

**STATEMENT OF MARK UPTON, MD, FACP
DEPUTY to the DEPUTY UNDER SECRETARY for HEALTH
DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ON
NATIVE AMERICAN VETERANS:
ENSURING ACCESS TO VA HEALTH CARE AND BENEFITS
NOVEMBER 30, 2022**

Chairman Tester, Ranking Member Moran, and other Members of the Committee, thank you for inviting us here today to discuss our efforts to ensure that American Indian and Alaska Native (AI/AN) Veterans have access to the VA health care and benefits they have earned. In this testimony, we will lay out actions taken across VA to improve benefits and services to these Veterans as well as our ongoing partnership with the Indian Health Service (IHS). I am accompanied today by Stephanie Birdwell, Director, Office of Tribal Government Relations and John E. Bell III, Executive Director of the Veterans Benefits Administration's Loan Guaranty Service.

AI/AN Veterans serve in the military at one of the highest rates of all racial and ethnic groups and yet they disproportionately suffer the medical and psychological consequences of military service. The most rural of Veteran groups, their significant health care disparities are aggravated by barriers related to access to care, coordination, and care navigation. Their health care often traverses multiple systems that include the Veterans Health Administration (VHA), IHS, and Tribal Health care systems.

We owe them our best, and this testimony will address how VA is responding to the challenges rural and urban AI/AN Veterans face in accessing culturally competent VA health care, including behavioral health care, as well as in utilizing VA benefits, such as housing and burial programs. We will also provide an update on the implementation of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Public Law (P.L.) 116-315), and P.L. 116-311, the Proper and Reimbursed Care for Native Veterans Act.

VHA Office of Tribal Health

Over the course of our history, VHA has undertaken many efforts to ensure AI/AN Veterans have access to the health care services they have earned. We recognize, however that there remains more to do. VHA's recent establishment of an office solely focused on Tribal Health is an important and consequential step forward in ensuring that we provide the best care possible for Native Veterans.

The VHA Office of Tribal Health (OTH) was established earlier this year and provides VHA with leadership, strategic direction, and policy guidance in our efforts to support AI/AN Veteran health care, access, and Fourth Mission activities across the

enterprise. OTH's mission is to strengthen VHA's commitment to AI/AN Veterans through supporting exceptional, culturally competent health care. OTH elevates the AI/AN Veteran's care experience by providing informed guidance and serving as a strategic advisor to leadership across VHA. Additionally, OTH will enhance government partnerships and act as a liaison between VA/VHA, the White House, federal agencies, and State and Tribal Governments. VA will initiate, build, and strengthen collaboration and resource sharing by engaging IHS, Tribal Health Programs (THP), and Urban Indian Organizations (UIO) to provide AI/AN Veterans the best care possible, address health disparities, and enhance the AI/AN Veteran's experience. Since its establishment, OTH has met with VA's Advisory Committee on Tribal and Indian Affairs and has coordinated outreach and site visits to multiple sites in Alaska, Colorado, Montana, and Utah to meet with Tribal representatives and VA employees.

Behavioral Health Care for AI/AN Veterans

The VHA Office of Mental Health and Suicide Prevention (OMHSP) is working with OTH to build stronger relationships with AI/AN Veterans, earn their trust, spread the word about the critical resources available, and learn how we can better serve them. For VA's mental health professionals, it is a privilege and duty to provide culturally responsive mental health care to our Nation's AI/AN Veterans. We want to ensure they see themselves included and reflected when they consider VA services. We also want them to be certain they will receive culturally competent care whether they choose VA or care in the community.

OMHSP starts by ensuring AI/AN Veterans are reflected in the images and experiences shared on AboutFace,¹ a video gallery featuring Veterans sharing their experiences with trauma and trauma treatment, as well as on Make the Connection,² a site where hundreds of Veterans from all walks of life share their stories of help and hope. Programs like the OMHSP Justice, Equity, Diversity, Inclusion (JEDI) Consultation Program have been built to support staff at all levels and areas of our mental health programs in their efforts to deliver exceptional care to Veterans of diverse backgrounds by providing current, empirically supported consultation and support. Specific consultation areas include clinical care, program development, education and training, and data and research. JEDI's team consists of VA staff and providers from diverse backgrounds, including clinicians and epidemiologists who identify as Native American, with expertise in culturally responsive mental health care. This interdisciplinary team of subject matter experts may provide recommendations on assessment, case conceptualization, evidence-based treatments, and clinical management to support VA providers in this mission.

