

REPORT OF THE ADVISORY COMMITTEE ON MINORITY VETERANS

Annual Report
July 1, 2004



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Activity Report

The Advisory Committee on Minority Veterans (ACMV) is in its tenth year as a standing committee. Congress tasked the committee with providing advice to the Secretary with respect to the administration of benefits for veterans who are minority group members.

The committee met twice during this reporting period convening in Seattle, Washington on September 23-25, 2003 and in New Orleans, Louisiana on May 4-6, 2004. The committee met its legislated obligations with these two meetings.

The committee used similar formats for the conduct of their meetings in Seattle and New Orleans. Using a “360 Degree” look, they communicated with the leadership of the VA facilities in the area visited which included the Veterans Integrated Network System (VISN) director, the Veterans Affairs Medical Center (VAMC) director, the Veterans Affairs Regional Office (VARO) director and the National Cemetery director. The committee also met with stakeholders concerned about the delivery of benefits and healthcare to veterans. Invitations were offered to Veterans Service Organizations, State representatives as well as the Minority Veteran Program Coordinators (MVPCs), patient advocates and other personnel involved in the MVPCs outreach to minority veterans. Town hall meetings were also held allowing the committee to complete its review by interacting directly with minority veterans.

Rural minority veterans continue to be of particular interest to the committee as these veterans express difficulty accessing VA benefits and services as well as present unique outreach challenges to the VA. The committee ensured a town hall meeting was held in rural locales at each of their site visits thus providing a voice to veterans in rural America.

Chairman Joey Strickland’s comments and recommendations concerning the committees’ findings follow.

Seattle, Washington

The Advisory Committee on Minority Veterans (ACMV) met in Seattle, Washington on September 23-25, 2003. The following areas of concern were our main focus for the field visit:

- VISN 20’s direction pertaining to the CARES process in consolidating its realignment of capital assets.
- Access to health care for veterans in remote areas
- Status and number of community-based outpatient clinics (CBOCs) in Washington State
- Status of wellness clinics
- How the Memorandum of Agreement between Indian Health Services (IHS) and VA is working.
- VA’s outreach programs to minority veterans and rural veterans
- Regional Office processing of minority veteran’s benefits claims
- Utilization of the Direct Home Loan Program for American Indian veterans residing on tribal lands

During three days of meetings with senior VA officials, Congressional staff members, Veteran Service Organizations and other interested stakeholders the committee noted several issues of interest. Their comments and recommendations follow.

Committee Comment:

VISN 20 Director, Dr. Les Burger and Puget Sound VA Medical Center Director, Mr. Timothy Williams chaired the leadership panel. It was apparent that neither Dr. Burger nor Mr. Williams had a grasp of quantitative data regarding racial composition of minority veterans' issues. Both also appeared unprepared for the committee review of minority veterans' issues. Additionally, Mr. Williams, by his own admission, appointed a Minority Veteran Coordinator (MVPC) the day prior to our arrival. However, he had not met the individual, nor knew the MVPC's name—but to his surprise and ours, the MVPC was seated behind him.

VA Note:

Mr. Williams provided the committee with the ethnic representation in Western Washington compared to 2003 ethnic patient representation at VA Puget Sound HCS thus responding to the committee's request for quantitative data on minority veterans accessing his facility. He also provided a detailed description of the Cultural Sensitivity training employees undergo and the outreach the facility conducts to minority veterans thus answering the committee's questions.

Committee Comment:

The endorsement of Camp Chaparral by the VISN 20 leadership was seen as a positive and proactive support for cultural sensitivity. Specifically, this program teaches tolerance and understanding of the Yakama Indian culture and is especially designed for non-Indian VA employees serving Indian veterans. The ACMV was very impressed with the results achieved by Camp Chaparral and recommends VA central office continue funding and support of this program.

VA Note:

Camp Chaparral continues to be funded by the VA and the annual cultural sensitivity training is ongoing. Additionally, the Employee Education System is working to further develop cultural competence training for VA staff to better serve the American Indian/Alaska native veterans and their families.

Committee Comment:

Walla Walla VA Medical Center is a crucial medical facility for veterans in the Eastern Washington area. Closing or even severe reduction of inpatient capacity of this facility will negatively impact veterans' healthcare and require a three to four hour drive to the Seattle VAMC.

VA Note:

The Capital Asset Realignment for Enhanced Services (CARES) Commission concurred with the closing of inpatient medical services at Walla Walla but only if the following occurs:

- (a) before taking action to alter existing VA services, VA must ensure that there are viable alternatives in the community;
- (b) VA to ensure that it has quality criteria and procedures for contracting and monitoring service delivery, as well as the availability of trained staff to negotiate cost-effective contracts.

Committee Recommendation #1

Strongly advise establishing additional CBOCs throughout Washington State. The impression of the committee is that veteran's in the rural regions of the state are severely underserved.

