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Written Testimony

Introduction

Good morning, Chair Tester, Ranking Member Moran, Chairman Bost, and Ranking Member Takano, and to all the members of the Senate and House Veterans' Affairs Committees.

It is an honor to be with you today. My name is Melvin Sheldon, Jr., and I am a veteran as well as a Councilmember for my Tribal Nation—the Tulalip Tribes located in Washington State. I am here today because I also serve as an Alternate Regional Vice President for the National Congress of American Indians or NCAI. NCAI, as you may be aware, was founded 80 years ago and is the oldest, largest and most representative American Indian and Alaska Native organization serving the broad interests of tribal governments and communities. On behalf of NCAI, I want to thank you for this opportunity to provide testimony on issues affecting Native American veterans.

Per capita, Native people serve at a higher rate in the Armed Forces than any other group of Americans, and they have served in all the nation's wars since the Revolutionary War. Native veterans have even served in several wars before they were recognized as U.S. citizens and before they had the right to vote at the polls.

Despite this impressive record of service, oftentimes the lack of programs, services, and assistance that Native veterans receive upon returning home from serving the United States is underwhelming and we are asking you all to help change that.

Today, I want to talk to utilize this time to focus on three issues that are priories for NCAI and that hugely impact the quality of life of Native Veterans—Housing, Health Care, and Suicide Prevention.

Native Veterans and Housing

While housing is often thought of as an infrastructure problem, the reality is that being underhoused or homeless is a health disparity. This means that housing issues produce a real and quantifiable difference in the likelihood of individuals being impacted by disease, injury, and violence, just to name a few.

As a general matter, housing infrastructure in Indian Country continues to lag behind the rest of the United States. Over 70 percent of existing housing stock in tribal communities is in need of upgrades and repairs, many of them extensive. In 2017, The U.S. Department of Housing and Urban Development (HUD) reported that, "the lack of housing and infrastructure in Indian Country is severe and widespread, and far exceeds the funding currently provided to tribes." The lack of affordable housing contributes to homelessness and overcrowding. Tribal communities experience overcrowded homes at a rate of 16 percent, roughly eight times the national average.

Despite the service they provide to our country, homelessness and housing insecurity remains a major concern for our Native veterans. At the White House Tribal Nations Summit a few months ago, the White House Council on Native American Affairs Health Committee reported that, "American Indian and Alaska Native Veterans are proportionally over-represented by the population of veterans facing homelessness." And while data is scarce—something I will return to momentarily—at least one study found that Native veterans made up 19% of all homeless veterans in the study's sample, making the Native veteran homeless rate almost 10 times their representation in the general population. Another study indicated that Native veterans living in poverty were twice as likely to be homeless than other (non-veteran) Native Americans.

In the area of housing, the most important action that can be taken for Native Veterans is to reauthorize and make permanent the Native American Housing Assistance and Self-Determination Act (NAHASDA). NAHASDA reorganized the system of housing assistance provided to Native Americans through the Department of Housing and Urban Development (HUD) by eliminating several separate programs of assistance and replacing them with a block grant program.This block grant program has successfully been used by Tribal Nations across the country to focus on the specific housing needs in their own communities.

However, NAHASDA expired ten years ago, and we cannot afford to let this critical legislation go unauthorized any longer. Reauthorizing NAHASDA will also help Native veterans struggling with homelessness by improving the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program. The program has been a nationwide success because it combines rental assistance, case management, and clinical services for at-risk and homeless veterans. Unfortunately, this program is not fully available to Native veterans living on tribal lands.

Earlier this year, the Senate—with strong bipartisan support—voted in favor of reauthorizing NAHASDA. That vote in favor of reauthorization included support from 17 of the 19 members of the Senate Committee on Veterans Affairs and we are truly grateful to everyone for that support. But of course, there is more work to be done, and NCAI is calling upon both chambers to reauthorize NAHASDA and give Tribal Nations the tools to properly care for the Native veterans who return home after service.

In addition to the housing programs administered by HUD, the Native American Direct Loan (NADL) program at the Department of Veterans Affairs (VA) requires important programmatic changes in order to effectively serve its intended demographic. The NADL program is a home loan program authorized by 38 U.S.C. § 3761 to provide direct loans to Native veterans living on trust lands. The loans are available to purchase, construct, or improve homes to be occupied as veteran

residences, or to refinance a loan previously made under this program to lower the interest rate. However, a study conducted in 2019 by the South Dakota Native Homeownership Coalition found that 75 percent of Native veterans interested in purchasing a home reported having no understanding or minimal understanding of the NADL program.[1] About 62 percent of those respondents were not even aware that the NADL program existed.[2] The VA lacks adequate staff and resources to provide the required level of technical assistance to help qualified Native veterans to fully access this VA benefit.

According to a Government Accountability Office (GAO) report released in April 2022, the VA Department originated only 89 NADL loans to veterans in the contiguous United States, 91 loans in Hawaii, and none in Alaska. This represents loans to less than 1 percent of the estimated potentially eligible population of 64,000–70,000 veterans in these areas. The VA needs to increase the number of NADL-administered loans by allowing veterans to refinance existing non-VA mortgages utilizing the NADL product, and would also allow veterans who have built homes with other sources of construction financing (e.g. a Native CDFI loan) to still use NADL as permanent financing. It also provides grant funding for Native CDFIs, Tribal Nations, Tribally Designated Housing Entities (TDHEs), and nonprofits to assist with outreach, homebuyer education, and other technical assistance to Native veterans seeking homeownership financing.