In addition to consultative services, VHA provides educational materials on Native American history, testimonials from Native Americans who have chosen to serve, articles about the history and experiences of Native Veterans, and articles on mental

¹ [AboutFace | National Center for PTSD \(va.gov\)](#)

² [Make the Connection | Videos & Info for Military Veterans](#)

health disparities. In addition to history and context, we provide toolkits – available to VA providers and to providers in the community³ – to empower and encourage providers to improve the cultural responsiveness of the services they provide. We also have awarded grants to support Tribal groups through the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant program, which includes many grantees in Tribal Nations. Through this program, VA has identified 80 awardees to cover in 43 States, the District of Columbia, and American Samoa. Twenty-one (21) entities will cover tribal lands including the following tribes: Navajo Nation, Cherokee Nation, and Choctaw Nation.

The National Center for Posttraumatic Stress Disorder (NCPTSD) offers resources to any provider treating Veterans in any context, this includes a PTSD Consultation Program⁴, where health care providers treating AI/AN Veterans in VA can consult with an expert PTSD clinician at no cost. Our consultants and continuing education courses help to promote culturally sensitive treatment and address issues related to trauma and race or ethnicity. The National Center also offers relevant continuing education such as an upcoming webinar in the PTSD Consultation Program Monthly Lecture Series⁵ (January 18, 2023): Understanding Native American History as a Foundation of Culturally Aware PTSD Treatment, by Charlotte McCloskey, PhD. and through articles such as Psychological Trauma for American Indians Who Service in Vietnam⁶ published on NCPTSD’s website.

Additionally, VA’s Suicide Prevention efforts include action to directly support AI/AN Veterans. VA’s Governor’s and Mayor’s Challenge teams work with AI/AN Veterans through several of the State and county-level teams to improve suicide prevention. Local VA health care systems are also providing outreach to and working with the AI/AN Veteran population in their areas. Outreach efforts include providing suicide prevention and other VA training and resources at Stand Downs (community events that provide assistance and outreach), health fairs, Pow Wows, Summits, and other events. Suicide prevention coalitions have been created that include State Indian Health Systems representing all Tribal Nations across the State, Tribal Veterans Service Officers, and Veterans Service Organizations.

Over the last several years, the Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC) and the Veterans Rural Health Resource Center in Salt Lake City have been collaborating to address AI/AN Veteran suicide prevention. Their focus is on developing a suicide prevention program to support VA suicide prevention teams in effective collaboration with Tribal communities. This includes developing a learning community of VA and Tribal communities, adapting suicide prevention training, and developing a process and set of tools for enhancing engagement. This effort is currently working with the Iron Mountain VA Medical Center

³ <https://www.mentalhealth.va.gov/communityproviders/veterans-Native-American.asp>

⁴ www.ptsd.va.gov/consult

⁵ [PTSD Consultation Program: Lecture Series - PTSD: National Center for PTSD \(va.gov\)](https://www.ptsd.va.gov/lecture-series)

⁶ [Psychological Trauma for American Indians Who Served in Vietnam - PTSD: National Center for PTSD \(va.gov\)](https://www.ptsd.va.gov/publications/articles/psychological-trauma-for-american-indians-who-served-in-vietnam)

(VAMC) and local Tribes in northern Michigan and Wisconsin, and the Puget Sound VA Healthcare System with multiple Tribes in the State of Washington.