Committee Comment:

During the town hall meeting, several African American women veterans indicated sensitivity issues at the American Lake Medical Clinic. Be advised that the Center has taken action on their concerns and is working with the Seattle Puget Sound Healthcare System on assisting them with their healthcare needs.

VA Note:

The VA Puget Sound Health Care System addressed the issue with the following actions:

- (a) The staff and administrators at VAPSHCS American Lake Division held several meetings with the female veterans giving them the opportunity to share their concerns about barriers to access to medical treatment.
- (b) The Mental Health department is offering a trauma recovery therapy group specifically for the female veterans
- (c) The Women's Clinic brought on a full-time Case Management Social Worker;
- (d) The Medical Center filled the Women Veterans Program Manager position to ensure there is a liaison for female veterans;
- (e) The Medical Center's Deputy Director has indicated that they are considering moving the geographic location of the Women's Clinic and limiting access to patient's MH records.

Committee Comment:

Sensitivity training is critical for VHA employees who provide service to veterans; and secondly VA to hold the VHA Undersecretary, VISN Director, and Medical Center Directors accountable for improvement in minority outreach programs and services.

VA Note:

The Employee Education System (EES) has three Employee Education Resource Centers (EERCs) devoted to clinical education efforts. These centers are developing training related to culture care diversity for health care givers. One example is the series of Post Traumatic Stress Disorder modules being created for minority veterans groups.

VA is improving its primary outreach vehicle, the Minority Veteran Program Coordinators (MVPCs). Handbooks, training, position descriptions and ultimately performance measures will be implemented to improve this critical outreach and liaising arm of the VA.

Committee Recommendation #2

Recommend that VISN 20 and the Puget Sound HCS establish a closer liaison and working relationship with King County to improve veteran's services especially homeless veterans and veterans in the prison population.

Committee Comment:

Ensure that the MOU between IHS and VA encouraging cooperation and resource sharing is understood and working. Many of the Indian veterans spoke of IHS clinics on their reservation turning them away and not being familiar with the MOU between them and VA. Veterans are being bounced back and forth between two agencies without receiving health care. There were also concerns regarding the need for VA to pursue changes in rules or statutes to allow veteran cemeteries on American Indian reservations.

VA Note:

In FY 2004, IHS and VHA instituted a number of governance mechanisms to promote collaboration and encourage long-term progress in the improvement of services for American Indian/Alaska Native veterans. A quarterly performance monitor documenting the activities undertaken with IHS and Tribes by each Veteran Integrated Service Network (VISN) was instituted and each Network was asked to develop an implementation plan for sharing with IHS and Tribal Health providers. VA and IHS will be providing communication materials describing the Memorandum of Understanding and how it can be used to advance local collaborations.

Committee Comment:

A perception exists among the Native Americans that the Direct Home Loan Program is ineffective.

VA Note:

VA continues its efforts to develop positive working relationships with Native American groups and tribes and relevant government entities and provide program information and materials to these parties and VA personnel. The Department negotiated and entered into a Memorandum of Understanding (MOU) with five more tribes, to bring the total of participating governments up to 68. During FY 2003, VA field offices closed 115 loans, for a total of 387 loans made under this pilot program since its inception. Because of lower interest rates, 88 of these loans were loans to refinance an existing loan to lower the interest rate.

VA field station staff have held discussions and provided information to representatives of many different Native American tribes and groups. Prior to VA's making a loan on tribal trust land, the tribe must enter into an MOU with VA concerning a number of issues that could arise in administering the program. Trust lands eligible for this program include both tribally-held trust lands and individually allotted trust lands. Allotted trust lands fall under the domain of the U.S. Bureau of Indian Affairs (BIA). In accordance with a 1995 MOU between VA and BIA, which outlines the responsibilities of each agency concerning implementation of this program, VA field personnel continue to work with BIA Regional Offices to implement this loan program. This includes obtaining BIA approval of encumbrances on trust land and title plat searches.

VA is currently negotiating MOUs with the following tribes: the Arapaho, the Fort Belknap, the Grand Portage Band of Chippewa, the Hoopa Valley Indians, the Jicarilla Apache, the Makah, the Mississippi Band of Choctaw Indians, the Muckleshoot, the Northern Cheyenne, the Penobscot, the Port Gamble S'Klallam, the Resighini Rancheria, the Salish & Kootenai Tribes of the Flathead Nation, the Seneca, the Skokomish, the Suquamish, the Tohono O'Odham, the Unitah-Ouray Utes, the Yavapai-Prescott, and the Yselta Del Sur Pueblo.

VA continues to work with representatives of tribes with which it has entered into MOUs to conduct outreach among veterans within these tribes and Native American groups.

Committee Comment:

The trip to the Yakama Indian Reservation pointed out three critical needs: housing, health care, and appointments of qualified Native Americans to VA staff.

