

U.S. Department of Veterans Affairs



The Fifth Annual Report of the Advisory Committee on Minority Veterans

July 1, 1999

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The Honorable Togo D. West, Jr.

Secretary
Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, DC 20420

Dear Secretary West:

It is an honor to submit the 5th Annual Report of the Advisory Committee on Minority Veterans, pursuant to § 544, Title 38, United States Code. The report represents the views and consensus of the Committee on those issues affecting minority veterans. As we have stated in previous reports, many of the issues we identify impact the entire veterans' community, but the impact is particularly acute and distressful on minority veterans. Our recommendations and suggestions are designed to minimize or eliminate the distress, and to assist the Department in its efforts to remove barriers to minority veterans' use of VA benefits, programs, and services.

Our report focuses primarily on the Committee's visit to Puerto Rico and the Virgin Islands. Such visits continue to prove very valuable in identifying and validating problems that exist in the delivery of services to minority veterans and veterans in remote and isolated areas.

We are concerned that the Center for Minority Veterans remains, after 4 years, understaffed and under funded. As such, initiatives and programs in support of the Center's legislative mandate and responsibility to minority veterans can not be fully implemented. This issue must be resolved. The report contains other issues that will require VA's immediate attention.

We were delighted to have you visit our Committee and reconfirm your support of our efforts to assist the Department of Veterans Affairs in discharging its responsibilities to minority veterans. Your support for our Committee to become permanent is greatly appreciated.

The Committee looks forward to welcoming the new appointees whom you assured us would be forthcoming. These appointments will provide us with a broader range of experiences to draw on in performing our duties. In our judgement there remains much work to be done.

Again, we express our thanks and appreciation to members of the VA staff for their cooperation and support. We are especially pleased with the efforts being made by the Office of Small and Disadvantaged Businesses, to promote and develop minority and small business opportunities throughout VA; the Office of the Assistant Secretary for Planning and Analysis with regard to the on-going program evaluations; and the VA Office of Medical Research Service, in promoting studies and research on disparities in minority health care.

Members of the Committee are available for any special discussions necessitated by our recommendations. We may be contacted through the Office of the Director, Center for Minority Veterans, at (202) 273-6708.

Sincerely,

George B. Price
Chairman

Enclosure



Report of the Advisory Committee on Minority Veterans

Fifth Annual Report


July 1, 1999

Introduction

The Committee continues working closely with the Center for Minority Veterans to develop a coordinated response to the specific concerns of minority veterans and to implement strategies to accomplish previously established goals, which are to:

- review and analyze the effects of VA policies, programs and procedures on minority veterans,
- evaluate the needs of minority veterans,
- develop an evaluation model to measure the effectiveness and efficiency of the Department of Veterans Affairs, and
- submit recommendations to the Secretary to improve the delivery of benefits and services to minority veterans.

In order to accomplish these goals, the Committee identified and revalidated the following objectives for fiscal years 1997 through 1999. In this regard, the Committee must:

- evaluate the health care issues and concerns of minority veterans with emphasis on access, appropriateness, equity and quality of care;
 - evaluate the effectiveness of outreach programs and services; and
 - assess the availability of services that are provided to veterans using information obtained from veterans service organizations, community based organizations, tribal governments, and other traditional and nontraditional practitioners who serve veterans.
- 

General Overview

This is the Fifth Annual Report of the Advisory Committee on Minority Veterans. The Committee conducted two mandatory meetings as required by Title 38, United States Code §544. The two meetings were held at VA Central Office, Washington, DC, on January 12-14, 1999, and April 26-29, 1999. The Committee also conducted site visits to VA facilities in San Juan, Puerto Rico (PR), and St. Croix, US Virgin Islands (USVI), on April 5-9, 1999.

The terms of service for seven members of the Committee expired in December 1998. Major General Fred A. Gorden, (U.S. Army, Retired) was appointed to fill one of the seven vacant positions. Approval of nominees to fill the remaining vacancies is still pending. During this reporting period, the Secretary of Commerce, in accordance with Title 38, USC §544, appointed a representative to serve as an ex officio member on the Committee.

The Committee reviewed several program areas during its meetings and received briefings from VA officials on such issues as:

- VA Medical Research
- Veterans Benefits Administration's Reorganization and Business Re-engineering Processes
- VA's Women Veterans Programs
- Innovations in Veterans Employment and Training Programs
- VA Education Program Evaluation
- Readjustment Counseling Programs
- VA's Small and Disadvantaged Business Utilization Program
- Office of Resolution Management

The Committee also reviewed the status of recommendations from previous reports and expressed concerns that many recommendations had not been fully implemented. Some of those recommendations are discussed further in this report.