Among the more than 250 Mental Health Residential Rehabilitation Treatment Programs, many have developed programming specific to AI/AN Veterans and several offer services specific to AI/AN Veterans including programs that provide access to Sweat Lodges and support other ceremonial activities on station. Veterans Integrated Services Networks (VISN) 19 and 23, which include states with the highest populations of Native Americans such as North and South Dakota, Nebraska, Oklahoma, Montana, Wyoming, and Colorado, collaborated to increase access points in both regions for Veterans in need of mental health residential treatment. VISNs 19 and 23 have formalized this work through a Memorandum of Understanding (MOU), which standardizes processes to promote coordinated and timely care. *Implementation of Virtual Mental Health Care for AI/AN Veterans*

Over the past decade, the VHA Office of Rural Health (ORH) in collaboration with VISN 19 and the University of Colorado's Centers for American Indian and Alaska Native Health developed a model of "culturally-centered" mental health care. The model weaves together evidence-based Western medicine and rural Native communities' strengths through four main components: mental health care, technology (access), care coordination, and tailored adaptation. VHA further adapted the model into an implementation facilitation framework that mentors staff at local VAMCs to increase the use of VA Video Connect (VA's mobile video-conferencing platform) with AI/AN Veterans. ORH is currently working with multiple VAMCs around the country serving AI/AN Veterans. It provides support within and across these VA facilities to address challenges of technology adoption, cultural issues and expanding outreach and best practices for engaging AI/AN Veterans with VA Virtual Mental Health Technology.

Tribal-VHA Collaboration on Suicide Prevention

ORH, in partnership with the MIRECC for Suicide Prevention, worked to support VA suicide prevention teams' outreach and assistance efforts for AI/AN Veterans through culturally competent suicide prevention. Suicide among rural Veterans is disproportionately high compared to both urban Veteran and civilian counterparts, and research indicates AI/AN Veterans are at a particularly high risk.

In fiscal year (FY) 2017-2019, this collaboration reviewed multiple data sources and found:

- Population-based data indicated that AI/AN Veterans are twice as likely to engage in suicide-related behaviors compared to rural non-Hispanic White Veterans.
- VHA data confirmed that for Veterans under 40, AI/AN Veterans exhibit a higher suicide rate than the national Veteran suicide rate for the same age group.
- Findings from a review of programs appropriate for AI/AN Veterans indicated that many of the VA evidence-based or best practice programs are available system-wide, but few were designed specifically for rural Veterans, and none tailored for

AI/AN Veterans. Conversely, many non-VA culturally specific programs implemented in Native American communities were rarely disseminated beyond reservation borders, and none were specifically developed for Veterans.

Based upon these findings, to advance suicide prevention for AI/AN Veterans, VA ORH and the MIRECC for Suicide Prevention developed drew upon evidence-based practices, existing VA infrastructure and frameworks, and Tribal-specific cultural approaches to suicide prevention to develop a new project expanding Tribal-VHA collaboration on suicide prevention between Tribal Veterans and four VAMC suicide prevention teams. The work increased outreach strategies built a community of learning for VA and Tribal organizations and adapted and piloted a core VA suicide prevention tool (S.A.V.E. Training) for Tribal communities. At the conclusion of this project (FY 2022), a Toolkit was created and is currently being finalized to widely support VAMC suicide prevention teams and others wanting to collaborate with Tribal communities in suicide prevention.

Mental Health and Wellness Mobile App Development for AI/AN Veterans

ORH is also partnering with NCPTSD's Palo Alto team, which has expertise in the development of mobile mental health applications, to develop a mobile health app that supports AI/AN Veterans healing from trauma and addresses mental health issues, including suicide prevention. VA's mobile app will be packaged as a standalone download to function regardless of internet connectivity, including in remote areas. Currently, this project is carrying out iterative design, review and testing, and revision adapting "the best in class" from VA mental health apps and tailoring these apps for AI/AN Veterans and their family members. We anticipate an initial version of the app to be complete at the end of FY 2023 for wider production and dissemination in FY 2024.

Rural Native Veteran Health Care Navigator Program Development

ORH is developing an AI/AN Veteran Health Care Navigator Program to increase access to health care to subsequently improve health outcomes. As the most rural of Veteran groups, AI/AN Veterans face significant health care disparities aggravated by barriers related to access to care, care navigation and coordination, and fragmentation of health care as users of multiple systems, including VHA, IHS and Tribal Health care systems. VHA develop an initial Navigator program model from literature reviews, interviews, and discussions with VA, Federal and Tribal entities. This work identified required resources, personnel, expertise, and created an implementation and evaluation framework. In FY 2023 and 2024, this program will be piloted at multiple VAMCs to refine, replicate, expand, and evaluate the program in accordance with metrics targeted at continuous quality improvement and patient outcome measures for wider dissemination through VHA infrastructure.

