VASH Act of 2019 passed the Senate in the last Congress, but was unable to pass the House. Therefore, we urge Congress to work together to ensure this critical legislation is introduced and signed into law. The Tribal HUD-VASH Act will enable tribal housing authorities to construct affordable housing, provide rental assistance, and assist homeless veterans with services that aid recovery from physical and mental health issues resulting from homelessness.

Ensuring Legislation Passed in the 116th Congress is Implemented Swiftly

Critical legislation was signed into law during the 116th Congress that will benefit AI/AN veterans. This legislation includes, but is not limited to, the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, which as amended, includes the Department of Veterans Affairs Tribal Advisory Committee Act of 2019, and the Native American Parity in Access to Care Today Act; and the PRC for Native Veterans Act. Indian Country applauds Congress in their efforts to get these bills signed into law but is concerned that the VA will delay implementation of certain items due to the work that will be required of them.

[9] NCAI Resolution ECWS-14-001, Support for Indian Veterans Housing Rental Assistance Demonstration Program in the Native American Housing and Self-Determination Act Reauthorization, https://www.ncai.org/attachments/Resolution_rGJmzKMOpmPXCODBFDEimNAVXIDwbXbVyXGHmPeVbMNxlCXSRjF_ECWS-14-001%20resolution.pdf

For example, the Native American Parity in Access to Care Today Act requires the VHA to exempt AI/AN veterans from copays and deductibles when receiving care in the VA system. In order to properly implement this legislation, the VA and VHA must ensure they have a process to verify that a veteran identifying as American Indian or Alaska Native is valid under the definition of an Indian or urban Indian, as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603). Implementing this verification process may require the VA to change systematic forms such as the Application for Disability Compensation and Related Compensation Benefits Form (VA Form 21-526EZ) and others. It is critical that the exemption from copays and deductibles for AI/ANs is not perceived as special treatment tied to race or ethnicity but is understood as being rooted in the federal government fulfilling its trust and treaty obligations to tribal citizens. Tribal consultation and the soon to be established VA Tribal Advisory Committee would be appropriate avenues for gathering input to ensure this issue and others are addressed properly and will not delay the positive impacts these laws will have on our AI/AN veterans.

Conclusion

Thank you for the opportunity to provide testimony on some of our priorities regarding AI/AN veterans. We greatly appreciate the work of the Committees to address the many challenges and barriers faced by AI/AN veterans. We look forward to working with both chambers on a bipartisan basis to advance federal policies that support those who have served our country.