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S. HRG. 112–656

# PROGRAMS AND SERVICES FOR NATIVE VETERANS

## HEARING

BEFORE THE

## COMMITTEE ON INDIAN AFFAIRS
## UNITED STATES SENATE

ONE HUNDRED TWELFTH CONGRESS

SECOND SESSION

MAY 24, 2012

Printed for the use of the Committee on Indian Affairs

U.S. GOVERNMENT PRINTING OFFICE

76–708 PDF WASHINGTON : 2012

For sale by the Superintendent of Documents, U.S. Government Printing Office
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# PROGRAMS AND SERVICES FOR NATIVE VETERANS

**THURSDAY, MAY 24, 2012**

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
*Washington, DC.*

The Committee met, pursuant to notice, at 12:45 p.m. in room 628, Dirksen Senate Office Building, Hon. Daniel K. Akaka, Chairman of the Committee, presiding.

## OPENING STATEMENT OF HON. DANIEL K. AKAKA, U.S. SENATOR FROM HAWAII

The CHAIRMAN. I call this hearing of the Committee on Indian Affairs to order.

Aloha and thank you so much for being with us today.

Before we begin our oversight hearing on the Programs and Services for Native Veterans, I would like to ask everyone to please for the presentation of the colors and veterans song by Dennis Zotigh, Cultural Specialist, at the National Museum of Indians.

[Presentation.]

The CHAIRMAN. Thank you very much.

Carrying the colors today are members of the Lumbee Warriors Association, commanded by Staff Sergeant Harold Hunt, U.S. Army, Vietnam veteran; carrying the United States flag, Specialist Fourth Class James Edward Thomas, U.S. Army, Vietnam-era veteran; and carrying the Lumbee flag, Specialist James Taft Smith, U.S. Army, Vietnam veteran.

Please present the colors.

[Colors are presented.]

The CHAIRMAN. Color guards, please proceed to the well and Mr. Zotigh will sing the veterans song.

Mr. ZOTIGH. Thank you very much.

Preceding this, I would like to say that American Indians have always been defenders of our lands, our lives, our families and our way of life. We honor our warriors with our songs. At this time, I would like to sing the veterans flag song which is analogous to our national anthem.

[Presentation of flag song.]

The CHAIRMAN. Please retire the colors.

Please be seated.

Thank you very much, Dennis Sotigh and the Lumbee Warriors Association for that wonderful opening.

It is fitting that we conduct this hearing before Memorial Day in remembrance of the service of Native veterans to our country. It is important that we as a Nation are meeting our dual responsibility to them as veterans and as indigenous people.

Native Americans, including American Indians, Alaskan Natives and Native Hawaiians, have served in the United States Armed Forces with honor for more than 200 years, fighting in the Revolutionary War, the Civil War and the Spanish American War long before they were acknowledged as American Citizens. It is a well known fact in this committee that Native Americans have the highest rate of service per capita of any group in the Nation.

As a Native Hawaiian World War II veteran, I know the great sacrifice of leaving your family, your community and your home to fight for your country. As you look around this room, you can see the faces of the service and the sacrifice and I am humbled to be among them.

The work of the Code Talkers in Wars I and II may well have meant the difference between victory and defeat and for many years, their contributions went unacknowledged. Still, the bravery and dedication of Native servicemen cannot go unnoticed forever. Over two dozen American Indians, Alaskan Natives and Native Hawaiians have received the Medal of Honor.

As Chairman of this Committee, it has been my goal to conduct oversight in a way that ensures that the United States is meeting its unique responsibilities to Native Americans. As a former chairman and a current member of the Veterans Affairs Committee, my commitment to the veterans is the same.

The CHAIRMAN. I am happy that my partner, friend and brother here from Wyoming, Vice Chairman Barrasso and I are able to work together on this Committee. Vice Chairman Barrasso, would you like to make an opening statement?

**STATEMENT OF HON. JOHN BARRASSO,**
**U.S. SENATOR FROM WYOMING**

Senator BARRASSO. I would, Mr. Chairman.

Good afternoon and thank you, Mr. Chairman, for holding this hearing on Programs and Services for Native American Veterans.

I especially want to thank you, Mr. Chairman, for your service to this country as we head up to Memorial Day. Mr. Chairman, you served in the U.S. Army from 1945 to 1947, and you continue to serve this country honorably as one of only three U.S. Senators today who are World War II veterans, you along with your colleague from your home State, Senator Inouye, as well as Senator Lautenberg. Thank you for your service. Thank you for your leadership on veterans' issues.

Native Americans have long played a very important role in protecting and preserving our freedoms. As many of you know and the Chairman referenced, the Native American Code Talkers, I believe, were instrumental. You said it could have been the difference between victory and defeat. I believe they were instrumental during both World Wars I and II in defeating the enemy. Indian Code Talkers communicated messages across enemy lines. They did it using secret codes derived from their Native languages and these were never, never deciphered by enemy forces.

American Indians served in every one of our Nation's wars since the Revolutionary War. Many fought for our country before even being granted citizenship in 1924. They served in Vietnam, in Iraq, in Afghanistan and have sacrificed much for the freedoms of all Americans. Indian veterans deserve our gratitude, our respect and full access to the services afforded to all other veterans.

It appears there have been some longstanding challenges with Native veterans accessing the benefits they are entitled to. We are going to hear more about that today, particularly in regard to health services for Native veterans. I would like to hear what the Federal agencies are doing to overcome these problems.

I want to thank all of our witnesses for being here today. I appreciate your accommodating the schedule with a number of Senate votes scheduled for later this afternoon and allowing us to move up the hearing. I appreciate your providing the Committee with thoughtful testimony.

Thank you again, Mr. Chairman, for your service to this body and to our Nation.

The CHAIRMAN. Thank you very much, Vice Chairman Barrasso.

Senator Franken, do you have any opening remarks?

**STATEMENT OF HON. AL FRANKEN,**
**U.S. SENATOR FROM MINNESOTA**

Senator FRANKEN. Yes. Thank you, Chairman Akaka, for holding this very important hearing and for all the work you have done over the years on behalf of Native veterans. You are a true leader in this Congress' efforts to improve the lives of Native veterans.

We owe so much to every veteran who has served our Nation. When they return home, they should have at a minimum, a job, a home and health care they need. That is equally true for Native veterans who serve in our Armed Forces in greater numbers than any other group of Americans and have served bravely as the Vice Chairman said in every conflict since the Revolutionary War.

The Native veterans not only share the challenges that other veterans face in getting all they deserve, they also face unique challenges. That is certainly true for the thousands of Native veterans in Minnesota. Many of them, all of them live in rural areas which makes access to VA's excellent health care a real challenge.

I have a bill called the Rural Veterans Health Care Improvement Act that I have introduced with Senator Boozman of Arkansas to help VA improve access to health care for all rural veterans, including, of course, Native veterans. The bill, which calls on VA's Office of Rural Health to develop a strategic plan so that it better uses the substantial resources that Congress has appropriated for that office, would have the strategic plan include a solution for better provision of care for Native veterans.

I have also heard from Minnesotans that Indian veterans suffer from a lack of trust in the VA because of a history of poor treatment. I know VA, as well as our outstanding county and Tribal veteran service officers in Minnesota making mighty efforts to overcome that lack of trust, both through consultation, outreach, and through practical improvement in provision of services.

I am looking forward to the hearing today. I don't want to get my first pow wow in Minnesota. The first thing Ms. Jibway, an ad-

visor on my staff, said the opening procession will be led by veterans, by the warriors. I know the honored place that warriors have in our Native communities. I honor you as well. Thank you.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very much, Senator Franken, for your opening remarks.

As Chairman, it is my goal to ensure that we hear from all who want to contribute to the discussion. Therefore, the hearing record will be open for two weeks from today and I encourage everyone to submit your comments and written testimony.

I want to remind the witnesses to please limit your oral testimony to five minutes.

Today, serving on our first panel is Ms. Stephanie Birdwell, Director, Office of Tribal Government Relations, U.S. Department of Veterans Affairs in Washington, D.C.; Mr. Randy Grinnell, Deputy Director, Indian Health Service, U.S. Department of Health and Human Services in Rockville, MD, accompanied by Dr. Susan Karol, Chief Medical Officer, Indian Health Service; and Mr. Kevin Gover, Director, National Museum of the American Indian located in Washington, D.C. Welcome to every one of you.

Ms. Birdwell, please proceed with your testimony.

**STATEMENT OF STEPHANIE BIRDWELL, DIRECTOR, OFFICE OF TRIBAL GOVERNMENT RELATIONS, U.S. DEPARTMENT OF VETERANS AFFAIRS**

Ms. BIRDWELL. Good afternoon, Chairman Akaka, Vice Chairman Barrasso and members of the Committee.

Thank you for inviting me to discuss the Department of Veterans Affairs programs and services for Native American veterans.

On November 5, 2009, President Obama signed a memorandum on Tribal consultation pronouncing Tribal consultation a critical ingredient of a sound and productive Federal/Tribal relationship. As part of the strategy to realize the President's vision of regular and meaningful consultation and collaboration with Tribal officials, VA created the Office of Tribal Government Relations and I was appointed as the Director of this new office last year.

Guided by the Tribal Consultation Policy signed by Secretary Shinseki in February of 2011, our office has been charged with developing partnerships with American Indian and Alaskan Native Tribal governments for the purpose of enhancing access to services and benefits for Native veterans.

Meaningful consultation is vital if we are to effectively address the unique needs of Native American veterans. Trust is the singlemost important aspect in our relationship with the Tribes and Native American veterans. VA's goal is to earn the trust of Tribal leaders and Native American veterans through consistent outreach and an open door policy.

As an enrolled member of the Cherokee Nation of Oklahoma with over 15 years of experience in Indian affairs, I know it will take time but I believe it is a goal we can achieve. Serving both Indian country and our Nation's heroes is both a professional and deeply personal calling.

With an estimated 383,000 Native American veterans and 556 federally-recognized Tribal entities, there is much work to be done.

VA is embarking on a robust outreach and consultation effort that will focus on listening, aiding and advocating. Listening includes receiving communications through email, phone and social media tools but we believe the best way to create lasting bonds of trust is to meet with Tribal leaders in their communities. VA has held listening sessions in Alaska, Montana, North Dakota and New Mexico.

While we area in the communities, we are aiding and training Native American veterans. For example, VA staff have trained Tribal veteran representatives in Montana and Alaska and provided technical assistance to Native Americans seeking home loans during recent gatherings of northwest Tribal leaders and veterans in Spokane, Washington; Washington, D.C.; Minneapolis, Minnesota; and Albuquerque, New Mexico.

Outreach and consultation is a vital tool that provides opportunities to increase Native American veteran enrollment in VA's health care system, educate veterans about benefits for which they may be eligible and connect them with online resources such as eBenefits and MyHealtheVet.

We are working with the Veterans Health Administration to enhance access to health care in several ways. First, we facilitate technical assistance and assure best practices with the Indian Health Service as part of our effort to implement the Memorandum of Understanding between the VA and IHS. My office's role is to ensure Tribal concerns are heard and considered. To this end, we will hold annual listening sessions in addition to formal consultation to obtain recommendations, hear local priorities and advocate the Tribe's perspectives on practices that will improve access to care.

Additionally, we have entered agreements with Tribal health programs in Alaska under which VA will reimburse Alaska Tribal health programs for direct services provided to eligible veterans. These agreements will strength both the VA and Tribal health program systems to increase access to care for Native and non-Native veterans, particularly those in remote and rural areas served by Alaska Tribal health programs. Special recognition goes to our partners at IHS and Tribal leaders in our ongoing work to establish a national agreement with IHS and the efforts in Alaska.

The VA also offers a wide range of benefits for eligible veterans such as compensation and pension, employment services and the post-9/11 GI bill, to name a few. VA can and will do more to increase access to and utilization of established benefits that veterans have earned.

For example, recent changes to the post-9/11 GI bill program illustrate the need for a direct link to Indian country. We are using every avenue available to ensure that veterans know how changes to this program will directly affect them and my office will be a vital resource for Tribal leaders and a conduit for feedback to VA.

I am hopeful that our efforts will increase utilization rates for the Native American Direct Loan Program, a vital tool in VA's efforts to provide housing options for Native American veterans.

We are committed to building a relationship with Tribal leaders built on a culture of trust and respect to increase to care and utili-

zation of benefits. We see a bright future but there is still much to be done.

I look forward to answering any questions you may have.

[The prepared statement of Ms. Birdwell follows:]

PREPARED STATEMENT OF STEPHANIE BIRDWELL, DIRECTOR, OFFICE OF TRIBAL GOVERNMENT RELATIONS, U.S. DEPARTMENT OF VETERANS AFFAIRS

**Introduction**

Good afternoon, Chairman Akaka and members of the committee, I appreciate the opportunity to discuss the Department of Veterans Affairs' (VA) programs and services for Native Veterans.

On November 5, 2009, President Obama signed a Presidential Memorandum directing all U.S. Government agencies to develop detailed plans to fully implement the Executive Order 13175, "Consultation and Coordination With Indian Tribal Governments." The President described tribal consultation as "a critical ingredient of a sound and productive Federal-Tribal relationship."

In signing the Presidential Memorandum, the President set a standard of action to which he expects his Administration to be held, and we are being challenged to meet that standard. As such, VA created the Office of Tribal Government Relations (OTGR) and I was hired as the Director of the Office last year. In August 2011, VA hired four Tribal Government Relations Specialists to manage a portfolio of relationships with tribal governments within specific regions across the country. These specialists serve as a resource to tribal governments seeking to engage in productive relationships with VA.

Guided by the VA's Tribal Consultation Policy, signed by Secretary Shinseki in February 2011, OTGR has been charged to develop partnerships with American Indian and Alaska Native Tribal governments to enhance access to services and benefits for Native Veterans. VA must build and maintain lasting bonds with Tribal leaders and Native American Veterans. Toward this end, meaningful consultation is absolutely vital if we are to effectively address the unique needs of Native American Veterans.

Trust is the single most important aspect in our relationship with the Tribes and Native American Veterans. VA is working to earn the trust of Tribal leaders and Native American Veterans through consistent outreach and an open door policy. As an enrolled member of the Cherokee Nation of Oklahoma with over 15 years experience in Indian Affairs, I know it will take time, but I believe it is a goal VA will achieve. Serving both Indian Country and our Nation's heroes is both a professional and deeply personal calling.

**Outreach and Consultation**

Within VA, OTGR serves as an entry point for American Indian and Alaskan Native Tribal Government concerns. With an estimated 383,000 Native American Veterans and 566 federally-recognized tribal governments, there is much work to be done. VA is embarking on a robust outreach and consultation effort that consists of three pillars: listening, aiding, and advocating.

While listening includes receiving communications from Tribal leaders through e-mail, phone, and social media tools, we believe the best way to create lasting bonds of trust is to meet with Tribal leaders and Native American Veterans in their communities. VA held listening sessions in Bethel, Alaska; Billings, Montana; Bismarck, North Dakota; and Albuquerque, New Mexico. OTGR has participated in conferences in Arizona, Montana, Idaho, Texas, Wisconsin, Oklahoma, and Washington. During April 2012, OTGR held four regional meetings throughout Indian Country with Tribes in an effort to facilitate discussions about increasing access to healthcare and benefits through informative presentations and interactive discussions about VA's efforts to reach Veterans in Indian Country. VA has also conducted site visits to key locations that deliver services to Native American Veterans, including the Consolidated Mail Outpatient Pharmacy in Leavenworth, Kansas, and Tribal courts in Navajo Nation, Hopi and Laguna Pueblo Tribes, and Tribal communities in South Dakota. OTGR is very grateful for the vast cooperation each of these Tribes has provided. Without this support, it would be difficult for OTGR to understand the challenges Native American Veterans are facing. Maintaining an aggressive outreach schedule to increase the number of American Indian and Alaska Native Tribal governments with which we are building relationships remains paramount.

VA also provides training and assistance to Native American Veterans. For example, VA provided technical assistance to Native American Veterans seeking home

loans during the recent meeting held in April. Our outreach provides a unique opportunity to deliver technical information to Native American Veterans. OTGR has sponsored outreach booths at the National Congress of American Indians annual convention, Gathering of Nations Pow-Wow, and Indian Health Service Self-Governance Conference, and will host a booth at the upcoming National Indian Health Board annual consumer conference. Officials can leverage these opportunities to increase Native American Veteran enrollment in VA's health care system, educate Veterans about benefits for which they may be eligible, and connect them with online resources such as eBenefits and My HealtheVet. Every encounter with Tribal leaders and Veterans in Indian Country is an opportunity to make a difference in a Veteran's life.

OTGR is also advocating for Tribal governments. The Secretary of VA is committed to conducting meaningful consultation with Tribes; this means transforming words into action. VA conducted its first Tribal consultation in April 2012 in Washington, DC. Three more Tribal consultation sessions are scheduled in fiscal year (FY) 2012 for Alaska, Nebraska and Colorado. Tribal leaders will have an opportunity to voice their concerns on issues that affect the well being of Veterans and their families. With a direct link to the Tribes through OTGR, we will be able to address their concerns before new policies and procedures are implemented. OTGR is already serving as a vital intergovernmental link for VA's health, benefits, and memorial programs.

**Sustainable Economic Opportunities**

The VA mission to "care for him who shall have borne the battle, and for his widow, and his orphan" extends to all Veterans, but VA officials understand that Veterans in Indian Country face unique challenges. My office works closely with the Veterans Benefits Administration (VBA) to address systemic economic issues within Tribal communities. VA can and will do more to increase access to and utilization of established benefits such as compensation and pension, vocational rehabilitation and employment services, and Post-9/11 GI Bill and other education benefits. Recent changes to the Post-9/11 GI Bill program illustrate the need for a direct link to Indian Country. We are using every avenue available to us to ensure that Veterans know how changes to that program will directly affect them, and OTGR will be a vital resource for Tribal leaders and a conduit for feedback.

One area that VA believes deserves special attention is the Native American Direct Loan Program (NADL), a vital tool in VA's efforts to provide housing options for Native American Veterans. NADL is available for Native American Veterans, and for qualified non-Native American Veterans who are married to Native American spouses, to purchase, construct or improve a home on trust land or to refinance an existing NADL at a lower interest rate. OTGR is working with VBA to increase VA's efforts in Indian Country and Alaska to educate eligible Veterans about this important program. Our goal is to make sure every eligible Veteran understands the value of the NADL benefit as a long-term housing solution.

OTGR will also work with Tribal leaders to address burial and memorial issues. On August 15, 2011, the Secretary approved the VA's first grant to establish a Veterans cemetery on Tribal trust land, as authorized in Public Law No. 109–461 (Dec. 22, 206). In FY 2011, VA made the first three Tribal Veterans cemetery grants. The Rosebud Sioux Tribe was awarded $6.9 million and the Yurok Tribe was awarded $3.3 million to establish new Tribal Veterans' cemeteries, and the Pascua Yaqui Tribe was awarded $323 thousand to complete renovations to an existing cemetery.

VA must measure our progress and hold ourselves to a high standard of achievement if we are to accomplish our goals. This starts with compiling recommendations from Tribal leaders and tracking these action items to completion. VA does not promise that every recommendation received will be adopted, but we do commit to ensuring Tribal leaders' and Veterans' voices are heard and considered. A stronger relationship between the Tribes and VA will lead to better results and outcomes for Native American Veterans.

**Collaboration with Indian Health Service (IHS)**

On October 1, 2010, VA and IHS signed an updated Memorandum of Understanding (MOU). The Memorandum's principal goals are for VA and IHS to promote patient-centered collaborations in consultation with Tribes. Although national in scope, the MOU provides the necessary flexibility to tailor programs through local implementation. VA leadership believes that by bringing together the strengths and resources of each organization, we will improve the health status of American Indian and Alaska Native Veterans.

VA and IHS staff have been working together to develop specific recommendations and action items related to the MOU. This work has been focused on areas such

as services and benefits, coordination of care, health information technology, implementation of new technologies, payment and reimbursement, sharing of services, cultural competency and awareness, training and recruitment, and others. VA and IHS have made progress in many of these areas, and will continue to monitor progress through periodic meetings and quarterly updates to VA and IHS leadership.

Most recently, VA and IHS produced a proposed draft agreement that sets forth the underlying terms and conditions for reimbursement by VA to IHS and Tribal health facilities for direct care services provided by IHS and tribal health facilities to eligible American Indian and Alaska Native Veterans. The proposed draft agreement, which was released for tribal consultation in April 2012, calls for demonstration sites; defines the eligible service populations and reimbursable services; discusses quality, payment methodologies, and claims submission; and includes appeals processes, confidentiality of health information, and information security. After tribal consultation, VA and IHS will make any needed revisions to the proposed draft agreement and design an implementation plan that will allow all parties to move forward expeditiously while having an opportunity to work through issues that may arise.