AI/AN Veteran Homelessness Toolkit

Addressing homelessness among Veterans is one of VA's top priorities. To achieve that goal, VA offers a wide variety of programs, such as Grant and Per Diem, Supportive Services for Veteran Families, and Native American Direct Loan (NADL) Program, continually advances innovative approaches. Rural homelessness among AI/AN Veterans, who often live on remote, rural, traditional lands, poses unique challenges. Resources for addressing AI/AN Veteran homelessness are often difficult to identify and locate because they are spread across many organizations, reports, and websites. To address this, ORH created a toolkit to provide background, planning resources, and programmatic options for individuals or organizations interested in finding solutions to homelessness among AI/AN Veterans who live on reservations or in Alaska Native Villages.

https://www.mentalhealth.va.gov/communityproviders/assets/docs/populations/2018_Native_American_Veteran_Homelessness_Toolkit_v1.pdf

Memorandum of Understanding (MOU) between VA and IHS

VHA has worked to improve the health and well-being of AI/AN Veterans through collaborations between VA program offices and other Federal agencies, including the Indian Health Service. These initiatives have focused on reducing health care workforce disparities and enriching rural research and new models of care for AI/AN Veterans.

VHA and IHS have worked collaboratively for decades. VA and IHS first entered into an MOU in 2003, with the aim of improving access and health outcomes for AI/AN Veterans. The purpose was to establish a framework for coordination and partnership to leverage and share resources and investments in support of each agency's goals. The goal of this MOU was to facilitate a broad range of collaboration between the agencies that would allow for the development of additional agreements around specific activities, while acknowledging that implementation may require local adaptation through local MOUs to meet the needs of individual Veterans and their families, as well as local VHA, IHS, THPs, and UIOs. The 2003 MOU was replaced and superseded by a 2010 MOU between VA and IHS to reflect the changing health care environment. Between 2010 and 2020, VHA mailed 5.6 million pharmacy prescriptions to AI/AN Veterans and increased access to mental health services for AI/AN Veterans through VA Video Connect. In 2021, in collaboration with IHS, VA updated the MOU once more, taking into account the input received during Tribal Consultations and Urban Confers. As a result, the revised MOU, entered into by VHA and IHS in 2021, reflects the evolving health care and health information technology landscape.

Pursuant to the updated MOU, VHA and IHS aim to:

- Access – Increase access and improve quality of health care and services for the benefit of eligible AI/AN Veteran patients served by VHA and IHS. Effectively leverage the strengths of the VHA and IHS at the national, regional, and local levels to support the delivery of timely and optimal clinical care.
- Patients – Facilitate enrollment and seamless navigation for eligible AI/AN Veterans in VHA and IHS health care systems.
- Information Technology – Facilitate the integration of electronic health records

and other Health Information Technology systems that affect the health care of the AI/AN Veterans.

- Resource Sharing – VHA and IHS will improve access for their patient populations through resource sharing, including technology, providers, training, human resources, services, facilities, and communications.

For the first time, under the updated 2021 MOU, VHA and IHS will work together to create an annual Operational Plan. The Operational Plan will include strategies, objectives, and tactics for implementing MOU goals. It will also include metrics and targets to demonstrate achievement of MOU goals. Every year, formal Tribal Consultation and Urban Confer will be conducted for each draft plan.

IHS / THP / UIO Reimbursement Agreements Program (RAP)

In 2012, VA and IHS signed a national reimbursement agreement for VA to reimburse IHS for direct care services provided to eligible AI/AN Veterans. Also, in 2012, VA began entering into individual agreements with THPs, and in January 2022, VA expanded its program to include UIOs, consistent with Division FF, Title XI, Western Water and Indian Affairs, section 1113 of P.L. 116-260, Consolidated Appropriations Act, 2021. Under these Agreements, Veterans can seek services at IHS, THPs, or UIOs without VA preauthorization, and VA will reimburse IHS, THP, and UIO facilities for direct care services that are included in VA's medical benefits package provided to eligible AI/AN Veterans. To date, VA has 74 IHS, 119 THP, and 1 UIO facility participating in the reimbursement program. Since 2012, over 15,000 unique Veterans have been provided health care pursuant to these agreements, and VA has dispersed almost \$186 million to facilities.

