



Alaska Native Health Board Written Statement Supplement to Chief William F. Smith's Oral Testimony

House Committee on Veterans' Affairs Subcommittee on Health
Legislative Hearing entitled "*Native Veterans' Access to Healthcare*"

October 30, 2019

The Alaska Native Health Board (ANHB) thanks Chairwoman Brownley, Ranking Member Dunn, and Distinguished Members of the House Committee on Veterans' Affairs Subcommittee on Health for the opportunity to provide this written statement to augment Chief William F. Smith's oral testimony. The ANHB was established in 1968 and serves as the statewide voice of the Alaska Tribal Health System (ATHS) on Alaska Native health issues. ANHB represents 229 federally recognized Alaska Tribes that provide health services to over 177,000 Alaska Native people and thousands of veterans (Native and non-Native alike) spread across the greater than 660,000 square miles that Alaska encompasses. Please accept this statement providing background and context and a listing of our issues and priorities pertinent to this hearing.

Honoring Our Veterans

Alaska Natives and American Indians are the highest represented population in the armed forces per capita. Tribal leadership stands beside them and by their Non-Native brothers and sisters who have served in the military and believe they should be encouraged and enabled to utilize the benefits promised them by the federal government. Tribal sharing agreements and engagement with the Tribal health system provides a method for the federal government and agencies to meet those promises. These individuals have sacrificed for our security and our freedom and are to be lifted and celebrated. However, sadly many veterans do not have faith and trust in the VA after past experiences with delays in enrollment, denial of care or lack of access to VA services. The Alaska VA is to be commended for the strides it has taken in partnership with tribes to remedy these barriers. Its partnership with tribes is a key component in its success.

Background:

Trust Responsibility

Established in numerous Treaties and the Constitution, the Trust Responsibility forms a unique government-to-government relationship between the federal government and American Indian and Alaska Native (AI/AN) people. These actions form the legal basis by which the United States has committed to protecting the health and well-being of America's first citizens in perpetuity. Alaska Tribes have taken over our programs and services through a contracting and compacting process and now carry out nearly all of the functions previously administered by the IHS. Collectively, the Alaska Tribal Health System forms an integrated statewide health network, providing health care services at village clinics, regional hubs and the Alaska Native Medical Center. In taking on this responsibility, Alaska Tribes operate on the principle of self-determination and intertribal cooperation, and in doing so have achieved remarkable advances in strengthening the health and well-being of our people.

The Alaska Tribal Health System

The Alaska Tribal Health System (ATHS) is a truly comprehensive statewide system of health care. It is a voluntary affiliation of over 30 Alaskan tribes and tribal organizations providing

health services to over 177,000 Alaska Natives/American Indians. Each tribe or tribal health organization is autonomous and serves a specific geographical area; and, many are the only health provider in their respective community. This fact makes the ATHS an integral part of the Alaska Public Health System. It is a finely-tuned network that provides services through:

- 180 small community primary care centers
- 25 sub regional mid-level care centers
- 4 multi-physician health centers
- 6 regional hospitals
- Alaska Native Medical Center tertiary care
- Referrals to private medical providers and other states for complex care

The infrastructure of the ATHS, including facilities and staffing, make the ATHS a critical partner for the VA. And in most rural locations the ATHS is the only health care provider available, making the ATHS a necessary partner in providing veterans living in rural Alaska the care they have earned through service.