**Collaboration with American Indian and Alaska Native Tribes**

On a separate but parallel track, and consistent with the Administration's goal to increase access to care for Veterans, the Alaska VA Healthcare System negotiated and entered into agreements with Tribal Health Programs in Alaska under which Alaska VA will reimburse Alaska Tribal Health Programs (ATHP) for direct care services provided to eligible Veterans. These agreements will strengthen both the VA and Alaska Tribal Health Program systems to increase access to care for Native and non-Native Veterans particularly those in remote and rural areas served by Alaska Tribal Health Programs.

The effort to establish this agreement began one year ago following Secretary Shinseki's visit to Alaska. Since that time, the Alaska VA and the Alaska Tribal Health Program organizations have met on a regular basis to craft the agreement. We are now scheduling briefings to Tribal Leaders about VA health care eligibility and enrollment requirements. Additionally, the Alaska VA is coordinating training sessions for Alaska Tribal Health Program staff on VA benefits and eligibility and enrollment processes to encourage and facilitate enrollment of eligible Veterans into VA's system. Special recognition goes out to our partners at IHS and Tribal Leaders as our ongoing work to establish a national underlying agreement with IHS informed the efforts in Alaska.

To address substance abuse and mental health issues among Veterans, VA has worked with Veterans Treatment Courts across the country. These Courts identify treatment options for many of our Veterans with substance use disorders or mental health conditions. OTGR is working with VHA to create a Veterans Treatment Court "How To" guide to help identify and link Native American Veterans involved with the criminal justice system with VA resources and other providers as an alternative to incarceration. The anticipated release of this guide is scheduled for September 2012. Our goal is to provide Tribal governments the resources they need to incorporate, at their discretion, elements of the Veterans Treatment Court model that may promote healing in their communities. This model may not work for every Tribal justice system, but these practices generally are consistent with the holistic approach to criminal justice practiced by many tribal justice systems and may be a valuable tool at their disposal. Local circumstances will help define our ability to implement many of these best practices, but we must learn from our experiences and leverage our successes.

**Conclusion**

Secretary Shinseki's leadership has enabled VA to move forward with developing partnerships with Tribal Governments to enhance access to services and benefits for American Indian and Alaska Natives. VA provides high quality care and services to Native American Veterans and our partnerships with both IHS and Tribes will enhance our ability to provide care closer to home. We can and will do more to increase access to and utilization of benefits such as compensation and pension, vocational rehabilitation and employment services, and Post-9/11 GI Bill and other education benefits that they have earned. Additionally, we are pleased to have been able to move forward with the first grants for tribal cemeteries in 2011 and look forward to increase outreach for this program.

We see a future where American Indian and Alaska Native Tribal governments view VA as an organization of integrity that advocates on behalf of Native American Veterans for their needs. We see a future where VA demonstrates its commitment

to Native American Veterans by being culturally competent, respecting the unique sovereign status of Tribes, and reaching out to Veterans in their communities. We are committed to building relationships with Tribal leaders built on a culture of trust and respect. We see a bright future, but there is still much to be done.

Thank you again for the opportunity to discuss VA's programs and services for American Indians and Alaska Natives. I look forward to answering any questions you may have.

The CHAIRMAN. Mr. Grinnell, please proceed with your testimony.

**STATEMENT OF RANDY GRINNELL, DEPUTY DIRECTOR, INDIAN HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; ACCOMPANIED BY DR. SUSAN KAROL, CHIEF MEDICAL OFFICER**

Mr. GRINNELL. Thank you, Mr. Chairman and members of the Committee.

Good afternoon, I am Randy Grinnell, Deputy Director, Indian Health Service. I am accompanied by Dr. Susan Karol our Chief Medical Officer.

Dr. Roubideaux has laryngitis today and she is very sorry that she is unable to attend. I am here to testify on behalf of IHS and programs and services for Native American veterans.

American Indian and Alaska Native veterans may be eligible for health care services from both the IHS and the Department of Veterans Affairs. The IHS patient registration system documents approximately 45,000 veterans have received care in our system of IHS, Tribal and urban Indian health programs.

American Indian and Alaska Native veterans have told us they want better coordination of services between VA and IHS. IHS is primarily a rural health system. Therefore, in some locations our facilities may be some distance from VA facilities. In addition, the eligibility rules for IHS and VA health care services differ which may cause confusion about coverage for services.

For some American Indian and Alaska Native veterans navigating the two health care systems may prevent optimal use of health services for which they are eligible. VA and IHS will continue to work together to address the input we receive from Tribes and to improve services. We are making progress.

The Department of Health & Human Services, IHS and VA have made progress in developing a draft agreement to facilitate VA reimbursement for direct care services for eligible American Indian and Alaska Native veterans by IHS and participating Tribal programs.

IHS and VA initiated consultation on March 5 of this year to request input from Tribes on the main points of this agreement. IHS and VA also held a consultation session at the IHS Tribal Consultation Summit on March 13 here in Washington, D.C. On April 5, IHS and VA sent a letter to Tribes with the draft reimbursement agreement and requested input.

The draft agreement focused on reimbursement for direct care services provided to veterans at IHS and participating Tribal facilities. IHS and VA proposed that implementation of these agreements begin with a demonstration project to be followed by national implementation. Tribes were asked to provide written comments on the draft agreement and recommendations for the dem-

onstration project. The deadline has been extended to May 25 of this week.

The national draft agreement also informed the recently signed agreements between VA and the Alaska Tribal Health Programs.

IHS has a unique government-to-government relationship with Tribal governments and is committed to regular and meaningful consultation and collaboration. Comments from Tribes include requests to include specific types of services in the agreement, questions about timelines and process, and comments about reimbursements and copays.

IHS and VA are reviewing Tribal input and plan to proceed soon on the demonstration and national implementation of the reimbursement agreement.

In 2010, MOU between IHS and VA was renewed and signed to establish coordination, collaboration and resource-sharing between the two departments. It builds upon decades of successful collaboration. The MOU provides a framework for a broad range of IHS and VA collaboration at the local level by IHS area offices and Tribal health programs with the Veterans Health Administration.

The MOU recognizes the importance of a coordinated and cohesive effort of national scope while acknowledging local adaptation to meet the needs of individual Tribes and communities. IHS and VA have consulted with Tribes on priorities for implementation of this MOU.

The MOU sets five mutual goals for serving veterans: increasing access to and improving the quality of care; promoting patient-centered collaboration and facilitating communication; establishing consultation with Tribes, effective partnerships and sharing agreements; and ensuring appropriate resources are identified and improving health promotion and disease prevention services.

To further these goals, IHS and VA actively collaborate and coordinate activities across several broad areas. Our written testimony cites several of these examples.

In addition to our collaboration work with VA at the national level, the Director has instructed all of our area directors to meet with the VA's Veterans Integrated Services Networks in their areas and to consult with Tribes. We have included this work in partnership with the VISNs and Tribes at the local levels to improve the coordinated provision of health services to the veterans. It is also part of their performance contracts. Several new collaborative efforts have emerged from these partnerships and are detailed in our written testimony.

In summary, the MOU has facilitated collaboration at the national, regional and local levels with the goal of providing quality access to care for veterans. The reimbursement agreement will help increase access for all of our veterans. IHS and VA are committed to working in partnership to improve the provision and coordination of services in consultation with Tribes.

I want to recognize the strong support and commitment of Secretary Shinseki and his staff as we work together to more effectively serve our common missions. Our American Indian and Alaska Native veterans deserve our best efforts to honor their service. While we have made progress, we understand there is much more to do and both agencies are committed to this work.

Mr. Chairman, that concludes my testimony and I will be happy to answer any questions.

[The prepared statement of Ms. Roubideaux follows:]

PREPARED STATEMENT OF YVETTE ROUBIDEAUX, M.D., M.P.H., DIRECTOR, INDIAN HEALTH SERVICE

Mr. Chairman and Members of the Committee:

Good afternoon. I am Dr. Yvette Roubideaux, the Director of the Indian Health Service (IHS). I am pleased to have the opportunity to testify on Programs and Services for Native American Veterans.

As you know, the Indian Health Service (IHS) plays a unique role in the Department of Health and Human Services because it is a health care system that was established to meet the federal trust responsibility to provide health care to American Indians and Alaska Natives (AI/AN). The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of AI/AN to the highest level. The IHS provides high-quality, comprehensive primary care and public health services through a system of IHS, Tribal, and Urban operated facilities and programs based on treaties, judicial determinations, and acts of Congress. The Indian health system provides services to nearly 1.9 million American Indians and Alaska Natives through hospitals, health centers, and clinics located in 35 States, often representing the only source of health care for many AI/AN individuals, especially for those who live in the most remote and poverty-stricken areas of the United States. The purchase of health care from private providers through the Contract Health Services program is also an integral component of the health system for services unavailable in IHS and Tribal facilities or, in some cases, in lieu of IHS or Tribal health care programs. IHS accomplishes a wide array of clinical, preventive, and public health activities, operations, and program elements within a single system for AI/ANs.

American Indians and Alaska Natives have a long and proud record of service to this Nation. No other population group has a higher level of participation in military service. American Indian and Alaska Native Veterans may be eligible for healthcare services from both the Indian Health Service and the Department of Veterans Affairs (VA). IHS' patient registration system documents approximately 45,000 veterans have received care in our system of IHS, Tribal and Urban Indian health programs. American Indian and Alaska Native veterans have told us they want better coordination of services between VA and the IHS. IHS is primarily a rural health system; therefore, in some locations, our facilities may be a significant distance from VA facilities. In addition, the eligibility rules for IHS and VA health care services differ, which may cause confusion about coverage for services. For some AI/ANs Veterans the complexity of navigating two health care systems may prevent optimal use of federally funded health services for which they are eligible through IHS and VA. VA and IHS will continue to work together to address the input we receive from Tribes and to improve services for American Indians and Alaska Natives and we are making progress.

**Indian Health Service—Department of Veterans Affairs Collaborations**

*VA Reimbursement for Services Provided by IHS to Eligible American Indian and Alaska Native Veterans*

IHS and VA are committed to improving access to services and benefits for AI/AN Veterans. The Department of Health and Human Services/Indian Health Service and VA have made significant progress in developing a draft agreement to facilitate VA reimbursement for direct care services provided to eligible AI/AN Veterans by IHS and participating Tribal health programs. IHS and VA initiated a consultation on March 5, 2012 to request input from Tribes on the main points of the draft agreement between VA and IHS. IHS and VA also held a consultation session at the IHS Tribal Consultation Summit on March 13–14, 2012 in Washington, D.C. On April 5, 2012, IHS and VA sent a letter to Tribes with the draft reimbursement agreement and requested input. The draft agreement focuses on reimbursement for direct care services provided to AI/ANs at IHS facilities and participating Tribal facilities. IHS and VA propose that implementation of these agreements begin with a demonstration project to be followed by national implementation. Tribes were asked to provide written comments on the draft agreement and recommendations for the demonstration project; the deadline for input has been extended to May 25, 2012. The draft national agreement also informed the recently signed agreements between VA and Alaska Tribal Health Programs.

The IHS has a unique government-to-government relationship with AI/AN Native Tribal governments and is committed to regular and meaningful consultation and collaboration with Tribes. The IHS considers consultation an essential element for a sound and productive relationship with Tribes. The initial analysis of comments from Tribes include requests to include specific types of services in the agreement, questions about timelines and process, and comments about reimbursements and copays. IHS and VA are reviewing Tribal input and plan to proceed soon with the demonstration and national implementation of the reimbursement agreement.

IHS and VA staff have been working together to prepare for billing and collection under the agreement. To date, six webinar training sessions on VA eligibility and enrollment process have been held and more training on eligibility, enrollment, claims filing, and reimbursement processing are planned. These collaborative efforts support outreach of IHS, Tribal, and Urban health programs to assess, assist and inform AI/AN veterans about potential health benefits.

**Indian Health Service—Veterans Health Administration Memorandum of Understanding**

A Memorandum of Understanding (MOU) between the IHS and the Department of Veterans Affairs (VA) was renewed and signed in 2010 to establish coordination, collaboration, and resource-sharing between the two Departments; and it builds upon decades of successful collaboration. It outlines joint goals and objectives for ongoing collaboration between IHS and VA to further their respective missions, in particular, to serve AI/AN veterans who comprise a segment of the larger beneficiary population for which they are individually responsible. The purpose of the MOU is to foster an environment that brings together the strengths and expertise of each organization to actively improve the care and services provided by both agencies. It provides a framework for a broad range of IHS–VA collaborations at the local level by IHS Area Offices and Tribal Health Programs with the Veterans Health Administration (VHA). The MOU recognizes the importance of a coordinated and cohesive effort of national scope, while also acknowledging that implementation of such efforts requires local adaptation to meet the needs of individual Tribes and communities; and, VA and IHS have consulted with Tribes on priorities for implementation of the MOU.

The MOU sets forth 5 mutual goals for serving Native American Veterans. These goals include (1) increasing access to and improving the quality of health care and services offered to Native Veterans by both agencies; (2) promoting patient-centered collaboration and facilitating communication among VA, IHS, AI/AN Veterans, Tribal and Urban Indian Health Programs; (3) establishing in consultation with Tribes, effective partnerships and sharing agreements in support of AI/AN Veterans; (4) ensuring appropriate resources are identified and available to support programs for AI/AN Veterans; and (5) improving health promotion and disease prevention services to AI/AN veterans to address community-based wellness.

To further these goals, the IHS and VA actively collaborate and coordinate activities across several broad areas. I will describe our activities in these areas along with the most recent accomplishments in each one.

*Improve Coordination of Care*

IHS and VA staff have been working to improve coordination of care for AI/AN Veterans served by IHS, Tribal, or Urban Indian health programs and VA. Six training sessions on VA eligibility requirements for the IHS, Tribal and Urban Indian health programs have been held to improve the ability of frontline patient registration, business office, and Contract Health Service personnel to assist AI/AN Veterans access VA services. This training focused on how to assist an AI/AN Veteran seen in an IHS facility with completing the VA eligibility paperwork and how to assist with accessing VA services.

*Development of Health Information Technology*

Improving care through the development of health information technology, including the sharing of technology and the inter-operability of systems continues as a part of a long history of active collaboration between the IHS and VA around information technology. Both agencies continue to actively consult on electronic health record (EHR) certification and Meaningful Use requirements. IHS staff is meeting regularly with VA and Department of Defense (DOD) representatives in planning for the Integrated Electronic Health Record (iEHR) and designing the EHR interface and care management functions, with an anticipated implementation plan starting in FY 2014. These activities will result in the ability of IHS and VA to share medical records and better coordinate care for AI/AN Veterans that receive care in both health care systems.

*Development and Implementation of New Models of Care Using New Technologies*

Enhancing access through the development and implementation of new models of care using new technologies is another focus area for IHS and VA staff. For example, activities include completion of a summary document on the best practices for providing tele-psychiatry services to AI/AN veterans, completion of implementation of telemedicine services to provide connectivity between the Prescott VHA facility in Prescott, AZ and the IHS in Chinle, AZ on the Navajo Reservation, and evaluation of an outreach project for homeless veterans.

*Improve Efficiency and Effectiveness at the System Level*

IHS and VA are focusing on improving efficiency and effectiveness at a system level through sharing of contracts and purchasing agreements. Staff is developing pre-approved templates for agreements, and the standard policies and common agreement procedures to support local collaboration. The MOU also provides opportunities to strengthen existing sharing agreements with VA. To illustrate how this supports local collaboration, the IHS Tucson Area Leadership staff met with the Southern Arizona VA and a local agreement is being developed as a result of the national MOU.

*Improve the Delivery of Care through Active Sharing of Programs*

This focus area aims to improve the delivery of care through active sharing of care process, programs, and services with benefit to those served by both IHS and VA. These activities include a focus on Post-Traumatic Stress Disorder (PTSD) and staffs are currently working on a satellite broadcast designed to engage and educate VA providers on cultural considerations that may need to be taken into account when providing mental health services to AI/AN veterans living in rural environments. While each Tribe has its own unique culture, there are similarities across Tribes that providers should be aware of when providing care to this population. Staff is also focusing on suicide prevention and working to develop an AI/AN-sensitive Operation SAVE version, a VA gatekeeper training program, for use in Indian country this year; staff report 157 Tribal outreach activities provided to date.

IHS and VA staffs have also undertaken Pharmacy collaborations and have successfully completed a pilot program between the VA Consolidated Mail Outpatient Pharmacy (CMOP) and IHS, with expansion to the following sites: Phoenix, AZ; Claremore, OK; and Yakama, WA, and Rapid City, SD. In fiscal year 2011, over 19,000 medications were dispensed through the CMOP program, and, to date, over 50,000 prescriptions have been dispensed within the IHS, through the CMOP program. The IHS, VA, and DOD have also partnered to train pharmacy technicians.

Staffs focusing on Long-Term Care services have increased the number of American Indian and Alaska Native Veterans served through the VA Home Based Primary Care (HBPC) program with IHS and Tribal Nations from 55 in December, 2010 to 234 by September, 2011. There are currently 160 AI/AN veterans actively enrolled in this program.

VA has an ongoing collaboration with Alaska that continues to enhance our collaborative activities. The Tribal Veteran Representative (TVR) program has trained 47 people on VA eligibility and benefits, and to improve coordination of care, support outreach, and co-management of patients.

*Increase Cultural Awareness and Competent Care*

Attention to cultural awareness and increasing culturally competent care for VA and IHS beneficiaries is the focus of IHS and VA staff who are developing a three tiered cultural awareness training program, with each tier having a different level of intensity and immersion into cultural issues.

*Training and Workforce Development/Sharing of Staff and Enhanced Recruitment and Retention of Professional Staff*

Increasing capability and improving quality through training and workforce development, and increasing access to care through sharing of staff along with enhanced recruitment and retention of professional staff are also an important focus of collaborations between IHS and VA staff. Activities include sharing of educational and training opportunities and resources, and specialty services. VA has made 239 web-based courses and 7 video courses available to IHS. Of these, 124 have been made available through the Department of Health and Human Services' (HHS) Learning Management System. An additional 215 courses are currently under review by IHS. In 2012 training programs will reside outside of firewalls and therefore be more easily accessible to staff from both agencies.

*Address Emergency, Disaster, and Pandemic Preparedness and Response*

IHS and VA staff are working together on emergency, disaster, and pandemic preparedness and response by sharing contingency planning and preparedness efforts, joint development of materials targeting AI/AN veterans, and joint exercises and coordination of emergency response. Current activities include working with the Federal Emergency Management Agency to supply materials for training of Tribal emergency response teams.

*Development of Joint Implementation Task Force to Identify Strategies and Plans for Accomplishing the Tasks and Aims of the MOU*

The development of a joint implementation task force to identify strategies and plans to accomplish the tasks and aims of the agreement continues. IHS and VA leadership meet regularly to address the draft reimbursement agreement, consultation comments and issues, and regular meetings of IHS and VA staff on focus areas previously mentioned.

**Collaboration with VA at the IHS Area and Local Levels**

In addition to our collaborative work with VA at the national level, I have instructed all of my IHS Area Directors to meet with the VA Veterans Integrated Services Networks (VISNs) in their Areas and to consult with Tribes on how to better coordinate services at the Area and the local levels. We have included this work in partnership with the VISNs and Tribes at the Area and local levels to improve the coordinated provision of health services to AI/AN Veterans as an element in performance contracts.

Several new collaborative efforts have emerged from these partnerships. In Alaska, 47 people in Alaska are trained as Tribal Veterans' Representatives to help Alaska Native veterans gain access VA health and other benefits. The Area's goal is to train 100 by the end of the fiscal year.

The IHS Areas in the northern plains—the Billings and Aberdeen Areas—are also working collaboratively with VA. The Billings Area meets regularly with VA to discuss issues related to telemedicine, VA eligibility rules and regulations, and Tribal Veteran Representative trainings. The Area also coordinates discussions between the Billings Area Urban Indian programs and VA because of the large population of Native American veterans living in the urban towns of Montana and Wyoming that may be eligible for services at the urban clinics. The Aberdeen Area continues collaborative efforts to foster strong and productive working relationships with VA, such as use of the VA mobile MRI. Agreements are currently in place with the VA for Consolidated Mail Outpatient Pharmacy Service and Compensated Work Therapy Programs. The Area and VA are working on a post-traumatic stress disorder DVD and continue to participate in suicide prevention workgroup conference calls.