The Advisory Committee's Subcommittee on Health Care proposed a site visit to VA facilities in San Juan, Puerto Rico, and the U.S. Virgin Islands. The Committee unanimously approved the proposal, and the visit was scheduled for April 5-9, 1999. The visit was conducted to assess the effectiveness of services provided to veterans living in the Caribbean Islands. While the principal areas of interest were health care and benefits entitlements, several other areas were examined based on complaints from veterans in the region.

In addition to meetings with VA officials, Committee members met with representatives from various veterans' service organizations and officials from

the Puerto Rico and Virgin Islands' Departments of Veterans Affairs. Members also met with veterans and family members in a series of town hall meetings conducted at several locations in Puerto Rico and in St. Croix, VI. The town hall meetings were very informative and were supported by VA facility directors and staff. More than 600 veterans were contacted during these site visits.

Based on a review of budget reports, briefings from VA staff and an analysis of funding in Veterans Integrated Services Network 8 (VISN) , the Subcommittee concluded that VA should examine funding for medical care provided to veterans residing in the Caribbean. The Subcommittee also found that veterans from the Virgin Islands are adversely affected by language barriers when trying to use benefits and other services in Puerto Rico, where Spanish is the primary language. Transportation and access to services are major problems for veterans residing in both the Virgin Islands and Puerto Rico.

These issues (problems) are discussed in more detail in this report and are accompanied by Committee recommendations for improving health care and the administration of benefits to veterans in the Caribbean.

Members of the Subcommittee on Outreach expressed concern that the Veterans Benefits Administration (VBA) is not conducting aggressive outreach activities to notify Native American veterans, who are potential beneficiaries, of the Native American Direct Home Loan Program. While VBA has indicated that limitations on resources preclude them from conducting outreach as specified by law, the law has not been changed, and therefore VA is not in compliance with the provisions of Public Law 105-297. Further, outreach information briefings, to make veterans or their surviving family members aware of existing VA programs and entitlements, are needed to encourage and promote the use of VA programs and services.

The Subcommittee on Benefits and Compensation concluded that the Department of Veterans Affairs has not aggressively supported the Filipino Veterans Benefits Improvement Act of 1999 (H.R. 1594), which contains three major provisions. The provisions are designed to:

- provide 100 percent parity for Filipino service-connected veterans residing in the United States who were wounded, injured or imprisoned during World War II (WWII), and who were previously receiving half of the monthly compensation of their American counterparts;
- allow WWII Filipino veterans residing in the United States to be eligible for health care at VA clinics and hospitals; and
- provide an annual funding of \$500,000 to the VA Outpatient Clinic in Manila, Philippines, to treat Filipino veterans.

The Subcommittee expresses serious concern about the administration of VA benefits to WWII Filipino veterans. Seemingly, VA has not taken a supportive position on this issue. Committee members believe that the lack of support and advocacy (by VA) seriously jeopardizes the passage of legislation to provide full benefits to Filipino veterans.

Report on Site Visit

Puerto Rico and the U.S. Virgin Islands

Overview:

The Subcommittee on Health Care, augmented with other Committee members, visited Puerto Rico and the U.S. Virgin Islands on April 5-9, 1999, to assess VA's delivery of health care and administration of benefits to veterans in the Caribbean. The Committee cited, as a rationale for the visit, the fact that numerous veterans in Puerto Rico and the U.S. Virgin Islands had complained about VA services in letters to the former VA Secretary. The Committee focused on the following areas: Health Care, Outreach and Benefits, as well as other services provided by the Department to veterans residing in these territorial possessions of the United States.

The following individuals were members of the Subcommittee:

- Gumersindo Gomez Chairman, Health Care Subcommittee, Team Leader (Alpha)
- Don Loudner Chairman, Rehabilitation and Outreach Subcommittee
- Antonio Davila Member
- Fred A. Gorden Member, Team Leader (Bravo)
- Francisco Ivarra Member, Vice Chairman, Advisory Committee on Minority Veterans (ACMV)
- Gary Metoxen Member

Willie Hensley, Director of the Center of Minority Veterans, Washington, DC, accompanied the Subcommittee as the VA representative. The agenda for the trip is attached.

The Subcommittee conducted town hall meetings/veterans information forums and separate meetings with veterans at the following locations:

- San Juan, Puerto Rico
- Humacao, Puerto Rico
- Arecibo, Puerto Rico
- Juana Diaz, Puerto Rico
- Ponce, Puerto Rico
- Cabo Rojo, Puerto Rico
- Bayamon, Puerto Rico
- St. Croix, U.S. Virgin Islands

Approximately 600 veterans were contacted during the town hall meetings.