VA Note:

These issues remain a major challenge for many of our Native American Veterans living on tribal lands. VA has recognized the need and responded with directed programs such as the VHA/IHS MOU encouraging collaboration on healthcare services delivery, the Native American Veteran Direct Loan Program as well as training of Tribal Veteran Representatives (TVRs) in benefits and claims submission. The department will continue to explore ways to positively impact Native American Veterans and ensure improved access to VA benefits and services.

New Orleans, Louisiana

The Advisory Committee on Minority Veterans (ACMV) met in New Orleans, Louisiana on May 4-6, 2004.

The overall impression of the ACMV is that the New Orleans VA Medical Center provides strong support to homeless veterans in its area of responsibility. In the area of patient advocacy, the New Orleans VA Medical Center did very well on courtesy, dignity, and respect.

ACMV was very pleased to see that the VISN has implemented programs that exceed VA standards in providing leadership opportunities to GS-5 to GS-7 employees. VISN 16's Emerging Veterans Affairs Leaders Program graduates around 100 employees per year. VISN 16 is to be commended and it is the recommendation of the ACMV that minority participation in the program be increased. It is the ACMV's opinion that New Orleans VBA and VHA are providing outreach to the community. Market penetration exceeds that of other VISNs and appears to be a result of outreach efforts.

The ACMV conducted two Town Hall Meetings during this visit. The first meeting was held on site at the New Orleans VA Medical Center; the second was the American Legion Post in Houma, Louisiana. From discussions with veterans as well as VA leadership the committee developed several recommendations which follow.

Committee Recommendation #3

During the ACMV's visit with Dr. Susan Pendergrass, Deputy Director of VISN 16, she indicated that there is no reliable data on ethnicity of veterans because information is self-reported. This causes a problem in that VA does not always know, ethnicity-wise, whom we are serving. We do not believe this is a fault of VA. Title VI of the 1964 Civil Rights Act has created this situation. Clarification is needed so that racial and ethnic data can be collected. Disclosure, tracking, and evaluation of ethnicity—particularly of those being treated at VA facilities—are extremely important and are critical elements in allowing VA to better understand and serve its minority customers.

Committee Recommendation #4

There is a perception, from the meeting in New Orleans, of unfair ratings of minority veterans compared to whites. The VA Regional Office is aware of this claim and is looking into the matter. The committee would like follow-up on this concern.

Committee Comment:

At the Town Hall Meeting in Houma, the majority of veterans in attendance were white (of Cajun descent) and the primary issue was the opening date of the Houma community-based outpatient clinic. The ACMV recommends that all future town hall meetings be conducted in towns, not at the VA. It was the committee's feeling that veterans are better served if we take our work to their neighborhoods instead of them coming to us.

VA Note:

Town hall meetings are conducted at locations and times that will provide the greatest opportunity for the target population of veterans to participate. At times this is a location other than a VA facility, other times the VA facility is the most accessible for the greatest majority of veterans. Every effort to accommodate the committee's request will be made as long as it provides the maximum access to the meetings by veterans.

Committee Recommendation #5

At the New Orleans VA Medical Center, a facilities management morale problem was brought up. Mr. John Church, Medical Center Director, was clearly aware of the issues and was able to address them in detail. However, several members of the ACMV interpreted the tone of Mr. Church's responses as somewhat condescending. I believe it was unintentional. Mr. Church did welcome any investigation that could evaluate and recommend improvements at the New Orleans VA Medical Center. The Legislative Staff Panel also brought up issues of discriminations and a hostile work environment. It is my recommendation that these types of allegations and concerns be turned over to the EO representative at the appropriate VA office.

Overall, it is the Advisory Committee on Minority Veterans perception that the New Orleans VA Medical Center is providing excellent, quality care to Louisiana veterans, and the leadership from VISN to the VA Medical Center director to the VA Regional Office is informed and involved. There are certain issues, as already noted, but these issues do not distract from the overall mission of caring for the veteran who has "borne the battle."

Appendix A

Committee Recommendation and VA Responses

The committee had five recommendations. These are delineated below along with VA's responses.

Recommendation #1:

Strongly advise establishing additional CBOCs throughout Washington State. The impression of the committee is that veterans in the rural regions of the state are severely underserved.

VA Response:

An additional community based outpatient clinic (CBOC) is scheduled to open in FY06 for Central Washington. The plan for this CBOC is currently being developed by VAMC Spokane.

Recommendation #2:

Recommend that VISN 20 and the Puget Sound HCS establish a closer liaison and working relationship with Kings County to improve veteran's services especially homeless veterans and veterans in the prison population.

VA Response:

The Secretary approved and directed the Veteran Health Administration (VHA) to implement several recommendations from the Secretary's Mental Health Task Force for improving access to mental health care to homeless and incarcerated veterans. These include implementing a special needs grant program for homeless chronically mentally ill veterans; requiring that all homeless veterans who meet clinical eligibility criteria for mental health intensive case management (MHICM) programs be offered enrollment; all VISNs will develop a plan that addresses the transition needs of incarcerated veterans; enhancing supported compensated work therapy and employment activities within VA; and enhancing partnerships with community partners to provide transitional housing.