The Bemidji Area works closely with VISN 11 and 12 outreach workers to provide an information session on VA programs to Tribes in Michigan and Wisconsin. As a result, Tribal Programs began working with VA facilities to coordinate care. The acting Area Director and the Behavioral Health Consultant attended the VA Office of Tribal Government Relations, Central Region Meeting held in April. Ongoing meetings with the three VISN's are planned. A meeting with VISN 23 Directors is planned for May and there is a pending meeting with the Fargo VA to work on coordination of care for beneficiaries of the three federal sites. The Cass Lake Pharmacy was invited to present on their Medication Reconciliation process as part of the IHS–VA CMOP webinar entitled "Medication Use Crisis", a joint presentation to VHA and DOD personnel on May 18. Cass Lake Pharmacy is also seeking to work with the Fargo VA on medication reconciliation for joint beneficiaries. This effort is expected to also include the Bemidji Community Based Outpatient Clinic (CBOC) and the St. Cloud Veterans Administration Medical Center (VAMC). Area Patient Benefits Coordinators were informed about the upcoming VA–IHS webinar training on VA Enrollment and Eligibility.

The IHS Areas in the Southwest—the Navajo and the Phoenix Areas, are also collaborating with VA on serving American Indian veterans. In the Navajo Area, the VA VISN 18 (Southwest) developed video connectivity for direct patient care between the Chinle, AZ IHS facility and the VA facility in Prescott, Arizona. In the Phoenix Area, VA has newly established a Native American Coordinator Position. This Coordinator has met with Phoenix IHS Area leadership and has also established meetings between one of the VISNs and IHS Service Units regarding the VA scope of services.

**Summary**

The MOU has facilitated collaboration between IHS, Tribal and Urban programs and VA at the national, regional, and local level, with the common goal of providing

quality access to health care services to our AI/AN Veterans. The reimbursement agreement will help increase access for AI/AN Veterans. The activities that I have described illustrate a range of active and effective areas of collaboration. IHS and VA are committed to working in partnership to improve the provision and coordination of services for AI/AN Veterans in consultation with Tribes. I want to recognize the strong support and commitment of Secretary Shinseki as we have worked together to more effectively serve our common missions. Our American Indian and Alaska Native Veterans deserve our best efforts to honor their service through our collaborative activities to improve access to quality health services. While we have made significant progress, we understand we have much more to do, and both agencies are committed to this important work.

Mr. Chairman, this concludes my testimony. I will be happy to answer any questions that you may have. Thank you.

The CHAIRMAN. Thank you very much, Mr. Grinnell.

Mr. Gover, please proceed with your statement.

**STATEMENT OF KEVIN GOVER, DIRECTOR, NATIONAL MUSEUM OF THE AMERICAN INDIAN**

Mr. GOVER. Good afternoon, Mr. Chairman.

We welcome the opportunity to come and discuss the work of the National Museum of the American Indian with regard to Native veterans.

As you know, our responsibility at the NMAI is the presentation of the history, art and culture of the Native peoples of the Americas and Hawaii. It stands to reason that because service in the Armed Forces of the United States is so deeply embedded in the traditions and history of many of the Native American nations that we would spend a considerable amount of our time treating the subject.

A couple of things come to mind about this work. First, you should know that one of the most popular exhibitions we have created and sent out into the world to go to various venues was an exhibition about the Code Talkers of Word Wars I and II. That exhibition is still traveling throughout the United States. It has been to many reservations but also many non-Indian communities. It always comes as a surprise to many people to see the depth of commitment to service of the Native Americana community.

Second, having grown up in Oklahoma where the 45th Infantry was legendary for their service during World War II and many of the men who served in that division were American Indians, including my grandfather, we got to see firsthand how deeply embedded this reverence for service and for our veterans is in Native culture in Oklahoma. As I grew older and traveled to other parts of the country, I could see that was practically a universal thing.

Much in the way Senator Franken was describing this reverence for veterans and the honoring of veterans, it is embedded in many elements of contemporary Tribal culture and ritual and so, again, it will always be a major part of our work at the National Museum of the American Indian.

I do want to mention a specific statutory authorization that the Museum has which is to construct and maintain a National Veterans Memorial at the NMAI. It is an usual statute in a number of respects in that it specifies a location within the structure that was authorized by Congress when it established the National Museum of the American Indian, but then it goes on to say that fundraising and the conduct of a competition for the design of such a

memorial would be carried out by the National Congress of American Indians.

NCAI does a great deal of fine work and they have any number of other things they need to do. It strikes me as somewhat unlikely to make it to the top of NCAI's priority list and given that we are literally prohibited from using our own resources or from raising funds ourselves for such a memorial, it seems unlikely that we are going to be able to construct such a memorial within the foreseeable future.

We invite Congress' attention to that issue and your guidance on how we might proceed going forward.

With that, Mr. Chairman, I thank you again for the opportunity to testify today. Thank you for your attention to issues affecting Native veterans. I would be happy to answer any questions you may have.

[The prepared statement of Mr. Gover follows:]

PREPARED STATEMENT OF KEVIN GOVER, DIRECTOR, NATIONAL MUSEUM OF THE AMERICAN INDIAN

Good morning, Mr. Chairman and members of the Committee. I am honored to be here today to discuss the work of the Smithsonian Institution's National Museum of the American Indian concerning Native American veterans. As you might expect, programming, research, and exhibitions concerning the contributions of Native American veterans is a large part of our work at the NMAI. Service in the Armed Forces of the United States is a strong tradition among many Native nations, and the acknowledgement of Native veterans has therefore become embedded in the cultures, traditions, and histories of many Native communities.

Our programming at the NMAI has included many events relating to Native veterans. Just in the few years since I arrived at the NMAI, we have had Veterans' Day and Memorial Day programming relating to Native service in the Armed Forces. Our film and video program occasionally presents films relating to Native veterans, and we have had several authors of books about Native veterans present their work at the museum.

Perhaps our most significant treatment of the subject is the traveling exhibition that the NMAI created. It is titled *Native Words, Native Warriors.* The exhibition explores the service of Native American communication specialists who used their Native languages to develop codes that could not be broken by the enemies of the United States in World War I and World War II. *Native Words, Native Warriors* tells the remarkable story of Indian soldiers from more than a dozen tribes who used their Native languages in the service of the U.S. military. The exhibition was designed to travel to other museums, cultural centers, and libraries, and through the Smithsonian Institution's Traveling Exhibition Service, it has found many homes and received enthusiastic responses from a broad range of audiences.

As you know, the NMAI has also been authorized by Congress to "construct and maintain a National Native American Veterans' Memorial." Several limitations on that authority make it unlikely that we will be able to build such a Memorial. First, the statute requires that the Memorial be located "within the interior structure" of the NMAI's museum on the National Mall. This limits our options in locating a permanent Memorial, given the limited space available within the Mall museum.

Second, the statute places a great deal of responsibility on the National Congress of American Indians, rather than the NMAI, to develop the Memorial. NCAI is authorized by the law "to hold a competition to select the design of the Memorial." Further, the statute provides that the National Congress of American Indians "shall be solely responsible for acceptance of contributions for, and payment of expenses of, the establishment of the Memorial." Finally, the statute prohibits any use of federal funds to pay for any expense related to the establishment of the Memorial.

Mr. Chairman, the powerful tradition of Native American patriotism finds its clearest expression in the service of young Native men and women. It is a key component of modern tribal life, and we could not present the histories and cultures of Native America without delving deeply into this subject. We will continue to do so as opportunities arise.

I would be pleased to answer any questions the Committee might have.

The CHAIRMAN. Thank you very much, Mr. Gover.

Ms. Birdwell, since established last year, the Office of Tribal Government Relations has been very active in conducting outreach and seeking to best serve Native veterans. Please discuss the important role your office would continue to play moving forward.

Ms. BIRDWELL. Yes, sir, I am happy to.

Our team at the Office of Tribal Government Relations always acknowledge that prior to establishment of the office, there were many people within VA who worked hard over the years to establish at the local level positive working relationships with Tribal governments to reach our veterans in Indian country.

The establishment of the office in many ways strengthens and enhances the agency's ability to reach veterans in Indian country, to build a relationship with Tribal leaders and really ensure that voice is heard in programs and policies implemented by the Department.

We like to say our office does not do per se health care benefits or the work of the National Cemetery Administration but we work very closely with our colleagues nationwide in each one of those organizations to ensure that if there is a particular issue, if there is an issue related to training, information, technical assistance, that we ensure those subject matter experts and leaders are made available to meet with Tribal leaders and to meet with those who serve veterans in Indian country.

We also like to say we want to ensure that VA is part of the landscape of Indian country, that Tribes know who we are, what we offer and how to get to us. That, I think, sort of defines the level of our work within VA.

The CHAIRMAN. Thank you very much.

Mr. Grinnell, your testimony mentions that IHS has estimated 45,000 Indian beneficiaries registered as veterans in the agency's patient registration system. Is there specific outreach to these 45,000 veterans to ensure that they are aware of all the services they have earned at both HS and the VA?

Mr. GRINNELL. Yes, Mr. Chairman, there is. One of the things we are doing in collaboration with the VA is actually training our business office staff. The VA also has a program, the Tribal veteran representatives, which helps to further provide outreach and education. Recently we have had a number of trainings with them, web sessions and so forth, that are not only training our staff but also the Tribal Health Program staff so that more importantly, first and foremost, they are trying to get veterans enrolled in the VA system and identified as to what benefits they are eligible for. That close coordination allows us to try to maximize the benefits veterans can access.

The CHAIRMAN. Thank you very much.

Mr. Gover, you discussed some of the obstacles in constructing the National Native American Veterans Memorial authorized by Congress. Is there any way Congress can alleviate these obstacles without burdening the taxpayers?

Mr. GOVER. Mr. Chairman, I believe so. Obviously Congress and the Administration should review the statute together. If the question is sufficient Tribal support for such a memorial, I absolutely believe there will be. If, for example, the NMAI was authorized to

receive contributions for that purpose, just from the general level of interest that has been expressed to me from a variety of Tribal representatives, I don't have any doubt that we would be able to generate private resources to construct such a memorial. I think it would be relatively expensive but I believe that level of support exists for the memorial.

The CHAIRMAN. Thank you.

Senator Franken, any questions you may have?

Senator FRANKEN. Yes. Thank you, Mr. Chairman.

Director Birdwell, you spoke at the top about the issue of trust between the VA and the Native community. Mr. Grinnell, you talked about the years and decades of work that has been done between the Health Service and VA. What is the source of this distrust, in your opinion?

I understand we have this new Memorandum of Understanding and we are working on reimbursement to the IHS from the VA. Where does the distrust come from and to what extent are this Memorandum of Understanding and these kinds of actions mitigating that distrust?

Ms. BIRDWELL. That is an excellent question. I think that some of the areas of mistrust from the VA perspective, maybe historically one of the analogies sometimes that I make is that when it comes to the VA, over the last five years, VA has really ramped up an aggressive effort to really focus on the needs of veterans in rural areas.

A large number of Tribal communities are in very rural areas and historically, with VA being more concentrated in urban locations, I think that it would be fairly accurate to say that maybe VA did not historically reach out to rural locations because they were hard to get to, specifically with Tribal communities because they were hard to get to, the agency didn't speak the language in terms of understanding some of the unique cultural issues and it was complicated. Maybe the agency wasn't aware of the importance of engaging the voice of Tribal leaders to understand what some of the challenges were in Tribal communities.

I think the converse was true that the VA was hard to get to, didn't speak the language, understanding the bureaucracy and it was complicated. I think in some respects maybe veterans had a bad experience with the VA because of lack of understanding, lack of engagement and also maybe not consistently showing up. Maybe there was mistrust built up over time that was also synonymous with mistrust of the Federal Government in general.

That would be what I would say was the basis of some of the mistrust. I think also the importance of really understanding the VA and the Indian Health Service have a common consumer, the Native veteran and to really press through this MOU, which is much more specific, the one in 2010 than the one in 2003, to really understand how we can join forces and work together to build upon each other's expertise where one of us may be stronger than the other with respect to understanding the unique cultural needs, the importance of engaging the voice of Tribal leaders, looking at the infrastructure that may exist through the IHS health care system that maybe VA has not gone into that market.

That would be my response to that question.

Senator FRANKEN. Mr. Grinnell?

Mr. GRINNELL. In terms of the mistrust, some of the comments we have received from Tribes and individual patients a lot of times has been about the challenges they experience in trying to access the system. In some cases, that is both systems. A lot of times it is because the location of the VA facility may be further away. The IHS facility may be closer because many of our facilities are located on the reservation.

The other challenge is the eligibility requirements which I mentioned in my testimony. There is different criteria that comes into play both in the VA and the IHS system for certain types of service, for example contract health service. You have to be a resident, a member of that Tribe, and so forth.

A lot of times, the feedback we receive from veterans has been they feel they are shuffled back and forth between the two systems. We feel the MOU will help us to move closer toward our mutual goal of trying to address the true needs of our veterans.

Senator FRANKEN. Thank you.

Mr. Chairman, I know I have gone through my time but unfortunately, I am going to have to leave after this panel. I was wondering if I could ask one more question of the panel? Would that be all right?

The CHAIRMAN. Yes.

Senator FRANKEN. Thank you, Mr. Chairman.

Director Birdwell, you did mention one of the barriers was that so many Native veterans are in rural areas. As I mentioned in my opening statement, I have a piece of legislation I introduced with Senator Boozman of Arkansas that addresses rural veterans' health care including Native veterans in rural areas.

We are hoping to get action on that bill this year. The bill is meant to get VA's Office of Rural Health to plan more strategically and therefore use its resources more prudently to improve access to health care for rural veterans. My bill specifically calls on the Office of Rural Health to include in its strategic plan, plans to coordinate care and share resources with IHS.

Ms. Birdwell, can you tell me how your Office of Tribal Government Relations works with the Office of Rural Health within the VA and the same question for you, Mr. Grinnell. Does IHS work the VA's Office of Rural Health?

Ms. BIRDWELL. Yes, sir, the Office of Tribal Government Relations works very closely with VA's Office of Rural Health. The Office of Rural Health is the entity within VA that is tasked to work directly with the Indian Health Service related to implementation of all of the activities related to the MOU.

Our Tribal government relations specialists are actively engaged in some of the work group activities related to the MOU. We meet on a regular weekly, sometimes multiple times in one week, basis with the Office of Rural Health. We have four Tribal government relations specialists located in various places around the country and they are tasked with managing a portfolio of relationships with Tribes in their regions.

They are really our eyes and ears in many ways on the ground working directly with Tribes to really assist with informing the Of-

fice of Rural Health what the unique needs are with respect to veterans in Tribal communities.

ORH, as it is called, in the meantime is doing a fine job of launching a number of special projects that affect the American and Alaska Natives. For the last two years, ORH has expended I think $35 million worth of projects in Tribal communities nationwide. We have seen quite an expansion in home-based primary care programs, telehelp and telemedicine supporting of Tribal veterans, representative training and all those efforts are achieved through grants through the Office of Rural Health.

Since our office is tasked with implementing the Tribal consultation policies, one of the VA-specific consultation topics is how to engage Tribes in activities related to the VA/IHS MOU, meaning at the national and local levels. Sometimes we will meet with Tribal leaders and say we don't hear the good news stories, we don't hear the outcomes of the work of some of the ORH grants. Our role is serve as that kind of conduit between the agency and the Tribes and in this particular instance with ORH to build awareness of those activities and how to engage Tribes more effectively.

Senator FRANKEN. Thank you.

Mr. Grinnell?

Mr. GRINNELL. The Office of Rural Health is the primary office within the VA that our area and our clinical staff at the service unit community level has been working with the VA and the respective hospitals.

As I mentioned, there have been years of collaboration with the VA on various things. Some of the more notable items are telemedicine where you are beginning to see greater expansion. Our electronic health record and patent management system is actually a VA product we have utilized and implemented throughout our entire system.

There are many projects going on locally with lots of collaboration and it is going towards trying to bring more services from the VA to the local communities to utilize our facilities and our staff as well as theirs to try and improve access to care.

Senator FRANKEN. Thank you all.

Thank you, Mr. Chairman, for your indulgence.

My apologies to the second panel, I do have to leave now. Thank you.

The CHAIRMAN. Thank you very much, Senator Franken.

I want to thank the first panel very much. I have further questions for you that I will put in the record and have you respond to them.

Our schedule has just changed. They have moved up the votes, we need to move on. I want to thank you so much for being here and helping us with this hearing.

Thank you.

Will the second panel please come forward? The second panel consists of: Mr. Wayne Burke, Chairman, Pyramid Lake Paiute Tribe located in Nixon, Nevada; Lt. Col. Kelly McKaughan, Director, Veterans Advocacy, Choctaw Nation in Durant, Oklahoma, accompanied by Maj. Nathaniel Cox, Director, Choctaw, Global Staffing, Choctaw Nation, in Durant, Oklahoma; Ms. Cheryl Causley, Chairperson, National American Indian Housing Council located in

Washington, D.C.; and Ms. Noelani Kalipi, President of the TiLeaf Group in Hilo, HI.

I want to welcome you all here today. Chairman Burke, will you please proceed with your statement?

**STATEMENT OF HON. WAYNE BURKE, CHAIRMAN, PYRAMID LAKE PAIUTE TRIBE**

Mr. BURKE. Good afternoon, Mr. Chairman. I appreciate the opportunity and the honor to come before this Committee to give testimony this afternoon.

My name is Wayne Burke, Chairman of the Pyramid Lake Paiute Tribe located in the Great Basin area in northern Nevada.

Our Native people have lived and sustained the life of a warrior. Our ancestors and relatives fought and defended our Tribal nations to secure food, our homelands and to protect the young, the old and our families. That warrior spirit is passed on in our songs, our stories, our dances and our traditions.

Many of our battles against the United States Government, along with the massacres perpetrated against the Native Nations, are not found in history books or taught in schools, but they are passed on through our oral teachings. From the young to the old, some stories are never to be told again. As with the old people, the younger generations continue to answer the call to arms and serve our Tribal and Federal nations taking that warrior spirit with them.

We serve in the Army, the Air Force, the Navy, the Marines and the Coast Guard and National Guard. As with all veterans, representing all the nations under the United States flag, we serve with honor, dignity and the desire to protect, fight and to win battles.

With conflicts and the continued threat of terrorism on those who live in all regions and lands of the globe, the United States military continues to provide that protection and service through our men and women who enlist in the Armed Services.

As our warriors return home, I see the demand and need for advocacy and support for our veterans. Cultural traditions and beliefs are significant in the manner in which Tribes and Native people prepare, sustain, heal and survive war. These cultural beliefs and ways of life need to be recognized and used to offer and provide more services and resources to Native veterans.

It is estimated that more than 12,000 American Indians served in the United States military during World War I. More than 44,000 American Indians out of a total Native American population of less than 350,000 served with distinction between 1941 and 1945 in both European and Pacific theaters of war.

More than 42,000 Native Americans, more than 90 percent of them volunteers, fought in Vietnam. Native American contributions to the United States military combat continued in the 1980s and 1990s as they saw duty in Grenada, Panama, Somalia and the Persian Gulf.

Per population, more Native veterans serve in the United States military than any other ethnic group. The Vietnam War Memorial has a statute of three soldiers representing the white, black and Hispanic. Our Native warriors should stand alongside those three

statutes as a testimony to our contributions and brotherhood with all American soldiers we fought alongside.

The VA must understand and know the population they serve. Tribes from the north, the south, the east and the west all have distinct traditions and beliefs. The VA is a complex system which is intimidating and frustrating for veterans to navigate. As a young Marine returning from Africa and being discharged shortly after, I was told I could get my teeth cleaned 90 days after I discharged and I had some money somewhere in the GI bill. Services through the Veterans Administration should be transparent and more accessible. Veterans need to know what services and resources are available to them.

Educational benefits and college enrollment has become more cumbersome, expensive and intimidating. I have spoken to veteran representatives from colleges in northern Nevada and they have reported the GI bill and accessing those funds has become very complex and requires extensive reporting and knowledge in obtaining and ensuring college courses meet GI bill regulations. Transfer credits and criteria for higher education credits is becoming increasing more complicated.

With the growing number of veterans who have served on foreign shores and been exposed to the harmful effects of chemical and biological weapons, stress and combat action, we are not prepared or have limited resources to provide services from documented cases of Post Traumatic Stress Disorder, depression, suicide and other emotional mental health issues. Many of our reservations are found in extreme rural areas of the country where ambulatory and mental health services are only available on a very limited basis.

How does a veteran receive a business or home loan? I have gone to the local Small Business Administration and advised banks are not approving business loans because of the economic development. Natives who reside on trust land or reservations such as Pyramid Lake and other reservations across the country cannot access loans because banks will not authorize loans to Indians who live on Tribal lands. Tribes, in many instances, must waive their sovereign immunity rights to receive traditional loans from banks.

Next are the advantages and disadvantages of Indian health services. Big Brother is always watching and regulating. As Tribal nations we must adhere and conform to the operational standards of the Federal agencies which regulate health care which includes appropriations, services, resources and most importantly, contract health services and paying medical bills. When bills and contracted health services are not paid in a timely manner, Tribal members are taken to creditors, are refused services and wait for authorization from Indian Health Services.