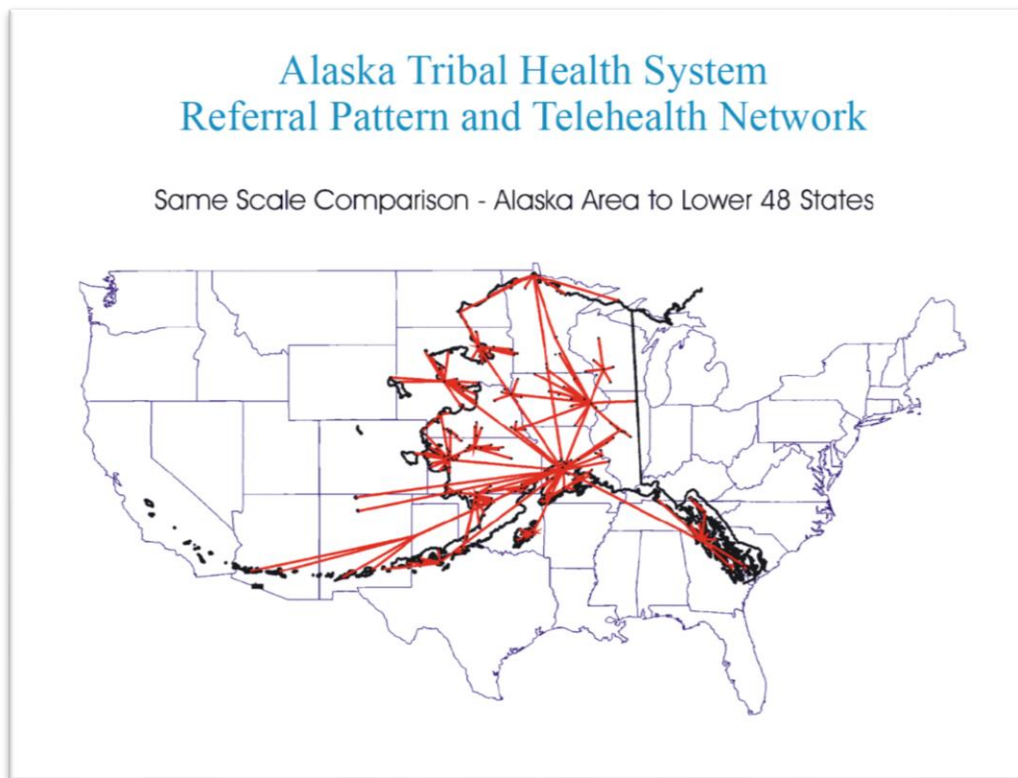


Figure 1 Scaled map of Alaska with ATHS referral patterns imposed over the contiguous US.

Alaska Tribal Sharing Agreements

The Alaska Tribal Sharing Agreements were established in 2012 as a part of an initiative known as "Care Closer to Home." As a result, Alaska veterans were found to not have to endure the same wait-times as their compatriots in the contiguous United States. Furthermore, prior to the establishment of the Tribal Sharing Agreements, Alaska's veterans, especially in rural Alaska,

had limited or no access to health care services supported by the VA. Alaska has the highest per capita representation of veterans in the nation; the AHS is an essential partner in the VA's mission to "care for him who shall have borne the battle and his widow and orphan." The Alaska model has unequivocally expanded access to care to veterans, who have benefited immensely in the years subsequent to the agreements as a result of the partnership between Tribal Health Programs (THPs) and the VA. The tribal sharing agreements also support an integral partnership for enrollment and outreach to Alaska veterans. In Alaska, prior to this partnership between the Alaska VA and the AHS, the VA had six access points of care to Alaska veterans. Since 2012, the VA's footprint now matches that shown in Figure 1. Protecting and renewing these agreements are of utmost importance to our partnership with the VA.

The Issues:

Support for H.R. 2791 and S. 524

Department of Veterans' Affairs Advisory Committee Act of 2019

ANHB encourages the full Committee to support H.R. 2791, the Department of Veterans' Affairs Advisory Committee Act of 2019, introduced by Congresswoman Debra Haaland of New Mexico. The companion bill, S. 524, was introduced in the Senate by Senator Dan Sullivan of Alaska, and is cosponsored by Senator Lisa Murkowski, also of Alaska. Creating a VA Tribal Advisory Committee (TAC) would reflect the government-to-government relationship and improve communications with tribal partners. Alaska Tribes note that a VA TAC would augment (not supplant) the consultative process. The creation of the VA TAC could coincide with and support an update to the VA's Tribal Consultation Policy and Process which would allow tribes to provide input on a tribal consultation policy that better reflects the government-to-government relationship they have with the VA. The VA TAC would play an important role for the VA to provide regular feedback to tribes and THPs about what actions have been taken based on tribal consultations.

Tribal Representation on the IHS VA Leadership Team on the MOU

Tribal and THP representatives need to be included in the Indian Health Service (IHS)-VA Memorandum of Understanding (MOU) Leadership Team and in any oversight committees which monitor its implementation in order to honor the government-to-government relationship between the Tribes and the federal government. The services provided under this MOU are predicated on the Federal Trust Responsibility. And in consideration of the Government Accountability Office (GAO) report (GAO-19-291) assessing the MOU and the planning to update the agreement, it is important to include tribal voices upfront, in the design, which will have definite impacts on their programs. This will also benefit the VA in seeking how to follow up and implement recommendations brought forward from tribal consultations. We ask that Congress encourage the VA and IHS to include tribes and THPs IHS-VA MOU Leadership Team in order to address challenges and to reflect the government-to-government relationship in which collaboration has already mutually benefited the VA and Tribes and THPs. On these principles we also ask that tribes and THPs serve an active role in reviewing, revising and evaluating the 15 performance measures identified by the two agencies and in setting associated targets for the selected and revised measures.