General:

The report is organized into the following areas: VA's Administration of Health Care, Barriers to Access (Transportation and Language), Outreach, VA Regional Office Administration, National Cemetery Administration and Veterans Service Organization Issues.

VA's Administration of Health Care:

The medical center staff provided briefings and background information on the operations of health care facilities and medical programs in Puerto Rico and the U. S. Virgin Islands. Based on a review of budget documents, the San Juan VA Medical Center appears to be severely under-funded and does not appear to receive, on par, funds comparable to other VA facilities in VISN 8 and within the contiguous United States. The shortage of funds severely affects the ability of the Medical Center Director to conduct outreach, provide medical care to eligible veterans, and enroll eligible veterans in PR and USVI.

The following issues were presented during town hall meetings/veteran information forums, and/or during meetings with VA staff, officials of the PR and USVI Departments of Veterans Affairs, and representatives of Veterans Service Organizations:

- Appointments for initial medical evaluations and follow-ups were being cancelled without prior notification to the patient/veteran.
- Appointments for treatment of diabetes as well as other medical ailments are not immediately available/accessible. There is at least a four-month waiting period for an appointment.

- Veterans complained that too often they do not see the same physician when reporting for follow-up clinic appointments. The primary care team concept is not working in PR.
- There are several critical position vacancies at the VAMC. For example, the Ponce and Mayaguez Community Based Outpatient Clinics (CBOC) provide mental health services to about 2,000 mental health patients. However, there were only 2 physicians available to handle the caseload, with each doctor seeing about 1,000 unique patients (each). The facilities are authorized 4 full-time equivalent positions. Additionally, a medical specialist is not assigned to the Mayaguez Outpatient Clinic; therefore, patients are routinely referred to the Ponce Outpatient Clinic or the San Juan VAMC.
- The VAMC offers virtually no services or separate wards/semi-private rooms for women veterans. Women veterans are housed with male veterans without regard to their special needs, to include privacy.
- Civilian Health and Medical Program VA (CHAMPVA) information and services are limited in PR and the USVI when compared to information and services available on the mainland.
- Veterans must purchase over-the-counter medications prescribed to them by VAMC physicians. Some medications are not readily available at the VAMC pharmacy.
- Communication between the VAMC and personnel located at other VA facilities in Puerto Rico and the Virgin Islands is extremely deficient. For example, the VHA Directive relating to patient enrollment, issued within the last 2 years, has only recently been distributed and implemented in the Caribbean region. A shortage of funds and the inability of the facility to treat more veterans were determined to be possible reasons for the delay in implementing the VHA Directive.
- The Director (VAMC) expressed very little interest in reaching out to all Priority Group 1-7 stakeholders. There are concerns about the facility's ability and capacity to meet the needs of additional veterans. Currently, the VAMC serves only 40 percent of eligible veterans living in the region.
- There are no inpatient post traumatic stress disorder (PTSD) treatment programs in Puerto Rico and the Virgin Islands. Although 30 percent of the Hispanic veteran population suffers from PTSD, residential programs do not exist, and patients are referred to the mainland for inpatient care.
- There are no established procedures for assisting walk-in patients. Veterans sometime wait all day and are not interviewed or seen by a physician.

- The Spinal Cord Injury Unit, located on the third floor of the VAMC, is a fire safety hazard for wheelchair bound veterans and for those who are bedridden. The unit should be relocated to the entry level or main floor of the VAMC.
- The USVI CBOC is too small. The Clinic Director's office is also used as an examination room.

Barriers to Access (Transportation and Language)

Transportation and language present two unique barriers to care and use of benefits by veterans in Puerto Rico and the U.S. Virgin Islands. While most printed correspondence is in English, most verbal communication in Puerto Rico is in Spanish. Consequently, veterans from the U.S. Virgin Islands encounter some difficulty in communicating when they travel to VA facilities in San Juan, PR. Even in those instances where English is used for non-Spanish speaking veterans, the distinctness of the Virgin Islander's dialect, in many instances may pose a unique barrier to their smooth and efficient access to services. Verbal communication should not be overlooked as a barrier to care and other VA services. The absence of bilingual (English and Spanish) written communication represents a barrier to all veterans in the Caribbean. Some specific issues presented to Subcommittee members included:

- **Travel Expenses.** The cost for travel to the VAMC, from remote areas in PR and the USVI, creates an extreme financial hardship on veterans and their family members. Individual cases reflect that veterans in PR and the USVI pay as much as \$60.00 and \$250.00, respectively, to travel for appointments at the San Juan VAMC.
- **Printed Information.** Brochures and pamphlets in Spanish, pertaining to veterans' benefits and medical entitlements, are not available throughout the island of Puerto Rico and the Virgin Islands.
- **Lack of Sensitivity.** Veterans complained that VA personnel lack sensitivity in dealing with them or their family members. Such core values as compassion and respect must be reinforced in the work place.
- **Communications.** Follow-up letters to veterans are printed in the English language only. Bilingual (English and Spanish) form letters would improve communications with veterans.