I have had the opportunity to meet with Dr. Roubideaux, Director of the Indian Health Service. She so eloquently put it "We must hold our veterans harmless from the system." The Memorandum of Understanding between the Veterans Administration and the Indian Health Service was signed in 2010 under the authority of the Indian Health Care Improvement Act, 25 U.S.C. § 1645, 1647 and 38 U.S.C. § 523.

Under the current MOU, what is the charge, what is the authority and who is responsible for ensuring that IHS and the VA are

working in collaboration with Tribal nations and the government-to-government trust obligations are being met? The first time I saw this MOU was in 2011. Who or what agency is ensuring regulation and compliance with the Memorandum of Understanding?

The CHAIRMAN. Mr. Burke, will you please summarize your statement? You have gone over your time.

Mr. BURKE. Excuse me.

One last thing, Mr. Chairman. I come from a reservation on a street that has broken down fences, rusty cars, rez dogs and more importantly, family and children who depend on our programs to protect, serve and provide for sustainable Tribal nations. My home and my street is the greatest place to live in this great land.

To those who serve and answer the call to arms, I say, thank you, God speed and God bless all of us. Dance, pray and fight with honor.

Thank you.

[The prepared statement of Mr. Burke follows:]

PREPARED STATEMENT OF HON. WAYNE BURKE, CHAIRMAN, PYRAMID LAKE PAIUTE TRIBE

Our Native people have lived and sustained the life of a warrior; our ancestors and relatives fought and defended our tribal nations to secure food, homelands, and to protect the young, the old . . . the family.

That warrior spirit is passed on in our songs, our stories, our dances, and our traditions. Many of our battles against the United States, along with massacres perpetrated against the Native Nations are not found in history books or taught in schools, but they are passed on through oral teachings. From young to old . . . some stories are to never to be told again. As with the old people, the younger generations continue to answer the call to arms and serve our tribal and federal nations . . . taking that warrior spirit with them. We serve in the Army, Air Force, Navy, Marines, Cost Guard, and National Guard. As with all veterans, representing all the nations under the United States Flag, we serve with honor, dignity and the desire to protect, fight, and win battles.

With conflicts and the continued threat of terrorism on those who live in all regions and lands of the globe, the United States military will continue to provide that protection and service through our men and woman who enlist in the armed forces.

As our warriors return home, I see the demand and need for advocacy and support for our veterans. Cultural traditions and beliefs are a significant part in the manner in which tribes and Native people prepare, sustain, heal, and survive war. These cultural beliefs and ways of life need to be recognized and used to offer and provide more services and resources to Native Veterans.

Per population, more Native Veterans serve in the United States Government than any other ethnic group.

**Veterans Administration**

The VA must understand and know the population they serve. Tribes from the North, South, East, and West all have distinct traditions and beliefs. The VA is a complex system which is intimidating and frustrating for veterans to navigate. As a young Marine returning from Africa, and being discharged shortly after, I was told I could get my teeth cleaned 90 days after my discharge, and I had a GI Bill somewhere. Services through the VA should be transparent and more accessible. Veterans need to know what services and resources are available.

**Education**

Educational benefits and enrolling into college has become very cumbersome, expensive and intimidating. I have spoken to Veterans' representatives from colleges in Northern Nevada, and they have reported the GI Bill and accessing those funds has become very complex, and require extensive reporting and knowledge in obtaining and ensuring college courses meet the GI Bill regulations. Transfer credits, and criteria for higher education credits is becoming increasingly more complicated.

**Mental Health Services**

With the growing number of Veterans who have served on foreign shores, and have been exposed to the harmful effects of chemical/biological weapons, stress, and combat action; we are not prepared or have limited resources to provide services from documented cases of PTSD,depression, suicide, and other emotional/mental health issues. Many of our reservations are found in extreme rural areas of the country where ambulatory and mental health services are only available on a limited schedule.

**Business and Mortgage Loans**

How does a Veteran receive a business or home loan? I have gone to the local Small Business Administration and I was advised banks are not approving business loans because of the economic environment. Natives who reside on trust land (Reservations) such as Pyramid Lake and other reservations, cannot access loans because banks will not authorize loans to Indians who live on tribal lands. Tribes in many instances must waive sovereign immunity to receive traditional loans from banks.

**Indian Health Services**

The advantage and disadvantage . . .. Big Brother is always watching and regulating. As Tribal Nations, we must adhere and conform to the operational standards of federal agencies which regulate health care, which includes appropriations, services, resources, and most importantly contract health services and paying the medical bills. When bills and contracted health services are not paid in a timely manner, Tribal members are taken to creditors, are refused services, and wait for authorization from Indian Health Services. I have had the opportunity to meet with Dr. Roubideaux—Director IHS, she so eloquently put it: "We must hold our Veterans harmless from the system."

The Memorandum of Understanding between the VA and IHS was signed in 2010, under the authority: The Indian Health Care Improvement Act, 25 U.S.C. Section 1645, 1647; 38 U.S.C. Sections 523(a}, 6301–6307, 8153.*

Under the current MOU, what is the charge, the authority, and who is responsible for ensuring the IHS and VA are working in collaboration with Tribal Nations, and the government-to- government/trust obligations are being met. The first time I had ever heard or seen of this MOU was in 2011. Who or what agency is ensuring regulation and compliance with the MOU?

**Our Elected Tribal Leaders and Government**

The Tribes continue to manage and support their communities through existing 638 contracts, Federal grants, and revenue generated programming, and economic development. Under continued resolutions, regulations, and federal statutes, Tribal governments continue to meet the demands of those we serve, or to the best of our abilities.

I have no doubt in my mind that our Tribal Nations have the ability and resources to collaborate and assist the Federal Government and Federal agencies in effecting and supporting policies and regulations that can support our Veterans.

**My Request of This Committee**

Appropriate funding and authorize Veteran liaisons/caseworkers to represent and work with Tribal Nations in establishing and providing transportation, services/resources, and secure education and training for Native Veterans and programs such as the VA, Disabled American Veterans, and all regional Veteran Service Offices. These liaisons/caseworkers would assist all Native Veterans in obtaining, securing, and accessing benefits and services. Educating agency staff and establishing a network of services and funding for continued services and resources.

I am very grateful for the support of Nevada Senators Harry Reid, Dean Heller, and Governor Brian Sandoval in their support and acknowledgement of our veteran's issues in Indian Country. I would also like to thank Lt. John Hansen (retired) Disabled American Veterans Service Officer for the collaboration and services he provides to several of the 27 Northern Nevada Tribes, and the work he has done in advocating for our Veterans.

**In Closing**

I come from a reservation, on a street that has broken down fences, rusty cars, rez dogs, and more importantly, families and children who depend on our programs

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*The information referred to can be found at *http://www.ihs.gov/announcements/documents/3-OD-11-0006.pdf*

to protect, serve, and provide for sustainable tribal nations. My home and my street is the greatest place to live in this great land.

To those who serve and answer to the call to arms I say thank you, god speed, and god bless all of us. Dance, pray, and fight with honor.

**Attachment**

January 30, 2012

Greetings,

My name is Wayne Burke, Chairman of the Pyramid Paiute Tribe. I am currently working with John Hansen of the Disabled American Veterans in developing a Memorandum of Understanding (MOU), between the Pyramid Lake Paiute Tribe, the Veteran's Administration Medical Center (VAMC), the Veteran's Regional Office in Reno (VARO), and the Disabled American Veterans in providing their services to community members of our Tribe, and surrounding communities. John and I envision this program spreading to the 27 Tribes of Nevada, but we know that this must be done in small steps, and the process of planning and implementation will be long. Therefore, the Pyramid Lake Paiute Tribe will be the model program, and have already notified and been in consultation with several federal and state agencies.

Areas of critical concern include healthcare, mental health, education, business, employment, and housing resources. To many times, are veterans are not educated and or intimidated in knowing how to navigate through a complicated and complex system.

Goals:

- Educate VAMC/VARO employees of the cultural differences of Native Americans with the assistance of the EEO's of both facilities.
- Train Indian Health Services (IHS) staff in properly identifying specific conditions known to be caused by Radiation Exposure, Herbicide Exposure, and Gulf War Illnesses. This will require the assistance of VARO/VAMC.
- Train IHS staff to properly identify mental health issues and seek proper assistance from Mental Health at VAMC, and the Tribal Suicide Prevention Program. Also to develop a Standard Operating Procedure (SOP) for the Tribe/IHS in dealing with Mental Health Emergencies.
- Train IHS staff through the Reno Vet Center to establish peer counseling groups to be conducted on the Pyramid Lake Reservation. The Tribe will advertise these groups through the Tribal Newsletter, community postings, and utilizing resources through the Inter Tribal Council of Nevada, Indian Health Board of Nevada, and the Nevada Urban Indians.
- Obtain necessary grants to improve services to Native Veterans with assistance from the Dept. of Interior, Indian Health services, and Senatorial/Congressional/State of Nevada representatives. This would include an office on the Pyramid Lake Reservation dedicated for the treatment of veterans, and obtaining equipment for health care to assist veterans living on tribal lands to receive health care from the VAMC, and access for the veterans to contact the VARO and/or the Veterans Service Officer (VSO).

- Veterans Service Organizations i.e.: DAV, NOVS, AMVETS, and VFW/VARO staff to provide assistance to tribal members assistance in filling claims with the Department of Veterans Affairs, and educating the veterans on tribal lands of the federal/state benefits available to them.
- To obtain transportation resources through the DAV Transportation network for transporting veterans from the reservation and/or neighboring communities to the VAMC. The van will be operated by volunteer drivers from the reservation and/or surrounding communities. The drivers must be cleared by the VAM; the Tribe will be responsible for storing the van/scheduling/keeping of mileage/tracking hours of drivers and reporting it monthly to the VAMC Voluntary Services Office on a monthly basis.
- VSO's/Vet Center/VAMC/VARO to set up information tables/booths/mobile vans when available at Pow-Wows and/or other community gatherings. This will also include traveling to tribal nations which are located in rural Nevada.
- Advocacy and case management in assisting and identifying educational, business, employment, and housing resources/programs.

John and I appreciate all of your assistance, time, and consideration in this matter. We will also be seeking the assistance from all our colleagues, and neighbors at the state, tribal, and federal levels of government. We will meet quarterly to monitor progress, and to keep all of you well informed.

We again would like to personally thank you for your interest and assistance in this program.

Sincerely,

Wayne Burke, Chairman
Pyramid Lake Paiute Tribe

John Hansen (High Eagle)
NSO Supervisor
VA Regional Office
2nd Lt. (retired)

The CHAIRMAN. Thank you so much, Mr. Burke.

Mr. MCKAUGHAN. will you please proceed?

**STATEMENT OF LT. COL. KELLY MCKAUGHAN, DIRECTOR, VETERANS ADVOCACY, CHOCTAW NATION; ACCOMPANIED BY MAJ. NATHANIEL COX, DIRECTOR, CHOCTAW GLOBAL STAFFING, CHOCTAW NATION**

Mr. MCKAUGHAN. Good afternoon, Mr. Chairman.

My name is Kelly McKaughan, Director of the Choctaw Nation Veterans Advocacy Program. I have Major Nathaniel Cox with me. Chief Pyle and Assistant Chief Batton both send their regrets that they were otherwise detained and weren't able to come and speak themselves.

To begin, I want to talk about the Choctaw Nation. We talked a while ago about rural areas. The Choctaw Nation covers the southeastern most counties of Oklahoma. It is very rural, a large area, we have large counties covering over 11,000 square miles. The Choctaw Nation has over 250,000 members currently.

The reason I am here and the reason our program was started was Chief Pyle came to me one day and said our veterans aren't getting services. They don't know what they are eligible for, they don't have people coming to them and they don't like to go to out-

side services such as the VA. Maybe they will come to the Choctaw Nation and use their own people.

Therefore, in 2005, Chief Pyle, along with our Tribal council, established our program, the Veterans Advocacy Program, to try to assist those people who are being missed. Chief Pyle has said many times, we want to get those people who are being missed right now. That is why we were established.

We noticed there was a need for an actual application process. If you don't apply to the VA, you don't get disability. We try to provide that service to them if they don't want to go to the VA. Since our Tribal members have to travel so far, sometimes up to four hours, to a VA facility in Muskogee, Oklahoma, they are not going to do it. We have advocates who go out, meet them at their homes or our senior citizen centers. We do disability and compensation claims for them, help them get grave markers. Some World War I or II veterans never had a grave headstone at all. Those are some of the services we provide that were somehow missed.

Health care is a big deal. The problem is they have to go to the health care facility. Again, in rural Oklahoma, it is difficult for them to get that far. We can't really assist with that. We also provide special events. We have an annual Veterans Day celebration where we honor our veterans every year which they are very appreciative. We give them a gift, a jacket of some kind.

We have that at our council grounds and have a veterans memorial that was old and worn out. We are in the process right now of upgrading that memorial, making it more proper for our veterans.

We also have annual events at each center to honor the Native veterans. A lot of the old Vietnam veterans didn't get recognition they needed, so we try to recognize them and show how important they are to us still.

Our Veterans Advocacy Program is not a recognized service organization so a lot of our work is referrals, simply getting the veteran to the right person, the VA, the veteran service officer. Oklahoma doesn't have counties but has regions. We get them there and that way they get the proper help they need.

Another thing we do for our veterans—it is actually serving members now, which I am still a member of the National Guard and I just come back from overseas—we actually give care packages. We send it out to all Native Americans and any servicemember's family which asks, we send it. We have had requests to send specific items like handheld radios, some specialty knives they have asked for. One big thing was a sonogram machine that the military would not provide to this unit and we did.

That is what we are doing to try to help. Pending your questions, that is all I have.

[The prepared statement of Mr. McKaughnan follows:]

PREPARED STATEMENT OF LT. COL. KELLY MCKAUGHAN, DIRECTOR, VETERANS ADVOCACY, CHOCTAW NATION

The Choctaw Nation of Oklahoma encompasses 10 ½ counties and is located in southeastern Oklahoma. It is comprised of over 11,000 square miles of rural area. Oklahoma has one of the highest populations of Native Americans. As an Indian Tribe federally recognized by the U.S. government, the area population is 256,598 (*2010 Census*), of which 80,000 are certified-by-blood Choctaw Members over 30,000 are of other Native or mixed ancestry. The Choctaw Nation covers the second largest tribal service area in the lower 48 states, second only to the Navaho Nation. The Nation's service area is a remnant of the territory where the Choctaws were forced after their harrowing removal on the Trail of Tears.

Chief Gregory E. Pyle, Assistant Chief Gary Batton and the Tribal Council have always supported the United States Military worldwide. Indicative of this support, in 2008 the Freedom Award was presented to Chief Pyle. This award publicly recognized employers who have shown exceptional support to employees serving in the National Guard and Reserve.

In 2005 Chief Gregory E. Pyle and the Tribal Council established through Tribal Council Bill CB-163-05, the Choctaw Nation Veteran's Advocacy program. This program was created and funded solely by the Tribe to address the growing need for special support for our veterans and their families. Additionally it provided an internal resource for tribal members within their tribe. Often tribal members do not have the means to travel the long distances required in rural Oklahoma to a VA service center. Unlike many states, Oklahoma does not have county veteran

service representatives. As additional support, the Choctaw Nation created the Choctaw Nation Color Guard and constructed a Veteran's Cemetery for our Choctaw Veterans.

The Choctaw Nation Veteran's Advocacy program provides a multitude of special services, support and assistance. The program since inception has been committed to serving Tribal members worldwide, currently providing services to 2,500 plus clients. The Choctaw Nation Veteran's Advocacy program provides support to include, but not limited to:

- VA Applications to include
  - Grave Markers
  - Disability and Compensation Claims
  - Health Care
  - Widow's Pensions
- Veterans Special Events
  - Plan and host annual Veteran's Day celebration
  - Re-design of Veterans Memorial
  - Plan and organize deployment appreciation events for military Soldier's and families
  - Plan and organize annual Veteran's appreciation dinners at all 17 senior citizen centers within Tribal boundaries
- Referrals
  - Provide referrals to the appropriate governmental agencies
- Care Packages
  - Purchased, processed and sent over 5,000 care packages to troops deployed overseas
  - Provided shipping services for friends and families of deployed service members
  - Provided specially items, by request, to deployed units and service members
    - Hand held ratios
    - Specialty knives
    - Portable sonogram machine

The CHAIRMAN. Thank you so much, Col. McKaughnan.

Ms. Causley, please proceed with your statement.

## STATEMENT OF CHERYL A. CAUSLEY, CHAIRWOMAN, NATIONAL AMERICAN INDIAN HOUSING COUNCIL

Ms. CAUSLEY. Good afternoon, Chairman Akaka, Vice Chairman Barrasso and distinguished members of the Senate Committee on Indian Affairs.

I would like to thank you for conducting this oversight hearing.

My name is Cheryl Causley. I am an enrolled member and Director of Housing for the Bay Mills Tribe of Chippewa Indians. I appear before you today in my capacity as Chairwoman of the National American Indian Housing Council.

NAIHC's primary goal is to support Native housing entities in their efforts to provide safe, decent, affordable, culturally appropriate housing for Native people, including our distinguished Native veterans.

As the members of this Committee know, Native Americans represent a small percentage of the U.S. population. Throughout his-

tory, however, a high percentage of Tribal members have volunteered to serve in all branches of the United States military. In fact, some Native Americans were serving in the American Armed Forces before they were even granted citizenship. In times of national need, Native Americans have been the first to answer the call and step forward to protect this great country that we all call home.

Our Native American people will never forget PFC Lori Ann Piestewa. Lori was a member of the Hopi Tribe who served in Iraq and was the first American female soldier to die in combat. Her spirit, her memory will always live in the minds and hearts of all of our people.

While our communities show deep respect for our Native veterans in combat, it is a sad reality that often when they return to our homelands, they face another extraordinary challenge in fulfilling one of the most basic needs—they come home to find a place to live.

In 2005, we actually held a news conference in this building, in this room and brought two Native veterans who recently had returned from tours of duty in Iraq. They provided a deeply emotional statement that they returned home to their reservations to living conditions in Indian country that were worse than those they faced in Iraq.

As noted in a 2005 Washington Post article, Staff Sergeant Julius Tulley from the Navajo Nation shared this statement: "I am not here to bash my Commander in Chief, nor am I here to speak out against the military. I am here to say that I have gone to war, I have put my life on the line, my brothers put their lives on the line. I want to say, look, I have done my part, my family has done their part. Now, I want something in return." His want should have been simple. He wanted a house to live in.

Yesterday, Mr. Tulley shared with us that after seven years, his conditions in his home in his community of Blue Gap, Arizona have not changed. According to Tulley, at every Native veterans' meeting, the issue of housing is still a major concern.

He also shared that he is diagnosed with Post Traumatic Stress Disorder and has yet to receive any treatment, even though he has made consistent requests over the last seven years. He shared, "I'd like to go. I would still like to go, but I think they forgot about me."

Tulley's story is common throughout Indian country. Unfortunately, with the lack of resources and data, it is very difficult for us to measure the true, unmet needs of our Native heroes. NIHC strives to work with the leadership of this important Committee and Congress to recognize the acute housing needs that continue to exist in our Tribal communities and how this impacts Native veterans. Let me give you three examples.

A survey conducted in 11,500 households in the Navajo Nation revealed that 2,726 were households that included at least one Native American veteran. Severe overcrowding coupled with wounded veterans returning home to caretakers has added tremendous stress on a community that has continued to experience a serious housing shortage.

American Indians are significantly over-represented among the homeless populations in Minnesota. According to two separate Min-

nesota studies, American Indians make up one percent of the population but are 11 percent of the off-reservation homeless adult population. Furthermore, American Indians make up 20 percent of the homeless veterans throughout Minnesota.

In Montana, Native Americans make up 6.3 percent of the population, but according to the Montana Veterans Foundation data, in 2009 Montana had 475 homeless vets, 54 of which were Native American. Also in 2009, they had 43 homeless females, 25 who were veterans, 9 were Native American women.

Consider these needs against a backdrop that includes the following observation from the GAO in a February 2010 report. NAHASDA's first appropriation in fiscal year 1998 was $592 million; the average funding was $633 million between 1998 and 2009. However, the GAO report underscored that when accounting for inflation and constant dollars, the allocation for Indian housing has generally decreased since the enactment of NAHASDA.

The needs in Indian country have not lessened since this report. In fact, the Census actually shows that we have an increased need with growth in every younger population. The Census reported that the American Indian and Alaskan Native population increased by 26.7 percent. Our median income was roughly $15,000 lower than the rest of the Nation and furthermore, 28.4 percent of Natives were in poverty.

Bottom line, funding for Indian housing has not increased while the need in our population and Tribal communities is on the rise. The funding trend is stifling not only in housing development but economic development, job creation and an opportunity to build sustainable communities.

Our veterans have courageously served our country and should not be left behind in their communities, their homelands because we lack safe and decent housing.