The Proper and Reimbursed Care for Native Veterans Act (P.L. 116-311) clarified the requirement for reimbursement of these health care services, to include Purchased/Referred Care (PRC) and contracted travel. New agreements will be issued to ensure expansion details are captured in a clear way that stakeholders can understand, while reducing the number of modifications/new agreements executed and communicated to the field. VA engaged in multiple activities towards this end. VA held a series of informational calls between VHA, IHS, and the IHS Director's Workgroup on Improving PRC to understand how PRC works and operational aspects of the program. VA hosted two national listening sessions in January 2021, and December 2022, to gain broad stakeholder input for a new agreement and specific comments on PRC.

VA Tribal Advisory Committee

VA appointed its first-ever Advisory Committee on Tribal and Indian Affairs on October 4, 2021. This Committee was established in accordance with section 7002 of P.L. 116-315 and 38 U.S.C. § 547. The Committee provides advice and guidance to the Secretary of Veterans Affairs on all matters relating to Indian Tribes, Tribal organizations, Native Hawaiian organizations, and AI/AN Veterans. The Committee

serves in an advisory capacity and advises the Secretary on ways the Department can improve the programs and services of the Department to better serve Native American Veterans. This Committee allows our Nation's citizens to provide advice and assistance to the Committee in affecting policies and programs of the Secretary and keeps the Secretary informed of issues important to the Native Veteran community. We are grateful to Congress for this law, which allows these Veterans' voices to be heard so we can best meet their unique needs.

Native American Veterans and Home Loans

The VA home loan benefit program offers eligible Native American Veterans two options for financing a home—the guaranteed home loan program (generally for Veterans not residing on trust land) and the Native American Direct Loan (NADL) loan (for Veterans residing on trust land). Both loan options offer Veterans the opportunity to purchase or construct a home with no down payment, no mortgage insurance, competitive interest rates, and low closing costs. For Veterans residing on trust land, VA's recent efforts to centralize NADL operations and outreach to a team of seven full-time staff have led to improved outcomes for Native American Veterans. NADL loan volume doubled from FY 2020 to FY 2022, with more than 30 construction and purchase loans closed.

VA expanded its outreach efforts in FY 2022, participating in more than 38 virtual and in-person events and providing tailored outreach letters to all Federally recognized Tribes and Tribal entities twice per year. VA also conducted two in-person trips to meet with Federal, State, and Alaskan Tribal agencies and leadership to discuss potential opportunities for improved Federal mortgage lending across the State of Alaska. Home loans are also available through VA's guaranteed home loan program; lenders issue loans, and VA then backs these loans with a 25%-50% guaranty. AI/AN Veteran use of VA's guaranteed home loan program has grown significantly in recent years. In FY 2022, VA guaranteed over 87,000 loans to Veterans who identified as AI/AN.

VA is encouraged by these positive trends but understands that there is still work to be done. In the coming months, VA will assess the results of a human-centered design study completed in FY 2022 to better understand home loan awareness and access issues amongst AI/AN Veterans and determine next steps. VA remains committed to finding opportunities to ensure AI/AN Veterans can utilize their earned housing benefits, whether under the NADL program or the guaranteed loan program.

Burial and Memorial Services for Tribal Veterans

The National Cemetery Administration (NCA) administers burial and memorial benefits and services to Veterans and their eligible family members worldwide. As of today, VA operates and maintains 155 national cemeteries in 44 States and Puerto Rico and provides headstones and markers, niche covers for columbaria, medallions, and Presidential Memorial Certificates, to individuals all over the world.

In addition, NCA administers VA's Veterans Cemetery Grants Program (VCGP), which has funded grants for the establishment, expansion, or improvement of 121 State and Tribal Veterans' cemeteries in 46 States and 3 territories (Guam, the Commonwealth of the Northern Mariana Islands, and Puerto Rico). Since 2011, Tribes have received more than \$37 million for cemeteries they operate on Tribal trust land. The newest Tribal Veterans cemetery, the Metlakatla Veterans Memorial Cemetery (Alaskan Native), is the 14th Tribal Veterans' cemetery funded through the VCGP and was dedicated this past July.