Outreach

VA outreach to veterans in the Caribbean region is non-existent. As such, veterans are not getting information about benefits, medical services and other entitlements unless specifically requested. Information is not routinely disseminated, and town hall meetings and veterans' information forums are not held. Subcommittee members expressed concern over the lack of general benefits information and the absence of an established VA-initiated outreach program. It was suggested that an effective outreach program might help improve communication with the veteran community and promote greater use of VA benefits and programs. There were indications that the Medical Center Director would prefer not to establish an outreach program because it could possibly result in his facility not being able to provide adequate care to eligible veterans. The shortage of funds and staff has a significant impact on outreach.

The Director of the Regional Office acknowledged the need for more outreach in the USVI and agreed to provide partial funding for a full-time minority veterans program coordinator.

Readjustment Counseling Service has an effective outreach program and is successfully addressing the needs of veterans suffering from post-traumatic stress disorder. Vet Center personnel are well respected by veterans in the Caribbean. These personnel have forged an invaluable professional relationship with veterans in the area.

Veterans in the region lack basic knowledge of VA benefits and entitlements. As such, they are frustrated, confused about benefits issues and distrust the VAMC and VARO. No VAMC or VARO programs to educate veterans and their families about medical services, submission of claims or appeals procedures were evident. There was no indication that a Gulf War veterans' program exists in Puerto Rico and the U.S. Virgin Islands.

VA Regional Office Administration

During the visit, members of the Committee received briefings from the Director, VA Regional Office, San Juan, Puerto Rico, and from employees at the facility. It was determined that 25 percent of the veterans in the Caribbean are receiving disability compensation, compared to about 12 percent on a national level. While this figure is about twice the national average, Subcommittee members did not feel that the trend was significant, considering the high percentage of Hispanic veterans who served in combat units during wartime. However, members expressed concern that the high percentage may result in unnecessary and unfair focus on ratings and compensation awards at the facility.

This extra scrutiny and previous GAO studies may have facility employees overly cautious and somewhat conservative in their ratings. Members could not validate this to be a problem but felt it was an issue that VA managers and senior officials should monitor.

The high volume of medical reimbursement claims received by the regional office is also contributing to delays in the processing of disability claims. Generally, it takes several months (4-5 months) to process medical reimbursement claims. Often, the Director has to redirect staff to accommodate this requirement. Additional full-time staffing could possibly alleviate this problem, or the use of trained temporary personnel would help improve processing time without detracting from an already demanding disability claims process. A minimum of eleven additional VARO personnel in the areas of adjudication, decision ratings, and appeals need to be hired. This increase in staffing would greatly assist in easing the frustrations felt by veterans concerning delays in obtaining benefits decisions.

Supervisors at the regional office could not provide, when asked, the number of backlogged disability claims or the total number of claims pending. Therefore, members felt that procedural improvements in the management of claims, from receipt to completion, should be a priority at the facility. A tracking system that adequately reflects the status of all claims in the system by age and by months and years should be established and consistently used. Such a system would insure that the oldest cases are worked in priority order.

During town hall meetings, numerous veterans complained about poor communications at the facility. They stated that they routinely encounter difficulty when trying to get information from the RO about the status of their claims and that the processing of claims take absolutely too long. Over 25 cases were presented to Subcommittee members at the meetings. These cases were referred to the Director of the Regional Office, who has provided periodic updates to the Subcommittee and the Center for Minority Veterans.

The Director has taken significant steps to improve the automation capability of the USVI Office of Veterans Affairs to assist veterans in determining the status of their claims. The benefits of this system were immediately evident during the visit. Communications with the Office of Veterans Affairs appears to be effective and consistent. However, written communication (correspondence) from the Regional Office directly to veterans should be reviewed to ensure that it is clear, concise and understandable. The use of bilingual letters (in both English and Spanish) should be explored.

Other issues relative to Regional Office Administration include:

- According to veterans, Compensation and Pension (C&P) ratings for Puerto Rican veterans are comparatively lower and not equal to those ratings received by minority and majority veterans residing on, or traveling to, the mainland.
- An updated system for the distribution of claims folders is required immediately. Folders are currently placed on a table, sectioned off with tape. This procedure is considered haphazard because the sections are not adequately identified. A misfile could result in folders being routed to the wrong individuals or teams, thereby contributing to the delay in processing veterans' claims for benefits.
- Permanent secretarial staff is needed to assist the Veterans Service Center Manager at the VARO.
- The Vocational Rehabilitation and Counseling Service fails to secure employment for veterans within the required 75 days after the veteran is job ready.