Thank you.

[The prepared statement of Ms. Causley follows:]

PREPARED STATEMENT OF CHERYL A. CAUSLEY, CHAIRWOMAN, NATIONAL AMERICAN INDIAN HOUSING COUNCIL

Good afternoon Chairman Akaka, Vice Chairman Barrasso, and distinguished members of the United States Senate Committee on Indian Affairs. Thank you for inviting me to attend today's oversight hearing on Programs and Services for Native Veterans. My name is Cheryl Causley and I am the Executive Director of the Bay Mills Indian Housing Authority. I am an enrolled member of the Bay Mills Indian Community in Brimley, Michigan. Today, I appear before you in my capacity as Chairwoman of the National American Indian Housing Council (NAIHC). I wish to thank the Committee for this opportunity to appear before you today to discuss programs for Native Veterans.

Before I speak directly about the housing programs that affect our Native veterans, permit me to remind the Committee about the NAIHC. NAIHC is the only national, tribal non-profit organization dedicated solely to advancing housing, physical infrastructure, and economic and community development in Native American communities throughout the United States.

The NAIHC was foundeded 1974 and has, for 38 years, served its members by providing invaluable training and technical assistance (T/TA); sharing information with Congress about the issues and challenges that tribes face in terms of housing, infrastructure, community and economic development; and working with key Federal agencies to help meet the challenges of improving the housing conditions in tribal communities.

The membership of NAIHC is comprised of 271 Indian Housing Block Grant (IHBG) recipients, representing 463 tribes and tribal housing organizations. The pri-

mary goal of NAIHC is to support Native housing entities in their efforts to provide safe, decent, affordable, culturally appropriate housing for Native people, including our distinguished Native Veterans.

As the members of the Committee know, Native Americans represent a small percentage of the United States population. Throughout history, however, a high percentage of tribal members have volunteered to serve in all branches of the United States military. Many tribal nations are traditional, warrior societies, and this tradition has translated into an extraordinarily high level of patriotism in Native America—of dedication and commitment to service in the United States armed forces.

In fact, some Native Americans were serving in the American armed forces before they were even granted citizenship. In times of national need, Native Americans have been the first to answer the call and step forward to protect this great country that we all call home. Yet, sadly, Native Veterans often return to their homelands to face extraordinary challenges in finding a place to live.

Our first Americans face some of the worst housing and living conditions in the country, and the availability of affordable, adequate, and safe housing in Indian Country falls far below that of the general U.S. population. Veterans return home to find too few housing opportunities and are put on a wait list for tribal housing—a list that includes many families who have been waiting many, many years to access affordable housing.

There is an agreement among most members of Congress, HUD, tribal leaders, and tribal organizations that there is a severe housing shortage in tribal communities; that many homes are, as a result, overcrowded; that many of the existing homes are in need of repairs—some of them substantial; that many homes lack basic amenities that many of us take for granted, such as full kitchens and plumbing; and that at least 250,000 new housing units are needed in Indian Country.

These issues are further complicated by the status of Indian lands, which are held in trust or restricted-fee status. As a result, private financial institutions will generally not recognize tribal homes as collateral to make improvements or for individuals to finance new homes. Private investment in the real estate market in Indian Country is virtually non-existent, with tribes almost entirely dependent on the Federal government for financial assistance to meet their growing housing needs. The provision of such assistance is consistent with the Federal Government's well-established trust responsibility to American Indian tribes and Alaska Native villages.

The Native American Housing Assistance and Self-Determination Act (NAHASDA) was enacted to provide tribes with new and creative tools necessary to develop culturally appropriate, safe, decent, affordable housing. NAIHC and its membership appreciate the investment and continuing efforts that this Administration and the Congress have made since NAHASDA became law in 1996. However, despite the increase in overall spending within the Department of Housing and Urban Development, the Administration has proposed level funding for the Indian Housing Block Grant (IHBG) at $650 million for FY 2013.

Were the President's budget proposal to be accepted, it would mark the third consecutive year that the funding for Indian housing would be flat-lined. We will work with the Congress, including the leadership of this important Committee, to recognize the acute housing needs that continue to exist in tribal communities and how this impacts Native Veterans. Let me give just three examples.

A recent survey conducted of 11,500 households on the Navajo Nation Reservation revealed that 2,726 were households that included at least one veteran. Severe overcrowding, coupled with wounded veterans returning home to family caretakers, has resulted in a tremendous stress on housing needs. We also know that Native veterans have a great need for housing assistance in off-reservation and urban areas throughout the country.

American Indians are significantly overrepresented among the homeless population in Minnesota, according to studies conducted by the Amherst H. Wilder Foundation and the Corporation for Supportive Housing's American Indian Supportive Housing Initiative. American Indians make up 1 percent of the Minnesota population, but 11 percent of the off-reservation homeless adult population. Furthermore, American Indians make up 20 percent of the homeless Veterans throughout Minnesota according to another Wilder Foundation study.

In Montana, Native Americans make up 6.3 percent of the population. According to the Montana Veterans' Foundation data, in 2009, Montana had 475 homeless veterans, 54 of whom were Native American. Also in 2009, Montana was home to 43 homeless females, 25 of whom were veterans. Nine of the 25 were Native American women.

Consider these needs against a backdrop that includes the following observation from the Government Accountability Office (GAO) in their Report 10–326, Native

American Housing, issued in February 2010 to the Senate Banking Committee and the House Committee on Financial Services:

> NAHASDA's first appropriation in fiscal year 1998 was $592 million, and average funding was approximately $633 million between 1998 and 2009. The highest level of funding was $691 million in 2002, and the lowest was $577 million in 1999. For fiscal year 2009, the program's appropriation was $621 million. However, when accounting for inflation, constant dollars have generally decreased since the enactment of NAHASDA. The highest level of funding in constant dollars was $779 million in 1998, and the lowest was $621 million in 2009.

The needs in Indian Country have not lessened since this report was issued just over two years ago. In fact, the Department of Commerce's Bureau of the Census clearly shows that the needs continue to increase along with a growing and ever-younger population. In a report prepared in November 2011, the Census reported that:

- The nation's American Indian and Alaska Native population increased by 1.1 million between the 2000 Census and 2010 Census, or 26.7 percent, while the overall population growth was 9.7 percent;
- The median income of American Indian and Alaska Native households was $35,062 compared with $50,046 for the nation as a whole.
- The percentage of American Indians and Alaska Natives that were in poverty in 2010 was 28.4 percent compared to the 15.3 percent for the nation as a whole.
- The percentage of American Indian and Alaska Native householders who owned their own home in 2010 was 54 percent compared with 65 percent of the overall population.

I wish to conclude this testimony by thanking Chairman Akaka, Vice Chairman Barrasso, and all of the members of the Senate Committee on Indian Affairs. NAHASDA is not just about constructing houses, it is about building tribal communities—communities where health and safety are a top priority and where education can thrive. However, the path to a self-sustaining economy is not achievable without a robust housing sector, and tribal housing conditions cannot be improved without adequate funding. Veterans who have so courageously served should not be left behind because their communities—there homelands—lack safe and decent housing.

We often here people say, "thank you for your service." Let's make sure these words are not hallow. We can best say thank you to our veterans by making sure they have a home to return to after serving our Nation. I know we can count on you to support our efforts. Together, we can continue the important work of building vibrant communities in Indian Country.

The CHAIRMAN. Thank you very much.

Ms. Kalipi, will you please proceed with your statement?

## STATEMENT OF D. NOELANI KALIPI, PRESIDENT, TILEAF GROUP

Ms. KALIPI. Aloha, Chairman Akaka, Vice Chairman Barrasso and distinguished members of the Senate Committee on Indian Affairs.

My name is Noelani Kalipi and I am a Native Hawaiian veteran having served on active duty in the United States Army.

Of the approximately 117,000 veterans living in Hawaii, a significant number are Native veterans who were born and raised in Hawaii. Like our Native brethren in Indian country and Alaska, Native Hawaiians have a cultural and spiritual tie to our lands. We seek to live on our land and will find a way to survive in our homeland because no matter how challenging the economic conditions, no matter how bad or scarce the jobs are, our family ties and our relationship to our lands are intricately tied to the essence of our being.

The State of Hawaii depends on imported fossil fuels for more than 75 percent of its electricity generation and imports 85 percent of its food. This means the State of Hawaii currently imports 2 million meals per day. We have a serious food security and energy security issue in Hawaii and we have a wonderful opportunity for Native Hawaiian veterans to lead the way in addressing this.

The Hawaii Veteran to Farmer Pilot Program begins in a week and the first 12 participants are Native Hawaiian veterans with agricultural leases within the Hawaiian Homelands Trust. Participants will receive hands-on training on all aspects of farming and participate in an educational curriculum that focuses on the business aspects of successful farming operations including marketing, accounting and best practices.

This is a win-win situation where Native Hawaiian veterans can lead the way in addressing critical needs in Hawaii while incorporating cultural and traditional practices, creating jobs, generating revenue and creating additional opportunities for economic development and empowerment.

Mr. Chairman, as a Native Hawaiian and as a veteran, I thank you for all you have done over your career to assist and empower all veterans but in particular, Native veterans. Your insight as a Native veteran has been invaluable in facilitating programs in recognition of the Federal trust relationship between the United States and its Native peoples.

Establishment of the VA Native American Direct Home Loan Program, for example, serves as an important precedent in demonstrating how Federal programs can be modified to provide the delivery of benefits and services to Native veterans living on trust lands.

We thank you for all that you have done.

Mahalo.

[The prepared statement of Ms. Kalipi follows:]

PREPARED STATEMENT OF D. NOELANI KALIPI, PRESIDENT, TILEAF GROUP

Aloha Chairman Akaka, Vice-Chairman Barasso and Distinguished Members of the Senate Committee on Indian Affairs. Thank you for providing me with the opportunity to share information with you about the Veteran to Farmer initiative we are implementing on the island of Hawaii.

**Background**

My name is D. Noelani Kalipi and I am a Native Hawaiian Veteran. I work with TiLeaf Group, a native social enterprise. We work with native and non-native companies and organizations focused on projects, services and programs that contribute to the well-being of native communities. A substantial portion of our activity is focused on economic development and empowerment in native communities involving energy, agricultural and data security initiatives.

I served on active duty in the United States Army Judge Advocate General's Corps (JAGC) where I was stationed at Fort Stewart, Georgia, home to the 3d Infantry Division (Mechanized). As a young JAGC attorney, I served in a number of positions. I found my experience with the Trial Defense Service (TDS) to be the most insightful. As a TDS attorney, I represented soldiers facing non-judicial punishment, administrative separation, or courts-martial. I learned very quickly about the trials and tribulations faced by soldiers and their families as they struggled to balance rigorous training and deployment schedules with demands and challenges of everyday life. While many military members thrive in these conditions, I worked primarily with those who encountered difficulties. These experiences served me well in my professional career which has led me to work with military members and Veterans in various capacities.

**Native Veterans**

Native Veterans have a strong tradition of military service despite the often tragic circumstances underlying the history between the federal government and their native governments. Native Veterans have served at the highest rate per capita of any population in the United States. According to the Department of Veterans Affairs (VA), studies have also shown that Native Veterans suffer disproportionally from the consequences of service, including higher rates of disorders related to combat exposure.

According to the U.S. Census Bureau's American Community Survey, 27, 800 Veterans identified themselves as single-race Native Hawaiian and Other Pacific Islanders. Four out of five of these Veterans are 65 years old or younger. This means we have a relatively young population of Native Hawaiian and Pacific Islander Veterans. Additionally, given the multicultural population in Hawaii, a large number of Native Hawaiians identify themselves in the multi-race category. We therefore know that we have a significantly larger population of Native Hawaiian Veterans in the United States.

Of the 117,000 Veterans living in Hawaii, a significant number are native Veterans who have been born and raised in Hawaii. Like our native brethren in Indian Country and Alaska, Native Hawaiians have a cultural and spiritual tie to our lands—we seek to live on our lands and will find a way to survive in our homeland because no matter how challenging the economic conditions or how scarce the jobs are, our family ties and our relationship to the 'aina or land, is intricately tied to the essence of our being.

**Hawaii Island 21st Century Roadmap**

The State of Hawaii is composed of islands in the Pacific Ocean. The nearest metropolitan population is located more than 2500 miles away. Hawaii depends on imported fossil fuels for more than 75 percent of its electricity generation [1] and imports 85–90 percent [2] of its food. This means that the State of Hawaii currently imports more than two million meals per day. If the barges were to be stopped, Hawaii has approximately 2–3 weeks of fuel for electricity and 7 days of locally grown food.

Energy and food security, therefore, are key priorities for the people of Hawaii. The volatility in oil prices impact all aspects of commerce in Hawaii as the cost of importing items and the cost of electricity are factored into all products and services. These additional costs make it very difficult for any Hawaii-based business to be competitive with its counterparts on the continent and greatly impact the standard of living for individuals living in rural communities.

Given our geographic isolation coupled with our dependence on imports for vital needs such as electricity and food, Hawaii is on the precipice of a future that can be either very good or very bad. It can be very bad if we retain the status quo and fail to proactively address our energy and food security challenges.

On the other hand, Hawaii is blessed to have robust, renewable resources that can be utilized for electricity generation. On my island of Hawaii, we have geothermal, solar, wind, and hydropower resources that can be utilized to generate enough electricity to make our island completely energy self-sufficient. We also have abundant water resources and fertile soil that can revitalize a once vibrant agricultural industry. Whether we change our behavior and utilize these natural resources in a manner that meets our needs while preserving them for use by future generations is the key to whether we contribute to a vibrant, thriving or depressed economic future on our island. Native Hawaiians play a vital role in shaping this future.

Many of us look back to our native *kupuna,* or elders, for guidance on how to move forward. The ancient Native Hawaiians were incredibly scientific people. They had identified the stars and constellations and used them for navigation across the Pacific Ocean. They had developed a calendar that dictated when to fish, when to plant and what to plant, so that their subsistence needs were met in abundance while still preserving Hawaii's precious natural resources. They had identified hundreds of thousands of species of plants and animals and had named, categorized and learned how to use them. Native Hawaiians worked comprehensively and collaboratively, using complex engineering methods to maximize the use of resources such as water for everything from agriculture to advanced forms of aquaculture.

As we look back to move forward, our native communities can see the vast opportunities available for the perpetuation of our native culture, language, practices, and

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[1] *Renewable Energy in Hawaii June 2011,* Hawaii Economic Issues, Economic Report 2011, Department of Business, Economic Development & Tourism, June 2011.

[2] *Food Self-Sufficiency in Hawaii, A Hawaii Department of Agriculture White Paper,* Hawaii Department of Agriculture, December 2008.

traditions. We know that our elders were not so mired in tradition that they refused innovation. Our ancestors were incredibly intelligent and if they were here today, they would not hesitate to couple their incredible wisdom with today's technology to figure out how to sustain our population and be responsible stewards of the environment. As Hawaii is increasingly viewed as the "test bed" or "pilot" for energy and agricultural security, our native communities have become much more active and are certainly willing to be the "tip of the spear" that leads this fight for survival.

TiLeaf Group is just one of many partners involved in developing and implementing the *Hawai'i Island 21st Century Economy Roadmap,* a comprehensive plan that seeks to develop a viable, robust, and self-sufficient economy for Hawaii Island. The Roadmap has been developed by Rivertop Solutions, LLC over the past two years with the participation of key stakeholders on the island. It includes 29 projects, each with a viable business model and plan which allows the project to succeed on its own, and more importantly, to support the rest of the projects in the roadmap, thereby building a comprehensive, self-sufficient infrastructure on the island that yields economic success and community empowerment.

**Addressing Agricultural Capacity on Hawaii Island**

Many Hawaii farmers are struggling to compete with imported foods because of the high price of electricity. On my island of Hawaii, for example, we paid an electric rate of 40 cents per kilowatt hour in the month of April 2012 in comparison to the national average of 11 cents per kilowatt hour.[3] If we want to increase our agricultural capacity, we need to find a way for farmers to be competitive with their counterparts on the continent.

A critically important facet of the *Hawaii Island 21st Century Economy Roadmap* is revitalizing Hawaii's agricultural capacity by (1) developing processes that lower input and processing costs, (2) increasing educational and apprenticeship programs that help transition individuals into farming, and (3) generating market demand through the commitment of large businesses, organizations, government agencies. It is essential that we are able to match market demand with increased agricultural capacity to ensure economic growth and to sustain progress.

Richard Ha, a Native Hawaiian Vietnam Veteran who owns and operates Hamakua Springs Farm, one of the more successful farming operations on Hawaii Island, summarizes the situation succinctly: "The farmer will farm if the farmer can make money. If the farmer cannot make money, the farmer cannot farm." Given the volatility of oil prices and its devastating impact on Hawaii's economy, Mr. Ha has focused on helping Hawaii to stabilize its electric generation prices by utilizing Hawaii's robust renewable resources. He was motivated to actively help his community to address energy and food security following the spike in oil prices in 2008 which radically increased the cost of fuel, electricity, and fertilizer and caused his farm workers to ask him for loans to pay for gas to get to work.

The first pilot project from the *Hawaii Island 21st Century Economy Roadmap* is the Pu'ukapu Agricultural Community Facility which includes an anaerobic digester, post-harvest facility, and certified kitchen. The anaerobic digester will process organic waste to produce methane which will be utilized to generate electricity and soil amendments which will serve as low cost fertilizer. The electricity will power a Post-Harvest facility, complete with processing equipment and refrigeration. A certified kitchen will also be included in the facility to provide for the manufacture of value-added products such as sweet potato chips and tomato paste. The facility improves agricultural capacity by providing low-cost fertilizer and low-cost electricity which enables post-harvest processing by local farmers, which has traditionally been cost-prohibitive. Such post-harvest processing enables farmers to sell produce to larger markets, including the Department of Defense, University of Hawaii at Hilo, grocery stores and resorts.

This facility will be located on the Hawaiian Home Lands trust in Waimea, Hawaii. Congress created the Hawaiian Home Lands trust in 1921 via the Hawaiian Homes Commission Act which set aside approximately 200,000 acres for residential, agricultural, and pastoral homesteading by qualified Native Hawaiians. The trust lands are noncontiguous and are located on each of the islands. Each homestead community has a homestead community association, composed of lessees and family members, with democratically elected leadership.

The Pu'ukapu Community Agricultural Facility will be owned and operated by the Homestead Community Development Corporation (HCDC), a statewide nonprofit owned and operated by several homestead community associations on Kauai, Oahu, and Hawaii Island. The Waimea Hawaiian Homestead Association, which rep-

[3] "April Electric Rates Up on All Islands Except One," *Star-Advertiser,* April 12, 2012.

resents the homestead community in which this facility is located, will be the lead on managing this project for HCDC. Native Hawaiians, therefore, are not only participating, but managing and leading the way towards increased agricultural capacity and creating economic development and empowerment opportunities that simultaneously address food and energy security.

**Veteran to Farmer Initiative**

The Hawaii Veteran to Farmer Initiative can address not only Hawaii's food security challenges but also the growing food security challenges across the nation. The average age of a farmer in Hawaii is 60 years old and the U.S. average is similar. The United States Department of Agriculture has loan programs in place to aid the addition of 100,000 new farmers every year because in the next decade, half of the current farmers are expected to retire. Rebuilding the nation's ability to feed itself is a critical component of the strength of our country.

Young Veterans consistently have higher than average unemployment rates. Not only are their unemployment rates higher than average, but there are numerous other social and personal welfare indicators where Veterans and families of returning Veterans also rank higher than average such as substance abuse, homelessness, and domestic violence. These figures all show there is a need to better support the transition of Veterans from the areas of conflict where they served, back into civilian life.

There is a definite need to introduce a younger generation into agriculture careers with most of the U.S. farmers approaching retirement. Though only one sixth of the U.S. population is in rural communities, nearly 45 percent of the military comes from rural communities; so many Veterans have strong background knowledge of agriculture. Native Veterans represent the highest proportion of rural Veterans. Additionally, in Hawaii, four out of five of the individuals who identified themselves as Native Hawaiian or Other Pacific Islander Veterans, were under the age of sixty-five, indicating a younger population of Veterans.

Horticulture has been used as a therapy tool for decades. Horticulture therapy is a proven method of reducing stress and anxiety, improving coping skills and motivation. It also promotes confidence and hopefulness among other qualities important for Veterans suffering from post-traumatic stress disorder and traumatic brain injuries. In addition to providing a path to a career well-suited to re-integrating the Veterans, the Hawaii Veteran to Farmer initiative can provide a structure that includes routine monitoring by VA certified healthcare providers who will have routine contact with program participants, as needed, to ensure that treatment for physical and mental health of the Veterans and their families is on track.