Incarcerated Veterans:

In 2002, a Memorandum of Understanding (MOU) between VA and the Departments of Justice, Health and Human Services, Labor, Housing and Urban Development, and Education concerning the reentry of adult and juvenile offenders into the community was signed. This program is known as the Serious and Violent Offenders Reentry Initiative (SVORI).

Since signing the MOU, VA has been a resource partner in the SVORI program. VA has provided training to all the states and territories concerning VA health care and benefits and participated in two national conferences on the topic of incarcerated persons' reentry into the community.

VA is also a partner in a pilot program with the Department of Labor to provide reentry services to incarcerated veterans. In March of 2004, the Department of Labor, in conjunction with VA, awarded

funds to organizations assisting incarcerated veterans' transition back into the work force. Awards went to organizations in Los Angeles, CA; Louisville, KY; San Pedro, CA; and Hammond, LA. Additional funding has been made available to organizations in Roxbury, MA; San Diego, CA; and Rochester, NY. Agreements have also been made to provide specialized services to incarcerated veterans in the following states: Colorado, Connecticut, Virginia, Georgia, Kentucky, North Carolina, Illinois and Washington.

In June of 2004, the Secretary signed a Decision Memorandum upon the recommendation of his Mental Health Task Force, that all VISNs address the transitional needs of incarcerated veterans and that they develop a plan to that effect that will be implemented in FY 2005.

Homeless Veterans

VA offers a wide array of programs specifically designed to help homeless veterans live as self-sufficiently and independently as possible. In fact, VA is the only Federal agency that provides substantial hands-on assistance directly to homeless persons. Although limited to veterans and their dependents, VA's major homeless-specific programs constitute the largest integrated network of homeless treatment and assistance services in the country.

VA's specialized homeless veterans treatment programs have grown and developed since they were first authorized in 1987. The programs strive to offer a continuum of services that include:

- aggressive outreach to those veterans living on streets and in shelters who otherwise would not seek assistance;
- clinical assessment and referral to needed medical treatment for physical and psychiatric disorders, including substance abuse;
- long-term sheltered transitional assistance, case management, and rehabilitation;
- employment assistance and linkage with available income supports; and
- supported permanent housing.

Healthcare for Homeless Veterans programs in Washington State exist at VA facilities in Seattle, Spokane, and Walla Walla. Additionally, VARO Seattle has a Homeless Veteran Coordinator whose role is to provide information about the services for homeless veterans provided through VHA. Services include outreach, case management, referrals to benefits counselors, linkage to health care and housing assistance.

Recommendation #3:

During the ACMV's visit with Dr. Susan Pendergrass, Deputy Director of VISN 16, she indicated that there is no reliable data on ethnicity of veterans because information is self-reported. This causes a problem in that VA does not always know, ethnicity-wise, whom we are serving. We do not believe this is a fault of VA. Title VI of the 1964 Civil Rights Act has created this situation. Clarification is needed so that racial and ethnic data can be collected. Disclosure, tracking, and evaluation of ethnicity—particularly of those being treated at VA facilities—are extremely important and are critical elements in allowing VA to better understand and serve its minority customers.

VA Response:

VA agrees to the importance of the collection of ethnicity and race data. The application form for Health Benefits (VA Form 10-10EZ) has been modified to include queries on gender, race and ethnicity. Veterans are asked to identify whether they are Spanish, Hispanic or Latino. Applicants are further asked to identify their racial background specifically: American Indian or Alaskan Native; White; Asian; Black or African American; and/or Native Hawaiian or other Pacific Islander. Applicants may choose all race categories that apply. This new form became available in June 2004 and is in use throughout the VA system. In an effort to better capture the demographics of our veteran population accessing healthcare benefits in the future, VA is encouraging veterans to provide VA with this information through this newly modified form.

Recommendation #4:

There is a perception, from the meeting in New Orleans, of unfair ratings of minority veterans compared to whites. The VA Regional Office is aware of this claim and is looking into the matter.

VA Response:

The Veterans Benefit Administration is very concerned with fair and equitable treatment of all veterans. Even the perception of unfair ratings is taken very seriously. The Compensation and Pension (C&P) Service has contacted station management at the New Orleans Regional Office and offered assistance in conducting the review. Station management will keep C&P Service apprised of their findings who, in turn, will advise the committee of their findings at its next scheduled Washington DC meeting in 2005.

Recommendation #5:

At the New Orleans VA Medical Center, a facilities management morale problem was brought up. Mr. John Church, Medical Center Director, was clearly aware of the issues and was able to address them in detail. However, several members of the ACMV interpreted the tone of Mr. Church's responses as somewhat condescending. I believe it was unintentional. Mr. Church did welcome any investigation that could evaluate and recommend improvements at the New Orleans VA Medical Center. The Legislative Staff Panel also brought up issues of discriminations and a hostile work environment. It is my recommendation that these types of allegations and concerns be turned over to the EO representative at the appropriate VA office.