Bayamon VA National Cemetery

A Subcommittee team visited the VA National Cemetery at Bayamon, Puerto Rico. The newly appointed Cemetery Director briefed the team and conducted a tour of the administration facility and the cemetery grounds.

Extensive work is being done at the cemetery to repair sunken gravesites affected by soil erosion. This project is well underway and the results were clearly evident. The erosion is attributed to several factors, including natural wet weather (rainy) conditions and the drainage of swimming pools onto cemetery property by local residents. However, the most significant factor contributing to soil/land erosion around gravesites was the improper "filling" procedures used by the cemetery in the past. The Cemetery Director had already taken steps to prevent further soil/land erosion around gravesites.

It was noted during the tour of the grounds that local residents were dumping trash and debris onto cemetery property, especially in the area earmarked for future expansion and development. Although the Director has met with local residents to discuss this matter, dumping continues to be a problem.

During the exit briefing, Subcommittee members discussed the dumping problem and the problem with local residents draining their swimming pools onto cemetery property. Several representatives from Veterans Service Organizations stated that they have members and chapters in the Bayamon community where the cemetery is located and that they would work within the community to resolve these issues.

A project to install an improved irrigation system that will cover the entire cemetery grounds is needed. Such a project will add to the overall grounds maintenance program once the erosion and drainage issues are resolved.

Veterans Service Organizations

Veterans Service Organizations (VSOs) and the Department of Veterans Affairs for Puerto Rico and the U.S. Virgin Islands were very supportive of the Subcommittee's visit. Several VSOs coordinated many of the town hall meetings and disseminated information to veterans about the visit.

Representatives of the Blinded Veterans Association, Puerto Rico Regional Group, presented the following issues/concerns to the Subcommittee:

- Homemaker Services Program -- The program has been reduced from 6 months to 4 months, and it takes at least 11 months (waiting period) for veterans to be scheduled to participate.
- Respite (Break) Program -- A program is needed for family members who care for veterans suffering from Alzheimer's illness.
- Nursing Home Care Unit -- The program is not available to Alzheimer's patients. Entry and exit points to the Nursing Home facility should be controlled to keep the patients within the facility's boundaries.
- Transportation -- Round-trip transportation from outpatient clinics in Ponce and Mayaguez to the VAMC at San Juan is needed. Public transportation in San Juan is very expensive and difficult to obtain.
- Ophthalmology Services -- An Ophthalmology Clinic is needed at the Mayaguez OPC. Statistics indicate that 14.2 percent of those veterans who are blind live in the Mayaguez region. Mayaguez is the farthest point from the San Juan VAMC. Blind veterans living in the Ponce region (9.23 percent) are already receiving ophthalmic services at the Ponce Outpatient Clinic.
- Programs to Assist Blind Veterans -- Frequently, important programs for blind veterans such as the "Computer Access Training," although operated successfully in other Blind Rehabilitation Centers, take an extremely long time before they are considered for implementation at the San Juan Blind Rehabilitation Center.

- Claims Processing – Veterans experience lengthy delays in the processing of their claims for disability compensation, aid and attendance, pensions and other VA benefits.

Attachment

Subcommittee's Agenda

The following agenda provides an overview of daily activities for members of the Subcommittee:

MONDAY, APRIL 5, 1999

Members of the Subcommittee traveled to San Juan, Puerto Rico. At 6:00 p.m. a meeting was held with the Director (VAMC) and Director of the Commonwealth Office of Veterans Affairs. Committee members discussed mutual concerns and reviewed the agenda relative to the following day's activities.

**TUESDAY, APRIL 6, 1999
(A.M.)**

Members of the Subcommittee visited the Veterans Affairs Medical Center (VAMC) and Regional Office (VARO) in San Juan, Puerto Rico. A meeting was held with the Directors of the VAMC and VARO and their appropriate staff members. We informed those in attendance of the purpose for our visit and proceeded to discuss issues of concern. Other participants were members of the Vet Center, Veterans Service Organizations (VSOs) and Director, Office of Veterans Affairs, Commonwealth of Puerto Rico. Both VAMC and VARO personnel briefed the Committee and provided tours of their respective facilities.

**TUESDAY, APRIL 6, 1999
(P.M.)**

ALPHA Team traveled to Humacao to conduct a Town Hall Meeting (THM) at the office of the American Legion.