The Hawaii Veteran to Farmer initiative provides: (1) a certificate level hands-on farming skills training curriculum, (2) classroom-based business training, (3) business start-up support, and (4) as-needed health monitoring and assessments for Veterans. A key goal of the program is to enable Veterans to develop the necessary skills and provide opportunities that utilize these skills in farming while acknowledging the difficulties many face in transitioning back to civilian life after military service. Completion can enable Veterans to both create new farm businesses, and to meet the requirements to acquire the leases and loans needed to start a farm.

The Hawaii Veteran to Farmer pilot program supports the Pu'ukapu Agricultural Community Facility because it increases the agricultural capacity that will be serviced by the facility. The program pilot begins in June 2012 and the first 12 participants include homesteaders who are Native Hawaiian Veterans and who have been granted agricultural leases within the Hawaiian Home Lands trust. The pilot will be completed in December 2012.

Each program participant will be provided the supplies necessary to build at least one greenhouse on their property. Participants will receive hands-on training on all aspects of farming from building the greenhouse to germination, drip-irrigation methods, and harvesting. They will also participate in an educational curriculum that focuses on the business aspects of successful farming including marketing, accounting, and business relations.

The hands-on training has been developed and will be taught by Mike Hodson, a Native Hawaiian homesteader who owns and operates a successful organic vegetable farm, WoW Farms, on his agricultural homestead. The educational curriculum is being developed in collaboration with the University of Hawaii system and agricultural industry. Classes for this pilot program will be held at a Native Hawaiian educational facility located in the homesteader community, thereby making access easy for program participants.

Each participant in the pilot program has committed to, upon completion, "paying it forward" by continuing to participate as instructors so that the model can grow exponentially. At the end of the pilot we will have 12 working farms. If each partici-

pant helps even just two additional Native Hawaiian Veteran homesteaders with the practical hands-on training, there could be 24 additional working farms within the next two years in this rural homestead community.

The pilot program will be used to refine and finalize the curriculum and to develop the required documentation to certify the program with various federal agencies. At least eight additional homestead communities have been identified by the State of Hawaii for participation in the program. While the pilot and its initial rollout focuses on participation by Native Hawaiian Veterans, non-native Veterans who have access to lands for farming or who seek to work on farms are eligible to participate. This is truly a community empowerment and community economic development model that can grow exponentially in a relatively short period to address our food security and economic development challenges in our rural communities.

This program involves many, many stakeholders throughout Hawaii. The Roadmap and the Pu'ukapu Agricultural Community Facility involve participation by Native Hawaiian leaders, Native Hawaiian organizations, State agencies and officials, Federal agencies and officials, County agencies and officials, and community-based organizations involved in food security, agricultural industry, energy security, economic development and workforce training. As we continue to progress, more interest is generated and we continue to expand the number of partners and collaborators in this project.

The fact that the tip of this spear to address food and energy security is being led by Native Hawaiian Veterans is not only symbolic, it just and it is right. This is a win-win situation where Native Hawaiian Veterans can lead the way in addressing critical needs in Hawaii while incorporating cultural and traditional practices, creating jobs, generating revenue, and creating additional opportunities for economic development and empowerment.

**Conclusion**

Mr. Chairman, as a Native Hawaiian Veteran, I thank you for all that you have done over your career to assist and empower Veterans, but in particular Native Veterans.

Your insight as a native Veteran has been invaluable in facilitating programs in recognition of the federal trust relationship between the United States and its native peoples. The establishment of the VA Native American Direct Loan program, for example, helped Native American Veterans to utilize the VA loans for homeownership on native lands. While there are additional barriers to increased participation in the program, the establishment of the VA Native American Direct Loan program serves as important precedent in demonstrating how federal programs can be modified to support the delivery of benefits and services to native Veterans living on native lands.

The definition of trust lands utilized since 1992 as part of the VA Native American Direct Loan program has continued to help native communities. The 2008 Farm bill codified this definition of trust lands as "Substantially Underserved Trust Areas" and authorized certain programs within the USDA's Rural Development program to issue low-interest loans and grants on these lands. This is a vitally important tool to economic development and empowerment on native lands. If this definition can be expanded to apply to other USDA and federal programs, it could greatly incentive private capital to invest in native communities and on projects on native lands.

Your unwavering support for the recognition of the accomplishments of native Veterans from the Navajo Code Talkers to the young Hawaiian men sent to colonize Baker, Jarvis, and Howland Islands to Medal of Honor recipients have served to memorialize the important contributions of native Veterans in defending and honoring our nation. We also greatly appreciate your efforts as a longstanding member, and as the Chairman of, the Senate Committee on Veterans' Affairs, in striving to maintain the commitment of the United States to its military members and Veterans, but especially the native Veterans.

As a beneficiary of the Montgomery GI Bill, you truly understand its value to Veterans and we applaud your accomplishments in strengthening the program to meet the needs of today's Veterans. Innovative programs like the Veteran to Farmer initiative can be successful because your insight, thereby resulting in economic development, community empowerment, jobs and food security in native and rural communities.

The CHAIRMAN. Thank you very much.

I am going to have to wrap up right now, ten minutes ago the vote was called but we finished you because we have a series of

votes that we will be taking. I want to thank you again. You are doing community work that is incredible and I encourage you, in Hawaiian, [phrase in Hawaiian], that you strive for the highest as you continue to work with our Native veterans.

I am looking forward to the next update from the Veterans Administration, the Indian Health Service and others about how you are working in the spirit of [phrase in Hawaiian], collaboration and cooperation as you are doing with health services and veterans affairs to maximize the reach of resources available to our Native veterans.

Please remember, the hearing record is open for written testimony for two weeks. Your full statements will be placed in the record. I have questions that I wanted to ask you that I am going to put in the record for you to respond to.

I want to thank you so much. We tried to move this up so we could take more time but they have moved the votes up also. I thank you so much for being so patient and for your responses today. You have been helpful and we will continue to work together to try to bring some things about that can help our Native veterans and of course our indigenous peoples.

Mahalo nui. Thank you very much. Aloha and safe trip home.

This hearing is adjourned.

[Whereupon, at 2:07 p.m., the Committee was adjourned.]

# A P P E N D I X

PREPARED STATEMENT OF HON. LISA MURKOWSKI, U.S. SENATOR FROM ALASKA

Thank you Chairman Akaka and Vice Chair Barrasso, I would like to thank you for holding this important and timely hearing on programs and services for Native veterans. Last year in June I requested the Committee hold a hearing to examine the VA's record of service to Native veterans and its progress toward implementing the several tools provided by Congress to improve access and quality to VA programs in Indian Country, and at last year's Alaska Federation of Natives Convention I stayed at the Veteran's listening session until the last Alaskan had shared their story.

This hearing is timely because it comes just before Memorial Day and on the heels of the historic signing of a Memorandum of Understanding between 14 Alaska Native tribal Healthcare providers and the VA. The MOU seeks for the first time to allow rural Alaska veterans to receive healthcare benefits at Native health clinics instead of hundreds of miles from home. Alaska Native health providers have long been concerned that they must subsidize care to rural veterans from limited federal Indian Health funds. The agreement was crafted in consultation with and facilitated by the Alaska Native Health Board, it's something I've been pushing through my Care Closer to Home initiative through MILCON appropriations, and I hope that the MOU helps the VA reassume its responsibility to veterans.

Under the agreement, the VA will reimburse the participating Native health care entities for the services they provide, and it will also allow non-Native veterans to get care at the participating tribal health facilities. As our military heroes start to come home, it is increasingly important that we renew our commitment to ensure that the promises made to our Veterans, particularly our Native Veterans, are promises that we honor.

In November of 2007, during my tenure as Vice-Chair, I presided over a field hearing before the Senate Committee on Indian Affairs in Anchorage, Alaska. That hearing, about "Health Care for Alaska Native Veterans ." offered important insights into the concerns voiced by Alaska Native and non-Native veterans from across the state. I am proud of provisions in the GI bill that authorizes a year of advance appropriations for VA healthcare so the VA is able to start the federal fiscal year with enough funding. And I am proud of our success in getting TRICARE to delay the implementation of their policy requiring "drive time waiver" for retirees living more than 30 minutes or 100 miles from a base hospital. I will continue to advocate for the needs of military children and for mental health services for our veterans, to support families because empowering veterans is a key part of America's future success.

Nearly 24,000 American Indians and Alaska Natives are now serving as active duty personnel across the Armed Forces, and I'm glad we are holding this hearing to discuss issues they will face. Alaska is home to over 77,000 veterans. We proudly claim that Alaska is home to more veterans as a percentage of our total population than any other State in the Nation. We know that over the next five years more than a million military service members will return home. As we welcome them home as heroes, I encourage employers to recognize them when hiring—recognize their skills, experience, leadership, and values that will help reinvigorate our communities and economy. I am proud to say that my personal office employs five current and former military veterans from branches of the Army, Navy, Coast Guard, and Marines. I would like to take a moment to thank those who have served and who currently serve, and their families, as well as pay my respects to the courageous men and women who have given the ultimate sacrifice, their lives, defending our safety and our liberties.

PREPARED STATEMENT OF JEFFERSON KEEL, PRESIDENT, NATIONAL CONGRESS OF AMERICAN INDIANS

Honorable Senators Akaka, Senator Barrasso, and Members of the Committee:

My name is Jefferson Keel, President of the National Congress of American Indians. Thank you for the opportunity to present this statement on behalf of the NCAI and on behalf of American Indian and Alaska Native veterans. The NCAI is grateful to the Senate Committee on Indian Affairs for conducting the Oversight Hearing on Programs and Services for Native Veterans.

American Indians and Alaska Natives (AI/AN) have proudly served in the United States military since the Revolutionary War. From earlier struggles such as the Spanish-American War to the present-day conflicts in Iraq and Afghanistan, native people continue to serve at higher percentages than any other ethnic group. With their warrior tradition and the sacrifices that have been made, it is vital to create sound policies and programs to promote the overall well being of our Native veterans.

Last year the NCAI released a demographic sheet based on research from various sources including the Pentagon. Though the AI/AN population is less than 1 percent of the total U.S. population, they comprise about 1.6 percent of the armed forces. In some tribal communities, 1 out of every 200 adults served in the military. Currently more than 24,000 active duty military members are AI/AN. With those numbers there will be an increased need for future programs and services available for these outstanding tribal citizens.

Native veteran issues are similar to non-veteran tribal community members, adequate health care to address increases in the incidence of diabetes, various types of cancer, neurological and auto-immune disorders; unemployment; domestic violence; substance abuse; criminal activity; and, suicide. Native veterans are the single most underserved group of veterans of the American armed forces. Geographical distances present challenges for many veterans to access resources and programs not only for compensation and pensions, but for economic and educational benefits through the VA, Department of Labor, Small Business Administration, and other federal agencies and entities. This is particularly true of those who live on reservations and in tribal communities where there are considerable distances between clinics and medical centers operated by the Department of Veterans Affairs Veterans Health Administration (VA).

VA Office of Tribal Affairs

We are pleased at the progress at the Department of Veterans Affairs in creating the Office of Tribal Government Relations and last year's appointment of Stephanie E. Birdwell as the first Director. Director Birdwell has done a very credible job in staffing this office and reaching out to Indian Country about VA programs and seeking input on improvements at VA to serve veterans needs. We know that there is much to be done, however.

Health Care

Native veterans are less likely to have health insurance than veterans of any other races. According to a Boston Globe report, native Viet Nam veterans are twice as likely as other veterans to experience Post Traumatic Stress Disorder (PTSD). Depression, anxiety and post traumatic stress disorder affect nearly 30% of soldiers returning from Iraq. Committee members are keenly aware of the vexing problem that still exists between Indian Health Service (IHS) and VA health care providers which sometimes deny services and force native veterans to seek treatment from the other. Senator John Tester's Rural

Veterans Health Improvement Act of 2009 is somewhat ameliorating but critical gaps remain.

We commend the VA and IHS in make progress to better collaborate and provide veteran health care under the VA-IHS Memorandum of Understanding. The NCAI submitted comments on behalf of tribes, which are an attachment to this statement, about the Draft Agreement between the VA and IHS for reimbursement for Direct Health Care Services. The NCAI expressed concern about the delayed time and cost in the decision to create a demonstration project that the Indian Health Care Improvement Act did not authorize. We also expressed the need to ensure that all services for which native veterans are eligible under VA benefits should be reimbursable including home care, residential treatment for mental health or substance abuse, diagnoses or treatment, nursing home care, and traditional healing. Other areas we addressed were copayment waivers and retroactive billing.

Housing

It is common knowledge and distressing that there remains a severe housing shortage throughout Indian Country. Native veteran are less likely to own their own home than other veterans, 63% compared to 74%. Some efforts to address this problem have been made but the results are not yet dramatic. Many native veterans are likely to benefit greatly from the recent passage of the Indian Veterans Housing Opportunity Act that excludes income received by a veteran or his/her family for a service-related disability, under the definition in income in the Native American Housing Assistance and Self Determination Act.

The VA Housing Loan program is specifically for veterans. NCAI understands that only 28 housing loan applications were processed in FY 2011. This program requires tribes to have a signed agreement with the VA before a tribal member veteran is eligible to submit a home loan application. Several tribes do have not signed agreements with the VA, and not all tribal officials and veterans understand how the program works. The NCAI recommends that the VA implement an active outreach and education effort to tribal governments regarding the loan program.

The Housing and Urban Development Native American 184 Programs is a nationwide loan program for tribal members to buy, build, or refinance housing. HUD ONAP has done a good job of seeking out mortgage capital. The processing form for 184 housing does not contain information on whether the applicant is a veteran. This information might be helpful in the future to ascertain whether veterans housing needs are being helped through either one or the other programs. The NCAI urges this committee to work with HUD and OMB to modify the form with a simple question on veteran status of the applicant.

Homelessness

There is not an abundance of data on native veteran homelessness. What is known is that nearly half of homeless veterans served during the Vietnam War but they include veterans going back to World War II up through Afghanistan and Iraq deployment, and the military's anti-drug cultivation in South America. The homeless veteran population is predominantly male with about 5% being female. According to the VA and HUD, an estimated 67,000 veterans are homeless on any given night.

Native veterans, both male and female, generally do not consider themselves as homeless since they may think of a relative's home as their own home as well even though they may be only sleeping there occasionally. This aspect of thinking contributes to a low count of homeless Native veterans who are less likely to utilize homeless facilities. In rural areas homelessness is even harder to discern since the population is dispersed and again the homeless veteran may be living in tents or vacant buildings as homes for them so they do not self-identify as homeless.

A National Coalition for Homeless Veterans report stated the reasons behind homeless include extreme shortage of affordable housing, income and access to health care, PTSD, and substance abuse that is compounded by a lack of family and social networks. The VA does have a homeless program and is serving many, but like other worthwhile federal programs, the services are limited due to budget shortfalls. We ask the Committee to continue its vigilant role to find ways to increase support for homeless veteran programs that will help veterans reestablish their standing in their communities as proud and productive citizens to whom we owe deep gratitude for having have served our country well.

Veteran Service Officers

The issue of Veteran Service Officer (VSO) involvement, or more properly the lack of, has been one of those anecdotal things – no one ever writes about it, but everyone knows about it. It is our understanding that some state and local veteran service offices are of the mind that it is not cost-effective for them to go to the reservations and outlying tribal communities. Organizations like the DAV now require membership (orally delivered condition) for service, and the others are seeking membership dues, preferably life memberships. Two exceptions to this seem to be Purple Heart and the Vietnam Veterans of America. Many native veterans have express in NCAI Veterans Committee meetings that it is no secret that they have experienced racism from state veteran representatives.

When native veterans' claims are denied they do have not resources or representation to pursue appeals either locally or regionally. There is a great need for Tribal Veterans Representative (TVR) programs to become certified and serve as advocates. The barrier to a TVR program is the need to amend the regulations for tribal community eligibility as a state. The regulation as written is inherently discriminatory, and the NCAI urges action to change this unfair regulation. The NCAI passed a resolution in support of modifying the Code of Federal Regulations for tribal governments to be recognized by the VA for purposes of administering veteran programs and establishing Tribal VSOs throughout Indian Country (38 C.F.R. Chapter 14). It is our understanding that legislation may be forthcoming in this congress to change the regulations and we look to this Committee to champion this effort.

Tribal Veterans Centers

One of the more challenging issues is access to effective processing and prosecution of claims for pension and compensation. While the Tribal Veterans Representatives (TVR) program has been a resource in this respect, the lack of direct representation and prosecution of claims before the VA has greatly inhibited the successful prosecution of VA claims to full benefits. The program operates as a liaison program with information flowing through the TVRs to VSOs outside of and unfamiliar with either the veteran or the community. Consequently there are fewer appeals of adverse decisions to either the Board of Veterans Appeals or the U.S. Court of Appeals for Veterans

Claims (CAVC). It should be noted that full compensation for a veteran and a family of four brings well over $3000 tax free per month into the community, along with health care and educational benefits.

Tribal Veterans Centers on reservations and in tribal communities for would provide a site for benefits counseling for veterans and their families, as well as a resource center for on-line access to various economic and educational benefits. These centers should be cooperative efforts between Department of Veterans Affairs, BIA, IHS (under the MOU between VA and IHS) and the tribal governments. They would provide employment for community residents trained to staff them.

Telemedicine, which is a significant part of the proposed increase in provision of health care to veterans and their families would be available, as well as substance abuse treatment and counseling. The Centers would provide training and support services for family care-givers of severely injured veterans, keeping them at home rather than in state and federal nursing homes. The soaring incidence of TBI, PTSD, the need for suicide prevention on a local level and the advent of disorders resulting from exposure to depleted uranium that has yet to be identified as well as other catastrophic injuries from explosive devices lie within the expertise of VHA, not IHS. Traditional healing, including sweat lodges and traditional healers, which are essential to providing culturally compliant services should also be available. The Centers would provide these resources for women veterans and family counseling.

As a resource for benefits counseling, the Centers would be connected across Indian country through broadband to provide support services for TVRs with enhanced training (and certification on the same footing as state and county veterans' service officers). This would also provide access on line to the coming Veterans Benefits Administration electronic claims system, obviating the necessity for use of VSOs outside of the community. The Centers would also provide the opportunity for enhancing the position of Indian veterans within their communities by providing a location for community activities, honor ceremonies, para-games and "stand downs."

Tribal Veterans Treatment Courts

The incidence of criminal involvement of veterans who are afflicted with post traumatic stress disorder (PTSD), often exacerbated by traumatic brain injuries(TBIs) is increasing at a rapid rate in Indian communities. It is estimated that the incidence of PTSD in the veteran population as a whole after Vietnam was 30% - 35%. This estimate increases to 50% and higher among the Southwest Asia veterans. The types of criminal behavior attributable to this population include petty crimes, assault, domestic violence, substance abuse (from self-medication) and suicidal risk-taking behavior. Within the family structure these behaviors are extremely destructive, resulting in broken homes and all too frequently, suicide.

Veteran Treatment Courts integrated into the Tribal Justice System under the Tribal Law and Order Act would provide a further resource for justice involved veterans. The benefits of this innovation under the TLOA are substantial. The Courts would be, as they are elsewhere, cooperative efforts between tribal courts, prosecution (including DOJ and Federal Defenders where appropriate), defense bar and community social services.

The enhanced sentencing authority of tribal court judges under the TLOA provides a point of entry for the Veterans Courts. The identification of a defendant as a veteran and an ensuing assessment (by VA) of eligibility and needs leads to a contract with the Court. Prosecution is deferred pending

successful completion of a personalized program which includes treatment of physical disorders and psychic trauma, counseling, and family involvement as well as mentoring by peers or elders. The application for compensation and educational benefits is also essential to the Court program. Tribal courts would monitor progress in each case through periodic appearances by the veteran and the mentor with progress reports from VA and other involved parties to the MOU.

Most tribal court judges would much prefer that they have the flexibility to avoid confinement and to keep the family intact wherever possible. When appropriate, federal prosecution may be deferred in order to utilize the Veteran Treatment Court option. The Traditional Tribal Veterans Centers would be a focal point of the services provided for cases in the Courts and for continuing support after successful completion of the individual contract.

Legislative support through enabling legislation to permit inter-agency funding and establishment of the Centers and the Courts is essential. We believe that judicious use of existing funding and resources (such as physical structures currently unused and re-allocation of funds currently used for similar activities) pooled by participating agencies would prove in the long run to be highly cost effective.

In Closing

There are two more disturbing facts that we call upon the committee to find a way to address. AI/AN veterans are more likely to have on average a household income of less than 10,000 dollars compared to twice the amount for veterans in general. Nearly 60% of AI/AN veterans are unemployed compared to 55 percent of the general veteran population. These are shameful statistics and we call upon this Committee, this Congress and this Administration to find a way to ameliorate these statistics in this downturn economic and jobless climate. We believe that continuing to call attention to these facts, as unseemly as they may be, will at some point grab the attention of enough people to bring about change for the better for our respected warriors who stood guard at all costs for our freedom.