VA Response:

Early in 2003, supervisors, managers, and unions at the VAMC New Orleans identified aggressive behavior and workplace stress as issues. The decision was made to apply the process and tools developed by the VA Workplace Stress & Aggression Project of VA's Office of Occupational Health and Safety to address these issues. The Office of Resolution Management, who had been funding the Stress & Aggression Project, also funded and participated in this intervention in New Orleans to

develop a way to deal with the high level of EEO complaints at the site, specifically targeting the facilities management division. By September 2003, a site team set up a "Workplace Aggression Intervention Training" (WAIT) program at VAMC New Orleans. 120 employees from Facilities Management and Ambulatory Care were trained. Twelve individuals from the New Orleans staff were trained as trainers so they could continue to provide this training for the rest of the employees at VAMC New Orleans. By April 2004, VAMC Director, Mr. Church, designated the Assistant Director, Fernando Rivera, to lead the New Orleans Project team. This helped to focus the project team and improve the support of the action teams and the WAIT Trainers. This is supported by the fact that by the end of FY 2004, 1,026 or 60% of their employees have gone through the WAIT program. This training was designed to present techniques for improving communication, active listening, and provide verbal and non-verbal interventions to de-escalate stressful and confrontational interactions. Training is ongoing.

As a result of the efforts currently in place addressing workplace stress and violence, VAMC New Orleans' EEO complaints in Facilities Management service line went from 25 in FY 2003 to 8 in FY 2004. Visits to Employee Assistance Program (EAP) for workplace conflict issues went from 23 in FY 03 to 0 in FY 04. Based on these results, the Pathology & Laboratory Service Line requested to participate in the action team project and this has been done.

Summary - tangible progress has been and continues to be made in Facilities Management, as indicated in the reduction of EEO complaints and EAP visits. The Facilities Management action team has been working on several interventions to improve the work climate in their service line. They have improved the "call in" and assignment policies so that there is improved communication between supervisors and employees. They are developing a business plan for implementing an intervention dealing with horizontal and vertical respect issues within Facilities Management. There are currently three action teams working on stress and aggression issues within the New Orleans Medical Center. The Director's plan is to eventually have a stress & aggression action team established in every service line. Changing organizational culture is a long term process. Change progresses as a series of gains and setbacks. It appears that when ACMV conducted their site visit in May of 2004, the long standing morale problems in Facilities Management were raised, but without discussing the organizational change efforts that had been underway for some time. Mr. Church and the VAMC New Orleans leadership (both management and union) are committed to resolving and improving the working environment at their facility.

The committee is expected to receive an update briefing on this issue at its next scheduled Washington DC meeting in FY2005.

Appendix B

AGENDA FOR ADVISORY COMMITTEE ON MINORITY VETERANS SEPTEMBER 23 - 25, 2003 SEATTLE, WASHINGTON

Monday, September 22, 2003

TRAVEL DAY

Tuesday, September 23, 2003

Location: VA Puget Sound

- 8:00am Depart Hotel Monaco for VA Puget Sound
1660 S. Columbian Way, Seattle Washington
- 8:45am Committee Business Meeting BB108
- 10:00am Break
- 10:15am VA Leadership Panel
- Dr. Leslie Burger, Director VISN 20
 - Timothy B. Williams, Director VAPSHCS
 - Kristine Arnold, Director, VARO Seattle
 - Joseph P. Turnbach, Director Tahoma National Cemetery
 -
- 12:15pm Lunch Break (VA Puget Sound canteen)
- 1:30pm Minority Veterans Advisory Committee Panel/VBA Outreach
Coordinator – Ms. Betty Moseley-Brown
- 2:45pm Break
- 3:00pm Joint American Indian Veterans Advisory Committee Panel
- 4:30pm ADMIN Wrap-up/
- 5:15pm RTB Hotel Monaco

Wednesday, September 24, 2003

Location: Yakama Nation

- Depart Hotel Monaco for Yakama Nation
- 11:30am (Lunch enroute – TBD)
- 2:00pm Briefing on Camp Chaparral/Meet Tribal Council – Betty Gould, Room
TBD
- 4:30pm Dinner for Committee Members, Yakama Nation
- 6:00pm Veterans Town Hall Meeting, Yakama Nation Eagle Seelatsee
Auditorium *
- 8:00pm Return to Hotel Monaco

* *VARO provide:* MVPC, Veteran Service Representative
VA Puget Sound provide: Patient advocate, PTSD Counselor, Vet
Center Representative, MVPC from VA Walla Walla and VA Spokane