BRAVO Team traveled to Arecibo to conduct a THM at the office of the American Legion. Both THMs were well attended by veterans, dependents, and other concerned citizens. Designated personnel from the VAMC, VARO, Vet Center and veterans' organizations accompanied each Team.

WEDNESDAY, APRIL 7, 1999

ALPHA Team traveled to Juana Diaz to visit the new Veterans Home, to Ponce to meet with Vet Center personnel, and to the Mayaguez Community Based Outpatient Clinic (CBOC) for interaction with staff and a tour of the facility. During the evening, a THM was conducted in Cabo Rojo at the office of the

American Legion.

BRAVO Team traveled to Bayamon, to visit the Puerto Rico National Cemetery and then proceeded to St. Croix, US Virgin Islands, for meetings with the State Office of Veterans Affairs, CBOC and Vet Center. During the evening, they conducted a THM at the St. Croix Educational Complex school auditorium. Both THMs were well attended by veterans, dependents, and other concerned citizens. Designated personnel from the VAMC, VARO, Vet Center and veterans' organizations were present.

THURSDAY, APRIL 8, 1999

ALPHA Team returned to the VARO and followed up on issues of concern.

BRAVO Team returned from St. Croix and joined ALPHA Team members in preparing the briefing. During the afternoon, an oral Exit Briefing was conducted at the VAMC.

FRIDAY, APRIL 9, 1999

Members of the Subcommittee returned to their respective home stations.

Status of Previous Report Recommendations

Overview:

The Committee decided to request that VA provide periodic updates on its progress in resolving issues and recommendations presented by the Advisory Committee on Minority Veterans. During deliberations, it was determined that several recommendations were still pending action by VA. The Subcommittee on Benefits and Compensation was tasked to review several recommendations from the Second, Third, and Fourth Annual Reports.

Discussion:

The Subcommittee on Benefits and Compensation determined that the following recommendations from the Second Annual Report of the Advisory Committee on Minority Veterans, July 1, 1996, are still open and require VA's immediate attention:

- Recommendation #3: Recognize the appropriate regional and national minority organizations that serve our country's diverse population groups and invite them as genuine partners, consultants, advisors, and expert witnesses in enriching the Department's commitment to serve the needs of minority veterans.
- Recommendation #15: Submit a request to Congress to amend Section 2408 of 38 U.S.C. to permit tribal governments, the Government of American Samoa, the Government of Guam, and the statutorily recognize Native Hawaiian government to be eligible for grants-in-aid for the purpose of establishing, expanding, or improving veterans' cemeteries.

The following recommendations from the Committee's Third Annual Report of July 1997 are considered open and require VA action:

- Recommendation #2: Establish a policy that requires decision-makers to determine if VA programs, services, and benefits are administered in an equitable manner and are accessible to all veterans.
- Recommendation #3: Develop performance rating standards for all VA management personnel (facility directors) that include rating factors to measure outreach, quality of services, and support to minority veterans.
- Recommendation #30: Identify and provide additional assistance to veterans who are experiencing years of delay in the resolution of their VA claims.

The Subcommittee On Benefits and Compensation proposed that the Advisory Committee conduct a comprehensive review of VA Manual M-5, Part IV, dated December 6, 1990, based on VA's response (non-concurrence) to recommendation #3 in the Advisory Committee's Fourth Annual Report. In this report, the Committee concluded that VA should establish a standard policy and procedures guide/manual for domiciliary operations. The recommendation was based on findings from a site visit to the Temple VA Medical Center where it was determined that policies and procedures did not exist or were not being followed. For example, some minority veterans indicated that non-minority patients were allowed to remain in the Temple Domiciliary for (as long as) twenty-three years, while they were asked to leave within six months to one year. In addition, veterans expressed concerns about the dress code. They felt that the dress code for PTSD patients discourages self-pride and is "counter-therapeutic" to veterans. Such items as service organization hats, pins, and T-shirts are currently prohibited at the domiciliary.

Recommendations:

The Committee recommends that the:

Number 1. Acting Under Secretary for Health appoint a task force to recommend solutions to the situation in Puerto Rico and the U.S. Virgin Islands, with a view toward developing ways to improve services across the board. Particular emphasis should be placed on the equitable allocation of funds under the Veterans Equitable Resource Allocation (VERA) and the elimination of barriers that preclude full and unimpeded access to care and benefits. The task force should include in its assessment how improvements can be made in such areas as: medical appointments, patient privacy, primary care teams management, pharmaceutical services, medical claims reimbursement, beneficiary travel, and implementation of eligibility reform guidance.