Mr. Chairman, Ranking Member, and Members of this Committee, the NCAI is grateful that you have conducted this hearing and recognized the needless difficulties native veterans face to obtain fair and just access to benefits and programs. They served their obligations willingly and are reluctant to speak out to seek the promises and benefits from their service to this country to which they are entitled. They deserve no less than these entitlements and the NCAI joins this Committee in working to find a solution to improve services delivery and other existing problems. Furthermore, the NCAI is appreciative of the agencies and tribal entities that have provided comments on these critical matters. Thank you for allowing this statement and we join you in honoring our commitment to our veterans.

PREPARED STATEMENT OF PAPA OLA LOKAHI NATIVE HAWAIIAN HEALTH BOARD

Welina. Chairman Akaka, Vice Chairman John Barrasso, and Members of the Senate Committee on Indian Affairs, thank you for this opportunity to submit testimony on this critical issue.

Papa Ola Lokahi is the Native Hawaiian Health Board that was established by the Native Hawaiian community in 1987 to plan and implement programs, coordinate projects and programs, define policy, and educate about and advocate for the improved health and wellbeing of Native Hawaiians, an Indigenous Peoples of the United States. These tasks were incorporated within US policy when the United States Congress established its policy in 1988 "to raise the health status of Native Hawaiians to the highest possible level and to provide existing Native Hawaiian health care programs with all the resources necessary to effectuate this policy (42 USC 122/Section 11702).

Native Hawaiians and Hawai'i nationals have served in the military services of the United States and participated in combat for this nation from its very beginning. I've attached for your review and the record a brief article from the Hawaiian Historical Society's Hawaiian Journal of History which provides a historical review of the distinguished record of Hawai'i's citizens in the Armed Forces of the United States. As a side note, a number of Native Hawaiians also have served in the armed forces of other countries including England and Canada during times of worldwide conflict.

*The article has been retained in Committee files*

Four years ago, POL initiated its Native Hawaiian Veterans Project under the direction of William Clayton Sam Park. He is a retired Command Master Sergeant with 3 years active duty in Vietnam and 21 years of service with the Hawaii Army National Guard. He is also retired from the DVA with 28 years of service and a disabled veteran.

POL's program facilitates the ability of Hawai'i's Native veterans (Native Hawaiians, American Indians, and Alaska Natives) to access programs through the local Veterans Affairs office. Hawai'i's involvement in both Iraq conflicts and the continuing effort in Afghanistan has greatly taxed not only regular Armed Forces units but also those of our National Guard. The health and wellness needs of these returning men and women as they leave the service continue to stress the VA system. To assist in addressing this need, POL under Mr. Park's direction, has established a national and Hawai'i statewide network of "Aunties" and "Uncles" who provide valuable information and "parental advice" to those veterans seeking help. "Hands on" assistance in completing all the necessary forms required for entry into the VA system is provided. And, through the statewide network of Native Hawaiian Health Care Systems (on all the major Hawaiian Islands), working with community health centers, the health care needs of Native veterans, including American Indians and Alaska Natives resident in Hawai'i, are being served either through needed primary care and/or referral services; but the need far exceeds the existing resources.

POL continues to look forward to developing a formal MOU with the VA; one similar to that currently in place between the VA and the Indian Health Service. At this point in time POL serves as the only federally-identified mechanism to specifically address the health of Native Hawaiians and, so, in that capacity, it serves a role similar to that of the Indian Health Service. POL, working with Ke Ola Mamo, the Native Hawaiian Health Care System serving the island of O'ahu, has facilitated a contract for primary care for American Indians and Alaska Natives resident in Hawai'i. An expanded MOU with the Indian Health Service for veterans is something POL would like to explore.

Over the past years, POL has made a number of recommendations addressing improved Native veterans' care in testimony before the Senate Committee on Veterans Affairs. We would like to bring forth these recommendations for joint consideration by the Senate Committee on Indian Affairs:

**1. Continue to enhance VA capacity to address health and wellness issues not only of the Native VA beneficiary but also those of the beneficiary's family;**

While addressing the Native VA beneficiary's health needs which is critical to the VA mission, there needs to be the ability within the VA also to address the resultant health issues and needs of the Native VA beneficiary's family. This is particularly true with those Native beneficiaries with TBI and/or PTSD. Without this ability, there is often a family breakdown and a less than satisfactory outcome for the Native VA beneficiary, the family, and the community.

**2. Develop VA capacity to contract with Native groups and organizations to provide outreach services to VA beneficiaries and their families;**

In Hawai'i, the VA has begun to reach out to rural communities, particularly on the neighbor islands, and provide needed services to VA beneficiaries living in these areas.

POL asks that the VA contract with Native Hawaiian and other appropriate groups and organizations to provide outreach services to Native VA beneficiaries and their families in these remote areas.

**3. Develop VA capacity to contract with Native Hawaiian Health Care Systems to provide Native VA beneficiaries and their families with primary care services in rural areas;**

For the same reasons noted previously, the VA simply does not have the capacity at this time to reach out into communities in these rural island areas where there are currently primary care service providers. It would make sense for the VA to contract for primary care services with these existing entities in these rural communities. In Hawai'i, there are 5 Native Hawaiian Health Care Systems which quickly link with 14 community health centers to provide primary care.

**4. Train VA service providers working with Native populations in history, cultural sensitivity, and cultural competency;**

Most VA service providers are not from the Native culture. POL has demonstrated from past efforts just how effective training VA service personnel in historical context and cultural sensitivity and competency can improve VA service provider and Native VA beneficiary understanding and compliance with good outcomes.

**5. Expand VA capacity to provide traditional Native healing practices and alternative and complementary healing practices to Native VA beneficiaries and their families;**

Native cultures have traditional healing practices such as lomilomi (Hawaiian massage), ho'oponopono (counseling), and la'au lapa'au (herbal medicine) in our Native Hawaiian culture. This includes traditional practices and protocols transitioning the 'warrior' back into civilian society. American Indian and Alaska Native veterans have similar ceremonies. All of these have demonstrated effectiveness for the Native VA beneficiary. The VA needs to support these traditional methods and practices. In addition, there are numerous alternative and complementary health care practices such as acupuncture, chiropractic, Chinese medicine, and naturopathy which may be of particular interest and therapeutic to Native VA beneficiaries. These, too, should be allowable and available.

**6. Support and develop specific work plans for each of the recommendations of the Advisory Committee on Minority Veterans' July 1, 2008 and July 1, 2009 reports;**

In 1994, legislation was passed which established the Advisory Committee on Minority Veterans. The work and recommendations of this committee need to be actively supported and implemented respectively. It is strongly recommended that a Native Hawaiian representative be added to the committee as soon as appropriate. In addition, Native Hawaiians look forward to participating with the federally-chartered National American Indian Veterans group and applaud the recently produced DVD entitled "Native American Veterans: Storytelling for Healing," which includes American Indian, Alaska Native, and Native Hawaiian veterans' stories produced by the Administration for Native Americans, US Department of Health and Human Services.

**7. Collect, analyze, and report data on Native VA beneficiaries and their families in accordance with 1997 OMB 15 revised standards, including disaggregating *Native Hawaiian* from *Other Pacific Islander* data;**

In 1997, OMB disaggregated the Asian Pacific Islander (API) identifier and established two distinct categories; Asian (A) and Native Hawaiian and Other Pacific Islander (NHOPI). The VA needs to incorporate this disaggregation within its reporting systems. Additionally, "Native Hawaiians" need to be distinctively identified apart from "Other Pacific Islanders" as Native Hawaiians have a unique relationship with the federal government similar to that of American Indians/Alaska Natives.

**8. Enhance the VA and HHS agencies' capacity to undertake research on ways to improve health and wellness outcomes for Native VA beneficiaries and their families.**

The VA's research budget has been limited over the past decade. The US Department of Health and Human Services has the major health research budget (NIH). Additional funds need to be allocated to research how better health outcomes can be accomplished for Native veterans and their families. This is particularly critical for those with TBI and PTSD. One area of critical importance is to investigate what the health and wellness issues are for returning Native men and women veterans from today's war zones. Many of these potential studies could and should be undertaken by Native health researchers themselves.

Thank you again Chairman Akaka, Vice chairman Barrasso, and Members of the Senate Committee on Indian Affairs for this opportunity to share with you POL's recommendations. POL especially wishes to express its gratitude and aloha to the Chairman, Senator Daniel K. Akaka, who has so well served Hawai'i, this nation, and all Native Peoples. Mahalo Nui Loa.

Our testimony concludes with an `olelo, a verse, in the Hawaiian language:

KE KAULANA PA`A `AINA ON NA ALI`I

Which is simply translated as "The famed landholders of the chiefs"... The meaning here is that the best warriors were awarded the best lands by our chiefs because of their bravery and service. That is why POL provides this testimony. POL simply wants the best health care possible for our warriors who have given so much and often sacrificed their own health for this nation's benefit.

PREPARED STATEMENT OF RICHARD ALLEN ADAME, SERGEANT FIRST CLASS, RETIRED U.S. ARMY, PRAIRIE BAND POTAWATOMI NATION VETERAN

## Summary

Native Americans have the highest rate of military service of any other ethnic group in the Nation. Nearly 16% of the Native American population aged 16 years and older are veterans. In March 2012, the Pentagon reported that 22,248 American Indian/Alaska Native service members are currently on active duty. The service and loyalty of American Indian people to the United States military was instrumental in the formation of this Nation and continues to be instrumental in ensuring the freedom of the United States and its citizens today.

Over the decades, many Native service members who were exempt from state income tax under federal law nonetheless had state income tax withheld from their military pay checks. This is because until 2001, the United States military improperly withheld state income tax from the paychecks of Native service members who were exempt from state income tax. These particular Native service members were exempt from federal income tax on their military pay because their domiciles were located within their respective tribal reservations. The result is that hundreds, if not thousands, of Native service members and veterans, possibly including heroes such as Medal of Honor recipients and Code Talkers, did not receive the full pay to which they were entitled for their committed service. Under current law these Native service members have little if no ability to recover the money that is owed to them.

Honoring the dedication of Native service members and upholding the trust responsibility to Indian country serve as both moral and legal reasons for the United Sates Congress to restore pay to eligible Native service members who were improperly taxed. I respectfully make a plea to the Senate Committee on Indian Affairs to investigate the issue of improper state taxation of Native service members and veterans who were exempt from state income tax. Furthermore, I ask the Committee to seek redress for restoring the improperly withheld pay to eligible Native service members and veterans.

## Restoring Pay to Native American Veterans

The deduction of state income tax from the pay of Native service members who claimed their reservation homes as their residence has been prohibited by federal law since at least 1940, when the *Soldiers and Sailors' Civil Relief Act* (SSCRA) came into effect. Section 514 of SSCRA in essence provides that a military service member is subject to income tax in the state of his domicile and that his military income may not be taxed by states in which he is not domiciled if his presence in that state is due to military orders or stationing. The aim of Section 514 is to prevent multiple state taxation of a service member's military income when he is assigned to serve his military duties within various taxing jurisdictions.

The *Soldiers' and Sailors' Civil Relief Act*, construed in light of general principles of federal Indian law, prohibits States from taxing the military compensation of Native American service members who are residents or domiciliaries of tribal reservations, and who are absent from those reservations by virtue of their military service. Despite federal law to the contrary, the Department of Defense and its predecessors improperly withheld state income tax from the paychecks of state-tax-exempt Native service members for decades. The Department of Defense

stopped this improper practice in 2001 in response to the Department of Justice's issuance of a memorandum opinion for the General Counsel of the Department of Defense.

In the 2000 memorandum opinion, the Department of Justice concluded that the SSCRA, especially when read in light of general principles of federal Indian law, preempts any authority a State containing a Native American's tribal residence may otherwise have to tax that Native American's military income. The Department of Defense agreed with Justice's conclusion, and halted the improper withholding of state income tax from Native service members domiciled within their tribal reservations.

In July 2002, the Department of Defense implemented a new form – Form DD 2058-2 Native American State Income Tax Withholding Exemption Certificate. This is the first effort to my knowledge that the Department made to attempt to ensure that eligible Native service members did not have state income tax withheld from their pay. During my twenty years of service in the United States Army, I was never made aware of any paperwork or other way to prevent state income tax from being withheld from my military pay. The purpose of Form DD 2058-2 is to enable a Native service member to stop state income tax withholding from his military compensation. The information submitted by the Native service member on the Form becomes a permanent part of the active duty pay system of the service concerned. This is a tremendous step in the right direction for ensuring that eligible Native service members do not have state income tax withheld from their military pay.

However, even though the Department of Defense recognizes that its former state income tax withholding practices were improper, its new and proper practices do not apply retroactively. This means that Native service members and veterans from the World War II era to the early twenty-first century who were exempt from state income tax but from whose military pay state income taxes nonetheless were improperly withheld have virtually no way to recoup the moneys they are owed. The statute of limitations for refunds of state income tax is very short in most states. These statutes of limitations typically run for only two years from the tax year for which a refund is due. Because the statute of limitations for state income tax refunds for moneys improperly withheld from the military pay of state-tax-exempt Native service members and veterans prior to 2001 has already run, these individuals are unable to seek recoupment of the improperly withheld monies directly from the states. Furthermore, because the state income tax withholdings were improper in the first place, requiring Native service members and veterans to seek remuneration through the state refund process does not seem appropriate.

In 2004, Rep. Tom Udall sought to restore the improperly withheld funds to eligible Native veterans at the federal level. He introduced H.R. 5275, which outlined a proposed "American Indian Veterans Pay Restoration Act of 2004". The Bill sought to provide for the restitution to eligible Native veterans of amounts of state income tax improperly withheld from military basic pay during the periods those Native veterans were in active service and were domiciled in Indian country. Rep. Udall's Bill set forth the definition of "qualifying Indian veterans", allowed widows and survivors of such veterans to seek recoupment of the improperly withheld funds, along with interest, and created an application process by which qualifying Indian veterans or their survivors could seek repayment. The Bill also authorized an appropriation of $5,000,000 from which such payments were to be made. When repayments of wrongfully withheld state

income taxes were made to the qualifying Indian veteran or survivor, the Bill authorized the United States to seek recovery from the state that received the improperly withheld taxes. Much to the disappointment of the Native veterans to whom the Bill sought to restore justice, Rep. Udall abandoned the Bill for lack of support.

Without federal action, affected Native service members and veterans must deal directly with the states that received the improperly withheld state income tax from their military pay. This is a monumental task, especially in light of the strict statute of limitations on state income tax refunds and the lack of a more appropriate remuneration procedure. Without federal direction, it is unlikely that the several states will hearken to the requests for repayment of the improperly withheld state income tax amounts.

The one exception, however, is the State of New Mexico. New Mexico stands as an exemplar of how justice can be restored to Native service members and veterans who were improperly taxed by the State. In 2010, the New Mexico Department of Veterans' Services (NMDVS), the New Mexico Department of Taxation and Revenue department and the New Mexico Department of Indian Affairs teamed up to launch the "Native American Veterans' Income Tax Settlement Fund". This fund was created by the State of New Mexico to address the issue that state income tax may have been withheld from the paychecks of Native American soldiers while they were on active duty and legally domiciled on tribal land. Under New Mexico's Tax Settlement Fund program, Native American Veterans can submit an application and supporting documentation to recoup New Mexico state taxes wrongfully withheld from their military pay.

The Native service members and veterans affected by the Department of Defense's improper withholding of state income tax from their military pay need the help of the Senate Committee on Indian Affairs. Possible solutions include supporting and seeing the enactment of federal legislation similar to that introduced by Rep. Udall in 2004 in H.R. 5275. Federal legislation requiring and offering incentives to the several states to develop a settlement fund similar to that implemented by the State of New Mexico is another possible option.

I am aware that the United States Congress has a recent history of intervening on behalf of service members whose rights have been wronged. In 2009, after a battle of nearly 63 years, Congress compensated Filipino World War II veterans and their survivors for money promised to those veterans in 1942 but that was never paid to them. This compensation, in the words of Sen. Inouye, was necessary because "...the honor of the United States is what is involved." I am also aware that as recently as 2011, the United States has stepped in to stop the wrongful foreclosures on the homes of active duty service members. I am trusting the Senate Committee on Indian Affairs to intervene on behalf of Native service members and veterans and to spearhead federal efforts to restore the honor of the United States with regard to the state income taxes improperly withheld by the Department of Defense from the pay of state-tax-exempt Native service members and veterans

On behalf of the courageous and dedicated Native service members and veterans who were improperly subjected to state income tax withholdings and who have no way to seek restoration of these funds, I heartily and respectfully ask the Senate Committee on Indian Affairs to work to restore this pay to eligible Native service members and veterans. The trust relationship obligates

the United States to protect the rights of American Indians. The United States Supreme Court has acknowledged that the United States' trust obligations entail legal duties, moral obligations, and the fulfillment of understandings and expectations that have arisen over the entire course of the relationship between the United States and the federally recognized tribes. I respectfully submit that the United States' trust obligations impose both a legal duty and a moral obligation upon the United States to restore the wrongfully withheld pay to the scores of Native service members and veterans who have so faithfully served the United States.

Thank you for hearing the concerns I bring forth on behalf of this Country's Native heroes.

Respectfully submitted,

*Richard Allen Adams*, Sergeant First Class (retired U.S. Army)

The following documents have been retained in Committee files:

- Memorandum Opinion for the General Counsel, Department of Defense, *State Taxation of Income of Certain Native American Armed Forces Members*, November 22, 2000.
- DD Form 2058-22, *Native American State Income Tax Withholding Exemption Certificate*, July 2002.
- H.R. 5275, 108th Congress 2d Session, *A Bill to provide for the remittance to certain Indian veterans of amounts withheld from military basic pay for State income tax purposes for periods of time those veterans were in active service and were domiciled in Indian country*, October 7, 2004.

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RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. DANIEL K. AKAKA TO STEPHANIE BIRDWELL

*Question 1.* The 2010 MOU built upon and seeks to improve the 2003 MOU. Will the VA/IHS MOU need to be updated every few years to best serve Native veterans?

Answer. The VA/IHS MOU will need to be updated every two to three years. The Joint Implementation Task Force is charged with this duty and ensures the update will take place. The MOU provides the foundation of understanding between IHS and VA which defines purpose, priorities and specific areas of focus for working together to improve, access, quality of care, collaborations, sharing of resources and programs to serve American Indian/Alaska Native (AI/AN) Veterans. As accomplishments are documented and progress improves, changes and adjustments will be made to keep up with the needs of the population served.

*Question 2.* Can you please discuss the importance of having accurate data to properly serve Native veterans? Are there areas where you can improve data collection and analysis to better serve Native veterans?

Answer. It is important to maintain up-to-date and accurate data to properly serve Native Veterans and meet their needs. The Office of Rural Health (ORH) collects data from all Veterans Integrated Service Networks twice a year and maintains an inventory of programs, activities, and projects. ORH coordinates MOU workgroup activities, attends their meetings, and obtains quarterly status updates and reports of accomplishments from the workgroup leaders. Also, ORH tracks the numbers and types of sharing agreements that advance the goals ofand objectives of the MOU between VA and IHS and between VA and Tribes. Sharing agreements are developed at local health care facilities continuously through the year. A list of the agreements is reported to ORH twice a year to track and trend progress in meeting MOU goals and objectives. Information communicated to VA leadership is utilized to support activities and improve Native Veteran care and services.

*Question 3.* In your testimony, you discussed the updated VA/IHS MOU. Are there mechanisms in place to measure the effectiveness the MOU has had and will have in the future?

Answer. The MOU Metrics Report is used to measure the effectiveness of the MOU. At the present time, three metrics have been defined to monitor performance progress and success across all MOU workgroups. The three distinct metrics are: (1) The number and types of programs developed between VA and IHS and between VA and Tribes, (2) The number and types of outreach activities provided to help and impact AI/AN Veterans, their families, caregivers and communities, and (3) the number and types of sharing agreements developed between VA and IHS and between VA and tribes. This data will be reported annually. The first report will be completed by August 31, 2012 and will be reported to the Senate Appropriations Committee, target date September 30, 2012.

*Question 4.* In March 2012, Secretary Shinseki assured me that he would look into ways to work with Native Hawaiian health care systems and Native American Veterans systems to provide services to Native Hawaiian Veterans who live in rural parts of Hawaii. To your knowledge, has any progress been made on this effort?

Answer. The VA Pacific Islands Health Care System (VAPIHCS) has approximately 45,000 Veterans enrolled throughout our 4.5 million square mile Pacific Ocean area of responsibility, including Hawaii (Oahu, Maui, Kauai, Big Island, Molokai and Lanai), American Samoa, Guam and the Commonwealth of the Northern Mariana Islands (CNMI—Saipan, Tinian and Rota). These 45,000 enrollees are made up of people from many cultures, including Native Hawaiian, other Polynesian, Asian and European based cultures.