Thursday, September 25, 2003

Location: VARO Seattle/VA Puget Sound

- 1:00pm Depart Hotel Monaco
- 1:20pm Arrive VA Regional Office Seattle
915 Second Ave, Seattle Washington
- 1:30pm State Veteran Commissioner/VSO/Congressional Staff Panel (RM
1010A)
- John King, Director, Washington Department of Veterans
Affairs
- VSOs
- Congressional Staffs
- 3:30pm Depart for VA Puget Sound
- 4:30pm Arrive VA Puget Sound
- 5:00pm *Veterans Town Hall Meeting – BB108
- 7:00pm Wrap-up/Session Ends
- 7:15pm Depart for Hotel Monaco

* * *VARO provide:* MVPC, Veteran Service Representative
VA Puget Sound provide: Patient advocate, PTSD Counselor, Vet
Center Representative

Friday, September 26, 2003

TRAVEL DAY

Appendix C

AGENDA FOR ADVISORY COMMITTEE ON MINORITY VETERANS May 3 – 7, 2004 New Orleans, Louisiana

Monday, May 3, 2004

TRAVEL DAY

Tuesday, May 4, 2004

Location: VAMC New Orleans (Chapel RM 2B110)

Depart Chateau Sonesta Hotel for VAMC, New Orleans, LA

8:15am 1601 Perdido Street, New Orleans, LA

8:45am Advisory Committee Convenes/Chairman's Welcoming Remarks

9:00am VA Leadership Panel

– Dr. Susan Pendergrass, Deputy Network Director VISN 16 –
South Central VA Health Care Network

– John D. Church, Director VAMC New Orleans, LA

– Rowland Christian, Director, VARO New Orleans

– Amanda Rhodes, Cemetery Director, Biloxi National Cemetery
(tentative)

12:00pm Lunch Break

2:00pm Minority Veteran Program Coordinators (MVPC) Committee Panel **

4:30pm Break

5:00pm Town Hall Meeting, VAMC*

7:00pm Town Hall Meeting adjourns

* VARO provide: MVPC, Veteran Service Representative

VAMC provide: Patient Representative – Customer Service Coordinator,
MVPC

** Minority Veterans Program Committee Members

Charles Rice, Chair

Donna Moore, RN Women Veterans Program Manager

Selina Fluery, Regional Office, MVPC

Carmen Hernandez, Hispanic American Rep

Roy Lang, African American Rep

Ken Rocky, MSW, Homeless Veterans Coordinator

Terry Holden, Member

Sheryl Wagers, Native American/Indian Rep

Blanton Shepherd, Member

Dr. Ernest Sneed, M.D.

Patient Representatives

Merwyn Miller (Outpatient rep)

Jill Robertson (Outpatient rep)

Patricia Giles (Inpatient rep)

Wednesday, May 5, 2004

Location: VAMC New Orleans (Chapel RM 2B110)/Houma

8:30am Depart Chateau Sonesta Hotel for VAMC New Orleans
9:00am Congressional Staff Panel
11:00pm Break – move to room 2C131 for V-Tel
11:30pm Dr. Donna Washington, Health Disparities Brief
(Video Teleconference) Room 2C131
1:00 pm Return to Hotel (for late lunch/early supper prior to town hall meeting)
3:30pm Depart for Houma American Legion Hall, Town Hall meeting
5:00pm Town Hall meeting*
7:00pm Town Hall meeting adjourns

* *VARO provide:* MVPC, Veteran Service Representative/Claims Rep
VAMC provide: Patient Representative – Customer Service
Coordinator,

MVPC

Overflow for Video Teleconference is Room 5F100

Thursday, May 6, 2004

Location: VAMC New Orleans (Chapel RM 2B110)

9:00am Depart Hotel
9:30am Dr. Adam Gordon, #(Video Teleconference) **RM 2C131**
“Minority Homeless Access to Healthcare Research”
Assistant Professor of Medicine, University of Pittsburgh School of
Medicine
Center for Health Equity Research and Promotion
VA Pittsburgh Healthcare System
11:00am Lunch
12:00pm VSO Panel
2:00pm Break
2:15pm Dr. Sarpong, Director of the Coordinating Center of the Jackson
Heart Study
4:00pm Committee Meeting Adjourns

Overflow for Video Teleconference is Room 5F100

Friday, May 7, 2004

TRAVEL DAY

Appendix D

2004 ACMV Member Biographical Sketches

Angapak, Sr., Nelson N.

Alaskan Native

Mr. Nelson Angapak is an Alaskan Native who served in the U. S. Army and was honorably discharged on June 10, 1971 as an Army Specialist Five. Mr. Angapak has more than 25 years of Alaska Native Land Claims Settlement Act (ANCSA) land and natural resources management experience. In his current role as Executive Vice President of the Alaska Federation of Natives (AFN), he lobbies Congress on ANCSA amendments, monitors land and natural resources legislation in Congress and state legislatures, coordinates AFN Land and Legislative Committees, and is in charge of AFN in absence of the President.