By providing the appropriate authority to access a budget-neutral source of funding, the Secretary can follow the practice of other federal loan programs to partner with and compensate third parties to provide homebuyer education, loan packaging, and other home buyer readiness services. In addition, by setting aside $5 million of existing program allocation, the VA can pilot a relending program that would allow Native CDFIs, which are more familiar with Native communities and the mortgage lending process on tribal trust lands, to deploy this much needed mortgage capital to qualified Native veteran homebuyers.

Finally,, NCAI wants to highlight a recommendation from the Department of Veterans Affairs Advisory Committee on Tribal and Indian Affairs (TAC) 1st Annual Report. In that report, the TAC recommends that: "Veterans Health Administration Homeless Programs Office amend its Strategic Plan to target a 5% increase in Stand Downs located on tribal lands, rural communities, Native Hawaiian communities, and in urban areas with a high population of American Indians and Alaska Natives."[3] NCAI supports, in principle an increase the amount of Stand Downs located on tribal lands, rural communities, and in urban areas with a high population of American Indians and Alaska Natives.

Native Veterans and Health Care

[1] South Dakota Native Homeownership Coalition, Veterans Housing Needs and Homeownership Study, Pg. 37, 2019, https://sdnativehomeownershipcoalition.org/site/wp-content/uploads/2014/12/SDNHC_vets_report_061319.pdf.

[2] *Id.*

[3] Available at: https://department.va.gov/wp-content/uploads/2023/04/report-annual-va-tribal-and-indian-affaira-advisory-committee-20230104.pdf

The health and wellness of tribal communities depends on a network of health, education, and wellness service providers, prevention coordination, and tribally-driven initiatives. Despite the federal government's trust responsibility to provide health care to American Indians and Alaska Natives, Native people continue to experience the greatest health disparities in the United States when compared to other Americans. Shorter life expectancy and the disease burdens carried by Native people exist because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity, poor social conditions, and decades of historical trauma.

While veterans typically are more vulnerable to health disparities as compared to the general population regardless of race, Native veterans are more likely to lack health insurance, and to have a disability, service-connected or otherwise, than veterans of other races.

In previous hearings before this Joint Committee, NCAI has noted that the primary health care provider in most Native communities—and for many of our Native veterans—is IHS. Thus, one mechanism for improving the health of Native veterans is to improve the IHS system which has long been woefully underfunded.

While improving IHS funding and services remains critical, another mechanism to improving the health care of Native veterans is to improve cultural competency of the health services Native veterans receive. Again, citing the VA TAC's recommendations, NCAI also supports that VHA and IHS partner with Tribal Nations "to develop a cultural awareness training curriculum" and "that attendance at such training should be required and included as an element in federal officials' performance rating plan."[4]

The reality is that there is a continued need for ongoing consultation on cultural competency as well as a need for stronger collaboration with IHS and tribally-run healthcare facilities to find ways to expand culturally informed services at all government facilities—particularly, VA facilities. One way to build up cultural competency is to increase access to Tribal Veterans Service Officers (TVSO) and to establish clear and attainable paths for Tribal Veteran Organization (TVO) accreditation.

Native Veterans and Data

Finally, I want to turn to the issue of suicide—particuarlly among Native veterans. The devastating reality is that American Indians / Alaska Natives (AI/AN) experience high rates of depression and psychological distress, which contributes to Native people having one of the highest suicide rates of any group in the United States. While the Department of Veterans Affais (VA) has acknowledged suicide as a national health crisis that affects all Americans and publishes reports each year on suicide data, it continues to offer limited data specific to AI/AN veterans. When the VA does disaggregate suicide data by race/ethnicity, AI/AN veterans fall under the category of "other."

[4] *Id.*

I want to be clear: There needs to be a comprehensive strategy developed and implemented to reduce the suicide rate of veterans, in general, and of Native veterans specifically—but such a plan can only be effective if we are able to accurately capture meaningful data specific to AI/AN veteran suicide. Without quality data, the likelihood of developing effective policy and initiatives to generate improved outcomes is low.

Therefore, NCAI urges Congress and the Administration to work to develop policies and procedures that ensure the collection of AI/AN veteran suicide data so that federal and tribal policy makers have the necessary information to address the suicide crisis among AI/AN veterans. And once again, the VA TAC report can serve as an excellent starting point. The VA TAC calls for "[e]nhanced reporting of data on Veteran suicides that occur on tribal lands and data on American Indian and Alaska Native Veteran suicides that occur in urban areas/off-reservation" in order "to identify where targeted and tailored intervention, prevention, and education efforts should be concentrated for the greatest efficacy."[5] The TAC called on this data collection to begin six months ago and, if that is not yet happening, NCAI strongly encourages that its collection start as soon as possible. We owe it to our veterans to find ways to connect with them and allocate resources to prevent any more of our brothers and sisters from taking their own lives after they come home.

Conclusion

I want to conclude by once again thanking this Committee for both holding this hearing and allowing me to bring attention to Native veterans and the challenges they face in their lives. Our Native veterans—like all veterans—have given up their time, their health, and in many cases their lives to protect this country. For those who have served and are still with us, it is imperative that we give them everything they need to thrive. Thank you again for this opportunity to speak, and I look forward to addressing any questions you may have.

[5] *Id.*