VA is working closely with Tribal leadership to make sure Tribal culture and traditions are honored with design elements and features reflecting the unique heritage of each Tribe. To this end, Under Secretary for Memorial Affairs Matthew Quinn and NCA leadership have embarked on outreach efforts to contact all the tribal leadership to focus on best practices and how VA and NCA can better serve and support our Native American Veterans. For example, last May, NCA leadership participated in a video conference meeting with the Crow Tribal Cemetery Leadership of Montana discussing best practices and the proper maintenance of the turf and placement of the bronze head stone markers to improve the appearance of the cemetery. In October 2022, the Under Secretary and NCA leadership participated in a video conference meeting with the Pascua Yaqui Tribal Leadership of Arizona. The meeting focused on cultural considerations and future burials at the Monte Calvario Cemetery in Tucson, Arizona.

The President signed the Burial Equity for Guards and Reserves Act, Division CC of the Consolidated Appropriations Act, 2022 (Public Law 117-103), on March 15, 2022. The new law expanded VA's authority to pay a plot allowance for qualifying burials in cemeteries owned by a Tribal organization on trust land or held in trust for a Tribal organization. Previously, only State Veterans' cemeteries could receive the burial plot allowances for eligible Veterans interred at their locations.

Tribal Representation Expansion Project

The Tribal Representation Expansion Project (T. REP), initiated in October 2021 by the VA Secretary and led by the Office of General Counsel (OGC), aims to collaborate with Tribal governments to promote access to culturally competent representation to the approximately 160,000 AI/AN Veterans who served our military. Individuals may represent Veterans before VA in the preparation, presentation, and prosecution of claims only if they are authorized as an accredited representative of a VA-recognized organization, agent or attorney, or specially authorized by VA's General Counsel. For Tribes that do not currently have sufficient options for representation, OGC aims to help facilitate access to representation by traditional means, but also through utilizing the General Counsel's discretionary authority to authorize certain individuals affiliated with Tribal governments to represent claimants before VA.

Some of the many accomplishments of this effort include the following:

- OGC provided outreach to Tribes to encourage participation in T. REP, including by hosting a Tribal consultation in March 2022, mailing Dear Tribal Leader

Letters and presenting at events including the Alaska Federation of Natives Convention, the National Congress of American Indians Convention, the New Mexico Native American Veterans Collaborative Meeting, and VA's own Tribal Advisory Council, to name a few.

- To ensure those Tribes wishing to seek out special authorization are competent in their representation of Veterans, VA secured Vietnam Veterans of America (VVA) as a partner willing to provide free training on VA claims representation.
- From February 2022 through November 2022, OGC individually met with 19 Tribes that have come forth as interested participants of T. REP, through OGC's T. REP outreach efforts.
 - Nine of those Tribes requested VVA's free training as a step toward seeking out the General Counsel's special authorization.
 - Four of those Tribes, to include the Navajo Nation, have expressed interest in VA's veterans service organization recognition; and
 - The remaining Tribes are still considering participation in T. REP as an option forward.

Most notably, through the T. REP initiative, the Navajo Nation Veterans Administration (NNVA) sought out VA recognition as an organization pursuant to 38 U.S.C. § 5902, and its implementing regulation, 38 C.F.R. § 14.628(b). Secretary McDonough recognized NNVA as the first Tribal organization authorized to prepare, present and prosecute benefit claims before VA on May 2, 2022, and visited the Navajo Nation to commemorate the historic event in June 2022.

Conclusion

The health and well-being of all our Nation's Veterans is of the utmost importance, and VA strives to consistently provide high quality services to Veterans, caregivers, family members, and survivors. As outlined in this testimony, VA is deeply committed to ensuring Native Veterans have access to the health care and benefits they have earned. Thank you for your time and for your focus on this important topic. We look forward to continuing to advance the delivery of services to AI/AN Veterans and appreciate the work of this Committee as well as the Indian Health Service.