Mr. Angapak holds a Masters Degree in Urban Studies from Antioch College/West, 1976-1978 and a Bachelors Degree in Mathematics and History, Fort Lewis College, 1965-1970. He also holds a degree in Theology, Golden Gate Theological Seminary, 2002. He is fluent in Yupik, and has served on the Boards of the Calista Native Corporation, Alaska National Bank of the North, Tuntutuliak Land, Ltd, Linfield College, First Native Baptist Church, Alaska Baptist Family Services. He has been an advocate for Alaska Native veterans' issues for over 30 years. Mr. Angapak currently resides in Anchorage, Alaska.

Alvarado-Ramos, Lourdes E.

Hispanic American

Ms. Alvarado-Ramos is the Assistant Director of the Washington State Department of Veterans Affairs. She retired from the US Army as a Command Sergeant Major after 22 years of active duty service. Ms. Alvarado-Ramos experience is in medical facility and human resources management and she is a licensed nursing home administrator. In her current job, she is responsible for department operations, the State Veterans Homes Program and Minority and Women Veterans Outreach. She currently resides in Olympia, Washington.

Archuleta, Bob J.

Hispanic American

Mr. Archuleta is a Combat Veteran; 82nd Airborne Division and a public servant with more than 12 years of experience in community and municipal involvement. He has served the city of Montebello, California in the detective police division and has served as the City Commissioner of Traffic and Safety. In 1989, Mr. Archuleta became involved with the Los Angeles County Veteran's Advisory Commission of Military and Veteran Affairs where he served as liaison to more than 900,000 veterans. Presently, Mr. Archuleta is the General Manager for Dynamic Brokerage firm. He currently resides in Montebello, California.

Calderon, Samuel

Hispanic American

Mr. Calderon is a Colonel in the United States Army Reserve. He began his military career in the Army in 1967, reaching the rank of Staff Sergeant. Appointed as a Warrant Officer in the U.S. Army Reserve in 1978 as a Supply Technician, he served with the Arizona National Guard until his commission as a First Lieutenant in 1982. Colonel Calderon has held a variety of commands and staff assignments.

Mr. Calderon began his federal career in 1973 with the Bureau of Reclamation and a year later transferred to the U.S. Army where he served on a variety of assignments in Europe and the Pentagon. While in Europe, he managed the VII Corps annual budget of \$1.2 billion supporting 73,000 soldiers and 16,500 civilians. He was hand picked by the VII Corps Commander to manage a \$270 million budget supplemental for the deployment of U.S. forces from Germany to Southwest Asia to participate in Desert Storm. Upon completion of this assignment, Mr. Calderon moved to the Pentagon to oversee the 1993 Base Realignment and Closure recommendations for logistics, maintenance, and ammunition facilities for the Department of the Army. In January 2001 he was promoted to the Senior Executive Service as the Deputy Director for Budget in the Department of Commerce. Mr. Calderon currently resides in Alexandria, Virginia.

Cochran, Sr., Jerry

African American

Mr. Cochran served as an Aviation Boatswain's Mate in the United States Navy from 1971 to 1975. He founded the Jerry Cochran Veteran's Outreach Foundation in 1987. Mr. Cochran is currently the Executive Director of Mission Outreach Centers, Inc. where his duties include administrative and managerial functions, daily operations and implementation of social service programs. He is also the Pastor and Founder of New Jerusalem Pentecostal Church of God in Christ, Inc. He has past experience as a Retail Store Owner. Mr. Cochran currently resides in Albany, Georgia.

Cohen, H. Mara

American Indian (Oglala Sioux)

Ms. Cohen is a retired Air Force Lieutenant Colonel aero medical nurse. She served in numerous aero medical support operations to include the Jonestown cleanup in Guyana, Grenada; Operation Just Cause, Panama; and Operation Desert Shield and Desert Storm, South West Asia. Ms. Cohen runs a consultancy and has received numerous accolades for her work in organizational management to include a Federal Silver Hammer for Acquisitions Reform; recognition for her service as a Baldrige Examiner for commerce; and acknowledgement of her work on the Environmental Streamlining Permitting Law which was used as the national model for President Bush in his recent NEPA/USDOT executive order. She is an enrolled Oglala Sioux Tribal Member and is a member of the traditional Lakota Women Warrior's Society, the Katela. Ms. Cohen currently resides in Lakewood, Washington.

Jefferson, John D.

African American

Mr. Jefferson currently serves as the African-American Outreach Coordinator for the Farm Service Agency at USDA. His work experience includes serving in the Bush Administration at the Department of Education (2001-2002), as well as working for the American Legion's Washington, DC office as an Assistant Director and Lobbyist with the National Legislative Commission (1995-2001). Mr. Jefferson is a Vietnam Era Veteran who served in the U.S. Army (1970-72). He was stationed in Berlin,

Germany from 1971-72, and currently resides in Silver Spring, Maryland with his wife and two children.