Tribal Consultation

The current Department of Veterans Affairs' Tribal Consultation Policy was signed in 2011, ANHB recommends that the VA as a practice work with Tribes to update this policy on a regular basis. The Policy as it stands offers on page 5 subparagraph 7.d., provides "through reviewing proposed plans, policies, rules, or other pending and proposed programmatic actions, recognizes the need to assess whether such actions may impact Indian Tribes and/or American Indian and Alaska Native Tribes. Consultation should take place prior to any actions that may have the potential to significantly affect tribal resources, rights, or land. VA strives to notify appropriate Tribal Officials about such actions in an effort to provide Tribal Officials the opportunity to pursue and/or engage in the consultation process." There are many areas where the VA can benefit from consulting with Tribes, from implementing the VA Mission Act of 2018 to the renewal of the VA memorandum of understanding (MOU) with the Indian Health Service (IHS).

Issues where the VA TAC, IHS VA MOU Leadership Team, and/or tribal consultation would benefit Native veterans include:

- Ensure that Tribes and THPs are, and for as long as they choose, exempt from the establishment and consolidation of the community care networks;
- Implement Section 405(c) of the Indian Health Care Improvement Act and that the VA provide reimbursement for specialty care provided through referrals from IHS and THPs;
- Increase resource sharing between the IHS and VA, e.g. telehealth services (including robust infrastructure development);
- Collaborate and provide support for and access to Behavioral Health services to get the 22 suicides a day to zero;
- Support medical training received in the military be applied to certification programs after leaving the military;
- Allow for innovative culturally-based approaches to treatment, such as traditional healing assessments that allow culturally competent providers to assess the cultural identity of a patient;
- Rebuild trust, use/expand/support Alaska's Tribal Veteran Representative model;
- Allow for longer Tribal Sharing Agreement periods/support step up and step down of capacity building and support continuity of care over time.

Build Parity Between the VA and IHS

Congress must give the IHS and its tribal partners parity with the VA. For example, in fiscal year 2017, VA spending per user was \$7,600¹, whereas for the same year, IHS spending per user was \$3,332.² The IHS spends half what the VA spends per user. When Native veterans are treated in IHS and THPs, that means that they are accessing a system that is funded at half the rate of

¹ Golding, H. "Potential Spending on Veterans' Health Care: 2018-2028", Congressional Budget Office. Slide 7. Accessed: (https://www.cbo.gov/system/files/2018-11/54690-presentation_0.pdf)

² "The National Tribal Budget Formulation Workgroup's Recommendations on the Indian Health Service Fiscal Year 2020 Budget", National Indian Health Board. Page 3. Accessed: (<https://www.nihb.org/docs/03012018/TBFWG%20FY%202020%20Recommendations%20Brief.pdf>)

direct care VHA facilities. The IHS is also subject to government shutdowns because it lacks the advance appropriations authority given to the VHA. This causes instability in care for Native veterans who receive their care in tribal facilities. It is vital that we achieve parity with the VA to ensure our heroes receive the care they deserve.

VA Copayments and Deductibles

The IHS and THPs do not charge co-payments or deductibles to AN/AI beneficiaries as part of the Federal Trust Responsibility to provide healthcare to AN/AIs. The same Trust Responsibility extends to Native veterans who receive their care through the VHA. In recognition of the Federal Trust Responsibility, the VA should eliminate all deductibles and co-pays for Native veterans. Congress should clarify in statute that the Trust Responsibility does not end at the IHS' doors but extends to VA programs for Native veterans as well.

Alaska's Tribal Veteran Representative Model

There are many barriers to seeking care for Native veterans, including stigmas around care; prior denials of application; distance to care; and lack of awareness of benefits and services they are entitled to receive. The Tribal Veterans Representative (TVR) program was developed to reach Native veterans in their communities through trusted community members. TVRs are volunteers, who are veterans and tribal community members who reach out to unenrolled Native veterans, provide them with information on VA health care services and benefits, and assist them with the enrollment process. The program has proved very successful, and Congress should continue to support this important program.

In Conclusion:

Many veterans have broken faith in the VA system, some having not accessed care in decades. Tribes in Alaska and across the nation are working with the VA to help restore that faith. The issues we have raised in this testimony can continue the work of restoring trust in the VA for veterans, Native and non-Native alike. Our collaborative relationship with the VA can be strengthened through further consultation and policy development that eases access to care for all veterans through Indian health programs.

As Congress continues its review of health care access for veterans, we should build on programs and institutional supports which are proven. An important step would be to allow for longer Tribal Sharing Agreement periods, where the agreements support step up and step down of capacity building and support continuity of care over time. Allowing for tribal representation and consultation are effective methods for ensuring that policies and programs do not leave Native veterans behind. Supporting access for veterans through culturally engaged methods has demonstrated time and again through increased Native veteran participation the importance that this approach provides. Finally, building parity between the VA and IHS lifts up veterans, especially Native and rural/remote veterans, who seek care through tribal facilities.

ANHB thanks the subcommittee and looks forward to further supporting the members in their work on veterans' health care issues, and ANHB welcomes questions at anhb@anhb.org.