Number 2. Director, San Juan VA Medical Center, explore operating a shuttle between the VA Medical Center and Outpatient clinics. The Committee believes that implementation of a shuttle program will not only solve many transportation problems for the veterans, but will also reduce the overall cost of travel reimbursements.

Number 3. Secretary emphasize and establish guidelines for increasing contracting opportunities for minorities, veterans and women-owned businesses. Further, the Secretary should review, analyze and initiate corrective actions, especially in VA Central Office (VACO), where minority and small business contracting goals/targets are not being achieved or are being ignored.

Number 4. Secretary require that all form letters mailed to veterans residing in the Caribbean be printed in both English and Spanish to accommodate the veterans who may not be bilingual.

Number 5. Secretary ensure that the Center for Minority Veterans is sufficiently staffed and funded to meet the statutory responsibilities outlined in Public Law 103-446. The Committee recommends that the Center's staff be immediately increased to seven people and that funding for such initiatives as a minority veterans' summit be fully supported, funded and executed in calendar year 2000.

Number 6. Acting Under Secretary for Health establish an inpatient PTSD program in Puerto Rico for veterans residing in the Caribbean region.

Number 7. Director, San Juan VAMC, initiate a project to relocate the Spinal Cord Injury Unit from the third floor to the main floor of the Medical Center.

Number 8. Directors of the San Juan, Regional Office, and the San Juan Medical Center, establish mandatory cultural sensitivity training for employees at their facilities. The Assistant Secretary for Human Resources and Administration and the Director, VA Center for Minority Veterans, should assist in the development and implementation of the training.

Number 9. Under Secretary for Benefits authorize an increase in staffing for the San Juan Regional Office to handle the high volume of medical reimbursement claims.

Number 10. Director, San Juan Regional Office, and Director, San Juan VA Medical Center, conduct more veterans information forums and town hall meetings in both Puerto Rico and the USVI. The MVPCs at these facilities should be an integral part of the planning and actual execution of town hall meetings and information forums.

Number 11. Director, VAMC San Juan, appoint a working group to address and resolve the concerns of blind veterans. The working group should also focus on recommending the best location for Ophthalmology services for blind veterans who reside in Puerto Rico.

Number 12. Under Secretary for Benefits comply with the provisions of Public Law 105-297 and implement an effective outreach program to support the Native American Direct Home Loan Program. In this regard, Minority Veterans Program Coordinators should be used to assist veterans.

Number 13. Congress of the United States pass legislation to provide equitable VA benefits to World War II Filipino veterans who reside in the United States.

Number 14. Under Secretary for Benefits initiate a review of the Vocational Rehabilitation Program in the Caribbean. Particular attention should be focused on improving program outcomes and effectiveness with regard to job placement of veterans who are declared job ready.

APPENDIX A

Advisory Committee on Minority Veterans

Biographical Sketches

- **Cavanaugh, Shirley R.** Pacific Island – Japanese American

Ms. Cavanaugh has extensive experience in community relations, media relations, governmental relations, special events and employee communications. She is currently serving as the Communications Director, Office of the President, Hawaii State Senate. She was appointed to the Hawaii Governor's Advisory Board on Veterans Services from 1993 to 1997 and served as the Board's chairperson from 1995 to 1997. She served in the U.S. Air Force from 1967 to 1990, retiring as a Lieutenant Colonel. She is member of the Outreach Subcommittee.

- **Davila, Antonio** Hispanic American

Mr. Davila has served as the Executive Director, Delaware Commission of Veterans Affairs, since 1991. He is the immediate past President of the National Association of State Directors of Veterans Affairs. He has a Master's Degree in history with a concentration in Latin American Studies. Mr. Davila acquired experience as an Equal Employment Opportunity specialist in Worcester Public Schools, Worcester, MA. He has taught English, History and Spanish language courses at several colleges and public school systems. He served on active duty in the U.S. Air Force from 1964-1968 (Vietnam Era). He has also served in the Massachusetts Army National Guard (1977-1980) and the United States Army Reserves (USAR) (1980 to 1998). Mr. Davila is a member of several Veterans Service Organizations and the Benevolent and Protective Order of Elks. He is currently pursuing a Ph.D. in Administration and Management from Columbia Pacific University, Novato, California. He is a member of the Subcommittee on Benefits and Compensation.

- **Doria, Manuel T.** Asian American - Filipino

Mr. Doria enlisted in the United States Navy in the Philippines and retired as a Lieutenant with 23 years of service. He is a graduate of the National University in San Diego with a Master's Degree in Business Administration and Public Administration. He was President of the Philippine-American Community of San Diego County. In San Diego, he was Special Assistant in Congressman Filner's District staff where he coordinated the Veterans' Forum of Congressmen Bob Filner, Lane Evans, and Sonny Montgomery and Secretary of Veterans Affairs, Jesse Brown. He serves as the Chairman of the Subcommittee on Benefits and Compensation.