McDowell, Clifford D.

African American

Mr. McDowell is a Disabled Veteran of the U.S. Army. He served in Operation Desert Storm as a Communications-Electronics Officer. He is currently the Associate Director of Sports and Recreation for the Paralyzed Veterans of America where he also served as Media Relations Manager in Communications. He served on the Board of Directors for Programs for Accessible Living. Mr. McDowell is a Distinguished Military Graduate for UNC-Charlotte. He currently resides in Tampa, Florida.

Major General James H. Mukoyama, Jr.

Japanese-American

Major General Mukoyama is retired from the Army Reserve after more than thirty years of dedicated service in both the active Army and Army Reserve. He culminated his career as the Deputy Commanding General of the U.S. Army Training and Doctrine Command at Fort Monroe, Virginia. During his five years on active duty, General Mukoyama served as a platoon leader in the Republic of Korea and as an infantry company commander in the 9th Division in Vietnam.

In September of 1970, General Mukoyama left active duty and joined the Army Reserve. General Mukoyama was the youngest general officer in the entire U.S. Army when he was promoted at age 42 to Brigadier General in 1987, and subsequently the youngest Major General when he received his second star three years later. In 1989, General Mukoyama became the first Asian American in the history of the United States to command an Army division. His 70th Training Division, located in Michigan and Indiana, was the first Army Reserve Training Division ever to be mobilized at Fort Benning, Georgia, when it was called upon to participate in Operation DESERT STORM in January 1991.

General Mukoyama is the executive vice president and chief operating officer of Regal Discount Securities in Chicago. He holds a B.A. in English from the University of Illinois and a M.A. in the Teaching of Social Studies from the University of Illinois. He is active in numerous veteran and community organizations. General Mukoyama currently resides in Glenview, Illinois.

Ross, Carson

African American

Mr. Ross is a U.S. Army Combat Infantry Vietnam Veteran. Currently, he is the Missouri Veterans Commissioner, appointed by Missouri Governor Bob Holden in 2003. Additionally, Mr. Ross completed seven terms in the Missouri House of Representatives in 2002. His numerous awards include the Department of Missouri Veterans of Foreign Wars of the United States Legislator of the Year Award (2000), the American Legion Legislator of the Year Award (2000), and the National Guard Association's Charles Dick Medal of Merit Award (1998.) He was elected vice chairman of the Missouri Legislative Black Caucus in 1998. Mr. Ross is also President of Graves and Ross Investments. Mr. Ross has experience in Municipal, Legislative, and Community Service, including being appointed to the Missouri Air Conservation Commission by Missouri Governor John Ashcroft in 1986. Mr. Ross currently resides in Blue Springs, Missouri.

Strickland, Joey*

Native American (Choctaw-Cherokee)

Mr. Strickland is a Choctaw-Cherokee. He retired as an Army Lt. Colonel with 28 years of service to America, including two combat tours of duty in Vietnam and service in the Army Airborne Infantry and Armor assignments. He is a Colonel in the Louisiana Army National Guard. Mr. Strickland currently serves on the Louisiana Governor's staff as the Secretary for the Louisiana Department of Veterans affairs, a 500-employee department serving 400,000 veterans. He is also the current President of the National Association of State Directors of Veterans Affairs and is the Executive Director for the Louisiana Department of Veterans Affairs and Indian Affairs where he serves as a liaison to over 400,000 veterans and advises policy and programs to the Governor on all aspects of Tribal Affairs. Mr. Strickland currently resides in Walker, Louisiana.

Walton, William L.

African American

Mr. Walton is a retired Commander and a former naval aviator. He is a disabled veteran. He is active in the National Naval Officer's Association (NNOA) and served on the Commander of U.S. Navy Air Forces (CNAF) Executive Committee on Diversity. His civilian career includes working with the 1st California Mortgage Company as a new homebuilder mortgage banker (1987-1993); President and COO of Lin Walton & Company which consulted to mortgage banks on low-to-moderate income and ethnic markets. Mr. Walton is a board member of the San Diego Senior Sports Festival; a former chair of a local non-profit specializing in affordable housing and remains involved with The Black Wings, assisting the U.S. Navy with its force diversification. He currently resides in San Diego, California.

Zapanta, Al

Hispanic American

Mr. Al Zapanta is a Vietnam War veteran. He received over 35 awards for his outstanding military service. Mr. Zapanta was appointed as the Assistant-Secretary of the Interior for Management from 1976-77. He has also served as a member in the Department of State's Advisory Committee on International Trade, Technology, and Development. His private-sector experience includes 18 years as an executive with ARCO and he retired in 1993 as Director for Governmental Affairs. Presently, Mr. Zapanta is the President and CEO of the United States-Mexico Chamber of Commerce in Washington, D.C. He currently resides in Annandale, Virginia.

* Denotes Chairman