

Hon. Johnny Isakson, Chairman
Hon. Jon Tester, Ranking Member
Senate Committee on Veterans' Affairs
Russell Senate Office Building
Room 412
Washington, DC 20510-6050

Re: Comments on S.785

Dear Chairman Isakson and Ranking Member Tester:

The Veterans & Military Law Section (V&MLS) of the Federal Bar Association respectfully submits the following comments for the record on this important legislation addressing the improvement of mental health care provided by the Department of Veterans Affairs (VA). V&MLS asks the Senate Committee on Veterans' Affairs to review and then respond to our carefully crafted recommendations to improve and enhance S.785, a bill V&MLS strongly supports.

For several years, V&MLS has brought our concerns to Congress regarding the diminished availability of VA programs, benefits, and health care to Native American veterans, particularly those located on or near tribal lands in rural areas. We are pleased to see the inclusion of Native American veterans in S.785.

V&MLS recommends the inclusion of Native Americans should be specific in several provisions of the legislation. This is of paramount importance because veteran suicide in Indian Country is largely unidentified. V&MLS understands that VA keeps no record of Native American veteran suicides. As a result, this vital information is not included in VA's national statistics. We believe that tracking mental health care and suicide among Native American veterans, including for those with other than honorable discharges is crucial, as they appear to be more prevalent among Native American veterans.

We also believe that it is essential for VA to do much more than VA currently does to provide prompt access as well as to furnish culturally competent health and mental health care to this underserved segment of the veteran community. Thus, V&MLS recommends the following changes to the bill, as shown in *italics*:

Comments for Titles I - IV:

Title I, Sec. 104 (c)(iv) (Add: "*including identified tribal reservations;*")

Title II, Sec. 1720J (b)(4) (Add: "*(v) to coordinate and tailor culturally competent mental health needs of Native American veterans.*")

Title II, Sec. 204 (a) (Add a provision that requires the development, in partnership with Indian Health Service, Tribal Health Systems and Bureau of Indian Affairs metrics for identifying and tracking Native American veteran suicide on tribal lands.)

Title II, Sec. 205 (b) [Re-number (5) as (6) and insert (5) *Traditional Native American healing.*]

Title II, Sec. 206 (c)(2) [Add: “(3)or has received health care through IHS or a Tribal Health System (THS) during the two year period preceding the initial participation of the veteran in the program”]

Title III Sec. 301 (b) [Add: “(3) or has received health care from IHS, a THS during the two-year period preceding the initial participation of the veteran in the program]

Title III Sec. 304 (b)(1) [Add: “(E) Ethnic gender-specific risk factors for suicide and suicide ideation; (F) Ethnic gender-specific treatment efficacy for depression and suicide prevention; (G) Gender-specific efficacy of Native American traditional healing when provided for Native American veterans

Title III Sec. 304 (b)(2)(A) [Re-number (x) as (xi) and insert: (x) *Traditional Healing for Native American veterans.*]

Title IV Sec. 401 (b)(2) [Add: to (A): “...including Native American tribal lands.”]

Title IV Sec. 405 (b) (1) (Add: “and culturally competent tradition-based mental health care.”)

Title IV Sec. 405 (b)(2)(D) (Add: “and culturally competent tradition-based mental health care.”) with conforming additions to (D)(i) and (ii). Include as well the addition of “culturally competent tradition-based” to (E) - (G).

Title IV Sec. 406 (a)(2)(B)(iv) (Add: “...including those of Native American service members.”) with conforming addition to (a)(2)(C)(iv).

Title IV Sec. 406 (a)(2)(E) (Add: “including Native Americans.”)

Comments for Title V:

V&MLS believes the single greatest barrier to mental health care for Native American veterans is the nearly total lack of mental health professionals capable of delivering culturally competent mental health care on or near tribal lands. According to VA data, there are only 12 Native American psychologists employed by VA. V&MLS was unable to obtain data on the number of psychiatrists employed by VA. The majority of Native Americans, veterans or not, often seek care from traditional healers. However, VA medical providers and claims adjudicators do not recognize traditional care. It is critical to this population of veterans that VA actively recruit

Native American mental health providers at all levels of licensure and recognize traditional healers and healing for both treatment and disability claim decisions

Title V Sec. 502 (a). (Add: "... a plan to address staffing shortages of psychiatrists and psychologists, *including Native American psychologists and psychiatrists ...*)

Title V Sec. 504 (a)(2)(B) (Add: "*to include Native American women*")

Title V Sec. 504 (a)(2)(C) (Add: "The number and proportion of women peer specialists to *include Native American women peer specialists...*")

Title V Sec. 504 (c)(1) (Add: "...to hire additional qualified peer specialists who are women, to *include Native American women...*")

Sec. 7699 (a) (Add: "In General-An individual, *including a Native American...*")

Title V Sec. 506 (b)(1) (Add: "...other services provided at Vet Centers, *including those located on or mobile to tribal lands...*")

Title V Sec. 506(b)(2) (Add: "...for how outreach efforts can be improved, *including such efforts on tribal lands.*")

Title V Sec. 506(b)(7) (Add: "...how better to reach those family members, *including those on tribal lands.*")

Title V Sec. 507:

The reporting requirements on Readjustment Counseling Services (RCS) should include requirements for detailed accounts of efforts made to bring RCS treatment to tribal lands. V&MLS was present at Pine Ridge Reservation in May 2018, meeting with the Tribal Veteran Service Officer (TVSO) and local veterans when a mobile Vet Center vehicle arrived along with representatives from other VA programs and services. No one on the Reservation had ever seen any of these people or these VA programs before.

The poverty on or near many reservations and tribal lands because of the lack of a viable economy presents significant barriers to the ability to purchase fuel or even borrow transportation for a Native American Veteran to travel from the reservation to a VA facility for health care. With Vet Centers, it is possible to provide mental health care on tribal lands in settings comfortable for veterans who by and large do not trust U.S. government. The Vet Centers should be staffed with those able to provide culturally competent counseling and provide an opportunity for interface with Traditional Healers, which requires recruiting counselors with cultural skills.

Our recommendations are worthy of the Committee's attention because they impact hundreds of thousands of Native American Veterans. In 2017, VA's "[Vantage Blog](#)" noted that, "Native

Americans serve in the military among the highest rate, per capita, compared to other groups...” According to the 2010 Census, there were more than 150,000 American Indian and Alaska Native Veterans (Kevin Gover, Director, Smithsonian National Museum of the American Indian, [Huffington Post](#), May 22, 2015).

The Veterans & Military Law Section of the Federal Bar Association is honored to provide the Committee with our comments on this vital legislation. The recommendations are the product of V&MLS only. In summary, we believe S.785 provides a meaningful opportunity to provide for the development of culturally competent mental health care to Native American veterans who have earned VA care through their sacrifice and service to our country.

Respectfully submitted,

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Legislative and Veterans Affairs Chair
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