In addressing the health care needs of all Veterans in the Pacific, VAPIHCS has put forth an effort to establish new and close working relationships with the Federally Qualified Health Centers (FQHCs) on Maui, Kauai, Big Island, Molokai and Lanai. These FQHCs, while close in proximity to our existing Community Based Outpatient Clinics, offer a variety of health care services to native Hawaiians including native Hawaiian Veterans.

We have a well established relationship, over many years, with the leadership of Papa Ola Lokahi, a consortium of providers that make up the Native Hawaiian Health Care (NHHC) Clinic System, throughout Hawaii.

We have an initiative in place with the NHHC System for VA to actively enroll Native Hawaii Veterans into VAPIHCS.

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RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. JOHN BARRASSO TO STEPHANIE BIRDWELL

*Question 1.* In 2010, the Indian Health Service and the Department of Veterans Affairs established a Memorandum of Understanding outlining a plan for coordination, collaboration, and resource sharing. However a prior interagency agreement for the same purposes has been in existence since 2003. Tribes have contended that no action has been taken by the Indian Health Service and the Department of Veteran Affairs to improve services, despite the existence of these two agreements. How will the 2010 Memorandum of Understanding be implemented more effectively than the prior agreement?

Answer. VA/IHS workgroups have been established to accomplish the work of the MOU. These workgroups include: Services and Benefits, Coordination of Care, Health Information Technology, New Technologies, System Level Agreements, Payment and Reimbursement, Sharing of Care Processes and Services, Cultural Competency Awareness, Training and Recruitment, Emergency and Disaster, and Oversight. Each of these workgroups has a defined purpose, goals, objectives and action plans. These workgroups are proactively meeting to discuss their purpose, goals, objectives and action plans and ways to enhance them. Each workgroup has defined membership and leaders. They meet regularly and their accomplishments are tracked and reported quarterly to the MOU Oversight Workgroup. This information is used to improve care and services for Native Veterans.

*Question 2.* The 2010 Caregiver and Veterans Omnibus Health Services Act allows, in certain circumstances, electronic transfers of health records of Indian Veterans between Indian Health Services and VA. This Act was intended, in part, to provide seamless health care services to these Veterans. What is the status on the implementation of this Act?

Answer. Section 303 of Public Law (P.L.) 111–163 (Caregivers and Veterans Omnibus Health Services Act of 2010) permits VA to carry out demonstration projects to examine the feasibility and advisability of alternatives to expand care for Veterans in rural areas. The demonstration projects could include (1) a partnership between VA and the Centers for Medicare and Medicaid Services of the Department of Health and Human Services (HHS) at critical access hospitals to coordinate care for rural Veterans, (2) a partnership between VA and HHS at community health

centers to coordinate care for rural Veterans, or (3) expanding coordination with IHS to expand care for American Indian and Alaska Native (AI/AN) Veterans. VA would be required to ensure that the demonstration projects are carried out at facilities that are geographically distributed throughout the United States. VA is required to submit a report to Congress, no later than 2 years after enactment, on the results of the implemented demonstration projects.

VA has not implemented any new demonstration projects under this discretionary authority. However, there are considerable efforts underway to improve rural health care under other authority that builds on existing agreements with HHS and IHS. For example, VA and IHS have established a task force to explore using existing authorities to expand coordination between the two agencies. In addition, VA's Office of Rural Health (ORH) currently supports a number of projects already that involve expanded access and collaborations with other parties, including HHS and IHS. ORH activities include funding for Community Based Outpatient Clinics; enhancing primary care for women Veterans in rural areas; expansion of tele-health services including tele-renal, tele-psychiatry, tele-dermatology, tele-mental health, tele-rehabilitation, tele-amputee, tele-pharmacy, tele-PolyGram and tele-radiology; expansion of Home-Based Primary Care (HBPC); expansion of Outreach Clinics; services to homeless Veterans and expansion of mental health services. ORH also funds the pilot program required by section 403 of P.L. 110–387, the Veterans' Mental Health and Other Care Improvements Act of 2008, Project ARCH, or Access Received Closer to Home, under which covered health services are provided to covered Veterans through qualifying non-VA health care providers. Additionally, the Veterans Rural Health Resource Centers (VRHRC) are developing local partnerships and innovative programs to address the needs of Veterans in rural and highly rural areas. Veterans Integrated Service Networks are also sponsoring a number of efforts to increase access for Veterans in these areas. VA advised the House and Senate Veterans' Affairs Committees of the decision not to develop any new demonstration projects under section 303 on May 17, 2012.

*Question 3.* A 2010 Department of Labor report, mandated by the Veterans Benefits Improvement Act of 2008, found that Native American Veterans living on tribal lands were often unaware of employment programs available to them. In addition to finding that increased awareness of these programs is needed within Native American communities, the report also found that increased collaboration is needed between the several Federal agencies (Department of the Interior, Department of Labor, and Department of Veterans Affairs) that maintain employment services programs serving Native American Veterans. Among other things, the report recommends consolidating these programs, at least to some extent, by creating "one-stop Veterans helps shops" on Indian reservations. What is your agency doing to address the issues highlighted in this report?

Answer. In an effort to ensure that Native American Indians, particularly those living on Indian reservations and in rural areas, are aware of services provided by VA's Vocational Rehabilitation and Employment (VR&E) benefits, VR&E Service has taken the following steps:

- Collaborate with other offices within VA, such as the Center for Minority Veterans, Benefits Assistance Service, the Office of Tribal Governmental Relations (OTGR), and ORH to promote outreach efforts specifically targeted to Native Americans;
- Attended the first Eastern Region Summit sponsored by OTGR to provide information on VR&E services and build stronger relationships with stakeholders to better serve Veterans and their families;
- Presented information on VR&E benefits and services during the 2012 Consortia of Administrators for Native American Rehabilitation (CANAR) Mid-Year Conference, which was held June 17–20, 2012;
- Presented at the following Native American events:
  —VA Alaska Tribal Consultation, May 25, 2012
  —Lincoln Consultation, June 17, 2012; and
- Developed a Memorandum of Understanding between VR&E and the Alaska Consortium of Tribal Vocational Rehabilitation.

*Question 4.* What is the status on implementing the recommendations in this report, including collaborating with the other Federal agencies to create "one-stop Veterans help shops" on Indian reservations? If these recommendations are not currently being implemented, please explain why.

Answer. The Department of Labor (DOL) is responsible for establishing "One-Stop Career Centers," including new locations on Indian reservations. VA collaborates

with DOL to ensure the "One-Stop Career Centers" are publicized on VR&E's VetSuccess.gov transition and employment Web site as well as VA's eBenefits Web site. VR&E Service will also ensure that information regarding "One-Stop Career Centers" is provided during outreach events with Native American Veterans.

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RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. DANIEL K. AKAKA TO CHERYL A. CAUSLEY

*Question 1.* Last Congress, we enacted the Indian Veterans Housing Opportunity Act to ensure that amounts received by Indian veterans for disabilities resulting from military service would not be included in calculating family income for housing purposes. Are there other barriers Congress can remove to allow greater housing opportunities for Native veterans?

Answer. Indian Country is enormously grateful to this Committee for showing your full support and championing the passage of the Indian Veterans Housing Opportunity Act of 2010. This law ensures that Indian veterans who receive federal disability and survivor benefits are not denied support under NAHASDA. The passage of this legislation demonstrates that when Congress and Tribes work together we can find tangible solutions that will help our Native Veterans.

As you may recall, this law ensures that Indian veterans who receive federal disability and survivor benefits are not denied support under NAHASDA. This is good, but it only applies to NAHASDA. We understand that similar legislation needs to be passed so that Native veterans and their families are eligible to receive housing services from the BIA's Housing Improvement Program (HIP). NAIHC is researching the issue, but we believe that neither Indian veterans nor their families should be denied services through the BIA–HIP because the veteran or family is receiving federal disability or survivor benefits.

*Question 2.* In your testimony, you cited housing data related to Native Veterans only in certain states. Is there a need for more comprehensive data related to the housing needs of Native veterans?

Answer. There is little to no housing information or housing data available on Native veterans and there is no funding available to collect that housing information or data. Indian Country is in dire need of accurate and reflective data to help us build a solid case for support, but to also help tribal communities in prioritizing and planning housing projects for Native veterans.

However, there are solutions to this problem. First, provide funding to tribes and tribal housing programs to collect information on Native veterans. Second, build training and technical assistance programs so tribes have the tools necessary to build an appropriate database on the scope and needs of Native veterans. Third, develop partnerships and collaborations among various agencies at the local, regional and national level to share information and data. For example: at the local level, the tribal veterans affairs office, local veterans organizations and tribal housing authorities can come together to share information and data on Veterans in their community—often these offices and programs are separate; and at the national level, the federal agencies need to build interagency working groups to collaborate services for Native veterans. The Department of Veterans Affairs and HUD should have joint agreements to share information and data, and create initiatives to fund and support tribes in this effort.

*Question 3.* Ten years ago, the GAO released a report identifying barriers for Native American veterans seeking to use the Native American Veterans Direct Home Loan Program. To your knowledge, have those barriers been removed and are Native American veterans utilizing the program at a greater rate?

Answer. The VA Direct Home Loan Program has the potential to be an important tool for housing development in Indian Country. The program has, however, been underutilized as noted in the August 2002 GAO report on Native American Housing.

Barriers that remain are as follows:

- Insufficient income or credit history to qualify Native Veterans for the direct loan.
- Lack of infrastructure on tribal land, especially in more remote reservation locations, and land availability for those tribes that have insufficient "buildable" land.
- Difficulty in securing a clear title for home site leasing purposes on tribal land.

There have been notable improvements. The loan limits have increased to $417,000—when the 2002 GAO report was issued, the maximum loan was $80,000. Also, the Department of Veterans Affairs is making a concerted effort to get infor-

mation about the Direct Loan Program to tribes, tribal housing entities, and tribal members. I was pleased to see that Ms. Stephanie Birdwell, the VA's Director of Tribal Government Relations, appeared before the Committee to testify on behalf of the VA. Stephanie has worked with NAIHC and the National Congress for Americans Indians to make sure that VA Direct Loan Program training sessions take place during our annual meetings. She has also worked diligently with other national Indian organizations to ensure that the VA's tribal programs are available and that needed technical assistance is conducted to ensure access to the VA programs.

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RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. JOHN BARRASSO TO CHERYL A. CAUSLEY

*Question 1.* In 2002, the Government Accountability Office released a report identifying several issues affecting the use of the Native American Veterans Direct Home Loan Program. These issues included, among others, land fractionation-where multiple interests in a tract of land make mortgaging difficult, if not impossible. In addition, a 2006 report by the Department of Veterans Affairs found that Native American veterans are less likely to own their own homes than veterans in general. Do you think there has been improvement in addressing any of these problems identified in either report?

Answer. As has been stated in our response to Chairman Akaka's questions, there has been an improvement in the way the Department of Veterans Affairs administers the Native American Direct Loan program, especially the increase in the loan limits, and in VA's notable outreach to tribes and tribal organizations. However, Federal agencies could greatly improve access to housing programs with better coordination and communication among themselves. There are multiple Federal programs for housing assistance. A February 2012 General Accountability Office (GAO) report identified 51 areas where programs could be more effective in providing housing services , including the areas of affordable housing (low income), green building, and housing counseling programs. Tribes and their housing departments are keenly aware that some programs within HUD, USDA, and the Veterans Administration often serve the same purposes yet rarely coordinate their programs or administrative requirements.

*Question 1a.* How should the issues identified in these reports be addressed?

Answer. There are two primary areas that need to be considered when addressing the issues identified in these reports. The first is the need for data and the second is the need for infrastructure development in tribal areas.

Tribes need guidance on the nature of the data required by Congress and the Administration. Tribes consistently hear the refrain, "you need to give us more data!" However, tribes rarely receive guidance on what kinds of data are actually useful to policy makers and Administration officials. In the absence of such guidance, there is no consistency to the data that is collected and reported across the country. Meaningful data must be focused and consistent across the board, and data should center on building a robust, reliable, and representative quantification of the tribal housing conditions and needs. It is noteworthy that twenty years ago the final report of the National Commission on American Indian, Alaska Native and Native Hawaiian Housing, the Commission explained that, "Various agencies have presented testimony establishing the current housing needs for Native Americans at somewhere near 100,000 units of new housing. Almost no specific information exists that would profile, tribe by tribe, the typical family waiting for assistance." We now estimate that there are 250,000 units needed in Indian Country, and still, the Federal government has not found nor identified a means by which to provide this information.

Sound physical infrastructure is vital for housing to be an engine of economic development. Challenges to physical infrastructure development include access to capital and financing, conflicting statutory and regulatory provisions, and a need for comprehensive planning. HUD does not collect grantees' infrastructure plans nor does it measure their investments in infrastructure for affordable homes funded by the Indian Housing Block Grant program (See GAO Report February 2010). There is an acute need for sanitation-related infrastructure for Indian housing in general, and the GAO survey indicated a significant need for sanitation infrastructure for HUD assisted housing. Nothing in Indian County compares to the tax base available to municipal, county, and State governments. There are limited examples of tribes and tribal communities developing a revenue stream through taxation and providing basic community development and infrastructure. Bonding and other methods to raise capital are desperately needed for infrastructure development.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. DANIEL K. AKAKA TO RANDY GRINNELL

*Question 1.* Your testimony covers many areas in which the IHS and VA collaborate and coordinate services. For a Native veteran seeking healthcare services, is there a one-stop shop available at IHS?

Answer. If an American Indian or Alaska Native (AI/AN) Veteran is eligible for IHS, they can go to the nearest IHS facility for healthcare services. If their need for services exceeds local capacity, referral to the VA or private sector may be required.

*Question 2.* Will the VA/IHS MOU need to be updated every few years to best serve Native veterans?

Answer. The 2010 MOU provides a framework for a broad range of IHS–VA collaborations which is national in scope, with implementation requiring local adaptation. As new opportunities present themselves, updates to the existing MOU may be appropriate. The VA/IHS MOU will also be reviewed on an annual basis by both agencies.

*Question 3.* Can you please discuss the importance of having accurate data to properly serve Native veterans? Are there areas where you can improve data collection and analysis to better serve Native veterans?

Answer. Accurate data is important to properly serve Native Veterans. Many AI/AN Veterans are eligible for health care services from both the Veterans Health Administration (VHA) and the Indian Health Service (IHS). Having accurate data helps IHS and VHA provide quality healthcare services that are comprehensive, coordinated and continuous. Exchanging data with the VA will improve data accuracy and therefore services to AI/AN Veterans. For example, IHS meets regularly with VA and DOD in planning for the Integrated Electronic Health Record (iEHR); VA, DOD, and IHS staffs are designing the EHR interface and care management functions. These activities will result in the ability of IHS and VA to share medical records with appropriate privacy protections and better coordinate care for American Indians and Alaska Native Veterans that receive care in both health care systems.

*Question 4.* Are there mechanisms in place to measure the effectiveness the MOU has had and will have in the future?

Answer. The IHS/VA MOU sets forth five mutual goals for serving AI/AN Veterans. These goals include: (1) increasing access to and improving the quality of health care and services offered to Native Veterans by both agencies; (2) promoting patient-centered collaboration and facilitating communication among VA, IHS, AI/AN Veterans, Tribal and Urban Indian Health Programs; (3) establishing, in consultation with Tribes, effective partnerships and sharing agreements in support of AI/AN Veterans; (4) ensuring appropriate resources are identified and available to support programs for AI/AN Veterans; and (5) improving health promotion and disease prevention services to AI/AN Veterans to address community-based wellness. VA and IHS staff are working together to support these goals and have established action items and target dates for deliverables. Where appropriate, VA and IHS staff also document outreach activities resulting from the MOU partnerships and the number of AI/AN Veterans impacted by such activities. IHS Senior leaders are required in their performance evaluations to describe measurable activities and accomplishments that promote implementation of the VA–IHS MOU each year.

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RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. JOHN BARRASSO TO RANDY GRINNELL

*Question 1.* In 2010, the Indian Health Service and the Department of Veterans Affairs established a Memorandum of Understanding outlining a plan for coordination, collaboration, and resource sharing. However, a prior interagency agreement for the same purposes has been in existence since 2003. Tribes have contended that no action has been taken by your agency to improve services despite the existence of these two agreements. How will the 2010 Memorandum of Understanding be implemented more effectively that the prior agreement?

Answer. The IHS/VA MOU sets forth five mutual goals for serving AI/AN Veterans, as outlined above. To further these goals, IHS and VA staff actively collaborate and coordinate activities targeted at the twelve strategic objectives. These strategic objectives include: (1) to increase access to services and benefits of IHS and VA; (2) to improve coordination of care, including co-management, for AI/AN Veterans served by both IHS, Tribal, or Urban Indian health programs and VA; (3) to improve care through the development of health information technology; (4) to en-

hance access through the development and implementation of new modules of care using new technologies; (5) to improve efficiency and effectiveness of both VA and IHS at a system level; (6) to increase availability of services, in accordance with law, by the development of payment and reimbursement policies and mechanisms; (7) to improve the delivery of care through active sharing of care process, programs, and services; (8) to increase cultural awareness and culturally competent care for VA and IHS beneficiaries; (9) to increase capability and improve quality through training and workforce development; (10) to increase access to care through sharing of staff and enhanced recruitment and retention of professional staff; (11) to address emergency, disaster, and pandemic preparedness and response; and (12) to accomplish the broad and ambitious goals of this agreement through the development of a joint implementation taskforce. Following the release of the MOU in November, 2010, the IHS Director instructed each of the IHS Area Directors to meet with their regional VA counterparts on how to better coordinate services between IHS and the VA under the MOU in their respective regions and their progress is measured in their annual performance evaluations.

*Question 2.* The 2010 *Caregiver and Veterans Omnibus Health Services Act* allows, in certain circumstances, electronic transfers of health records of Indian Veterans between Indian Health Service and the Department of Veterans Affairs with appropriate privacy protections. This Act was intended, in part, to provide seamless health care services to these Veterans. What is the status on the implementation of this Act?

Answer. Since the VA–IHS 2010 MOU, VA and IHS staff have been working on twelve strategic objectives to improve AI/AN Veteran's health services and care. Strategic objectives 3 and 4 highlight efforts to improve health care services:

Strategic Objective 3: Health Information Technology
Purpose: Development of Health Information Technology
Major Tasks: Share technology; interoperability of systems; develop processes to share information on development of applications and technologies; and develop standard language for inclusion in sharing agreements to support this collaboration.

Accomplishments:

- Consultation on EHR Certification and Meaningful Use: the agencies continue to actively consult on EHR Certification and Meaningful Use requirements.
- ICD–10 Development and Implementation: staff have met to design system changes to VistA and Resource & Patient Management System (RPMS) in preparation for transition to ICD–10.
- Bar Code Medication Administration: staff have met to define scope, support agreement, and needs to leverage VA experience with Bar Code Medication Administration in support of potential use in IHS and Tribal hospitals.
- VA–DOD EHR: IHS meets regularly with VA and DOD in planning for the Integrated Electronic Health Record (iEHR); VA, DOD, and IHS staffs are designing the EHR interface and care management functions. These activities will result in the ability of IHS and VA to share medical records with appropriate privacy protections and better coordinate care for American Indians and Alaska Native Veterans that receive care in both health care systems.
- Both agencies will be participating in health information exchange through the Nationwide Health Information Network (NwHIN). NwHIN is a group of federal agencies and private organizations that have come together to securely exchange electronic health information. NwHIN "onboarding" (process to join the Exchange) is underway in IHS and should be complete for all federal facilities by the summer of 2013. Through NwHIN Connect, IHS and Tribal providers will be able to download ("pull") summary of care documents for any VA patient (or, for that matter, any patient whose private sector provider participates in Health Information Exchange (HIE)), and vice versa. Also, as part of Meaningful Use, IHS will be adopting the Direct Exchange protocols, which will allow IHS providers to deliver patient records to any trusted entity such as a VA hospital or provider. This solution is scheduled for implementation in 2014.

Strategic Area 4: Implementation of New Technologies
Purpose: Development and implementation of new models of care using new technologies.
Major Tasks: Tele-health services; mobile communication technologies; enhanced telecommunications infrastructure; share training programs to support these models of care; and share knowledge gained from testing new models.

Accomplishments:

- Completed best practices for providing telepsychiatry services to AI/AN Veterans.
- Established videoconferencing connectivity between Prescott VA and the IHS Chinle facility to implement telemedicine services, connection made Aug. 2011.
- Coordination of network-to-network connectivity for videoconferencing with Work Group 3—Health Information Technology.
- Explored mVET program (a VA program that targets prevention of acute crises which lead to death among homeless Veterans) within the context of the MOU collaborative (Work Group 4—to enhance access through the development and implementation of new models of care using new technologies), to provide homeless vets with a smart phone with "life-line" apps.