- **Foster, Talmadge C.** African American

Mr. Foster is an Army veteran who served in the military from 1952 to 1955 and 1960 to 1969. He organized, planned, and administered the Alabama Veterans Leadership Program (AVLP). AVLP is a non-profit organization that recruits, counsels, trains, and supervises unemployed veterans and provides job placement and referral services. He has served as a member of the Alabama State Board of Veterans Affairs. He is a member of the Subcommittee on Employment, Training and Rehabilitation.

- **Gomez, Gumersindo** Hispanic American

Mr. Gomez is a community activist, counseling psychologist, and veterans' advocate. He is currently the Executive Director of the Puerto Rican Veterans' Assoc. of Massachusetts, Inc. He has worked in the VA Vet Center program and Spanish American Union as a caseworker. Mr. Gomez served 20 years in the U.S. Army, retiring at the rank of First Sergeant. He is the Chairman of the Subcommittee on Health Care.

- **Gorden, Fred A.** African American

General Gorden is a retired Army Major General with over 34 years of military service. He is a Vietnam War veteran. He is a graduate of the United States Military Academy, West Point, and has a Master's of Arts Degree in Foreign Language Literature. He serves on the Board of Directors, USAA Insurance Company. He currently resides in the San Antonio, TX, metropolitan area. He is a member of the Subcommittee on Benefits and Compensation.

- **Hernandez, Joaquin** Hispanic American

Mr. Hernandez is a disabled Vietnam veteran who served honorably in the United States Marines from 1968 to 1970. He has 27 years of senior level academic administrative and teaching experience in higher educational institutions. He currently serves as Affirmative Action/Staff Development Manager, San Diego Community College District. In 1973, he served as the Director, Office of Veterans Affairs, at the University of Northern Colorado at Greeley. He is the Chairman of the Subcommittee on Employment, Training and Rehabilitation.

▪ **Ivarra, Francisco F.** Hispanic American

Mr. Ivarra is a disabled combat Vietnam veteran who was in the US Army, serving from 1968 – 1970. He has extensive experience as a consultant on diversity and has held numerous positions as an instructor and administrator in the community college and university systems. He has an MA in Sociology from Western Washington University. He is currently the National Commander for the American GI Forum, serves on the State of Washington Governor's Veterans Affairs Committee and is the Administrative Facilitator for the Seattle VARO Minority Veterans Coordinating Committee. He is the Vice-Chairman of the Committee.

▪ **Jacobs, Jr., Mark** Native Alaskan - Tlincet

Mr. Jacobs is a World War II veteran and a full-blooded Tlincet Indian. He was born in Sitka, Alaska. He currently serves on the Veterans Affairs Committee of the National Congress of American Indians. He is a life member of the American Legion. He is a member of the Subcommittee on Outreach.

▪ **Loudner, Don** Native American - Sioux

Mr. Loudner is a 7/8 degree Hunkpati Sioux. He served in the United States Army during the Korean conflict (1950 to 1952) and has 32 years of service in the Army Reserves as a Chief Warrant Officer (CW4). He has worked at the Bureau of Indian Affairs as the Agency Superintendent at the Yankton Sioux Indian Reservation and served three years as the Commissioner of Indian Affairs for South Dakota. He is currently a Commissioner on the South Dakota State Veterans Affairs Commission. He serves as the Chairman of the Subcommittee on Outreach.

▪ **Metoxen, Gary** Native American - Oneida

Mr. Metoxen is a career Navy veteran, retiring as a Chief Master Petty Officer. He is the former Chairman of the Veterans Affairs Committee of the National

Congress of American Indians. He is also the Director of the Oneida Nation's Veterans Affairs Office. He serves as a member of the Subcommittee on Health Care.

▪ **Price, George B.** African American

General Price is a retired Army Brigadier General with over 27 years of military service. After retirement from the active military, he worked in the Telecommunications Industry, providing technical engineering services and consulting services to clients. He is currently the personal manager of Opera Diva, Leontyne Price. He has served as a board member for Boy Scouts of America, Women's Vietnam Veterans Memorial, Vietnam Veterans Memorial Fund and the ROCKS, Incorporated, a minority non-profit organization comprised of active duty and former military officers. He is a member of the American Legion, VFW, VVA, 9th & 10th CAV Association and the Harlem Education Activities Fund (HEAF). He is Chairman of the Advisory Committee.