Washington, DC

THE THIRD ANNUAL REPORT

OF THE

ADVISORY COMMITTEE ON MINORITY VETERANS

July, 1997

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CHAIRMAN'S STATEMENT

The Committee extends its strongest appreciation to Secretary Jesse Brown whose vision and wisdom have been the mirror and the lamp guiding this Committee and its members to do what is right and just in service to all our veterans.

The Committee's third year of fulfilling its charge of providing advice and consultation to the Secretary of Veterans Affairs on the needs and concerns of minority veterans reflected a solid blend of Congressional support, States' assistance, staff research, grassroots testimony of veterans, funding availability, information sharing, and critical work by the members of the Committee.

Our first report outlined our mission, core values and strategy; our second report detailed sixteen specific recommendations; and this third report is based on the analytical input of the four subcommittees, two Committee meetings, two subcommittee field visits, two Committee teleconference sessions, and individual member site visits. It was a busy year.

The Committee strongly endorses the inclusion of performance measurement factors that both verbally and quantitatively identify a VA leader's, manager's, and supervisor's commitment to ensuring equality of services and benefits to minority veterans. These factors would be made a matter of record by both the approval of a policy directive by the Secretary and the adoption of a new individual Performance Rating Report that reflects the policy directive.

The Committee believes that while the perceptions of cultural insensitivity and racial disharmony have been eloquently identified by earlier studies and our reports, too few instances of thoughtful action programs have been institutionalized to relieve the stresses of our minority veterans. We salute and acknowledge the recent initiatives by the Department's leadership, but the journey must involve all employees of the Department and be sustained by policies, performance reports and funding.

The Committee endorses an operational outline for new committee members who will follow us in fulfilling the charge over the next three years. It maintains the current mission, core values and subcommittee structure but emphasizes specific, targeted policies and programs for review and analysis by individual committee members.

We complete our third year with a firm sense of the wisdom and propriety of the United States Congress in creating both the Advisory Committee on Minority Veterans and the Center for Minority Veterans. We gratefully acknowledge the professional partnership and support provided by the Department of Veterans Affairs.

David E. K. Cooper
Brigadier General, US Army (Ret)
Chairman

THIRD ANNUAL REPORT

THE ADVISORY COMMITTEE ON MINORITY VETERANS

A. Introduction

1. The Committee recognizes the importance of working more closely with the Center for Minority Veterans to develop a coordinated response to the specific concerns of minority veterans.

2. During this operational year, the Committee focused on implementing strategies to accomplish the following goals:

    a. To review and analyze the effects of VA policies, programs, and procedures on minority veterans.

    b. To evaluate the needs of minority veterans.

    c. To develop an evaluation model to measure the effectiveness and efficiency of the Department of Veterans Affairs.

    d. To submit recommendations to the Secretary to improve the delivery of benefits and services to minority veterans.

3. In order to accomplish these goals, the Committee identified the following objectives for fiscal years 1997 through 1999:

    a. To evaluate healthcare issues and concerns related to minority veterans with emphasis on access, appropriateness, equity and quality of services.

    b. To evaluate the effectiveness of outreach programs and services.

    c. To assess the availability of services provided to veterans using information obtained from veterans service organizations, community-based organizations, tribal governments, and other traditional and non-traditional practitioners who serve veterans.

B. General Overview

1. The Committee held two formal working meetings during the year. The Fall 1996 meeting was held in Washington, D. C., and the final meeting was in Seattle, Washington, in the Spring of 1997. Two conference call meetings were conducted during the fiscal year. In each of the on-site meetings, veterans and representatives of various groups presented their concerns and issues to the full Committee.

2. In an effort to reach as many veterans as possible, the Committee planned and conducted outreach visits to veterans in geographically isolated areas. The Subcommittee on Healthcare met with veterans in Hawaii, and the Subcommittee on Rehabilitation and Outreach met with American Indian veterans in South Dakota on the Rosebud and Pine Ridge Reservations. The feedback from veterans in these areas reinforced the Committee's decision to conduct more field visits and town hall meetings to validate the Department of Veterans Affairs' effectiveness and overall success in meeting the needs of minority veterans around the country.

C. Summary of Full Committee Meetings

1. The Fall 1996 meeting was held at the Department of Veterans Affairs, 810 Vermont Avenue, Washington, DC. Mr. Hensley, Director, Center for Minority Veterans, briefed Committee members on the status of issues being worked by the Center. During the meeting, the Committee finalized plans and priorities for the operational year. The agenda for the meeting included an open forum, which provided opportunities for the full Committee to receive updates from various operational components of the VA. Because of the realignment of healthcare services throughout VA, much of the meeting was focused on VHA's plans for reorganization and its impact on veterans, especially minority veterans.

2. Members of subcommittees met with representatives from VA to discuss issues that affected their area of concern. The following concerns were discussed:

    a. Compensation and Pension (C & P) ratings and examinations for minority veterans - - Subcommittee members met with the Director, C & P, Veterans Benefits Administration to address:

        (1) Incomplete examinations.

        (2) Disproportionately lower C & P ratings for minority veterans (compared to non-minority veterans).

        (3) Diversity training for doctors who conduct C & P examinations and rating specialists and adjudicators, who rate claims.

    b. Ethnic/racial composition of the VA staff in facilities around the country - - Subcommittee members met with VA representatives to discuss the impact of employment on services to minority veterans.

        (1) VA staffing is not reflective of the minority population served in some areas.

        (2) Minorities are under represented at senior grade levels throughout VA.

(3) Minority representation (Hispanic and Asian American) on the Board of Veterans Appeals is very low.

c. Development of collaborative agreements with civilian healthcare providers and minority businesses - - Committee members emphasized the importance of the following:

(1) VA conducting more outreach to minority businesses, especially minority veteran-owned businesses.

(2) VA using minority healthcare clinics as out-station facilities to provide care to veterans (especially in isolated areas).

d. Expansion of VA medical research - - The Committee discussed the need for:

(1) More VA research on minority health issues.

(2) Research on disparities in medical care to minority veterans.

3. The second meeting of the full Committee was conducted via a telephone conference call. Mr. Hensley provided Committee members with an update on the Center's work and accomplishments. Of special importance to this Committee were the actions that related to the Committee's goals and objectives. They included the report that a new Vet Center was scheduled to open on the Navajo Reservation in late 1997; the training of over 200 minority veteran program coordinators in March 1997; and, efforts by the Center to increase VA's focus on minority veteran businesses.

4. Subcommittee and individual reports indicated that the full Committee needed to focus attention on the following areas: Reports that Gulf War Veterans were being denied compensation and were being indiscriminately separated from active duty; issues regarding equity of C & P exams; and, indications that the reorganization/consolidation of VA facilities may adversely affect minority veterans.

5. The third meeting of the full Committee was also conducted via telephone conference call. Mr. Anthony Hawkins, Associate Director of the Center for Minority Veterans, provided an update on the Center's activities since the last conference call. He reported that work on the Center's Internet web page continues and that plans for the outreach Subcommittee trip to South Dakota, and the full Committee meeting in Seattle, Washington were being finalized. During the meeting, some members of the Committee expressed concern that the Matsunaga PTSD report failed to account for Asian American veterans living on the mainland. As such, the Committee feels that the Matsunaga Vietnam Veteran Project may not have included a significant sampling of Asian American veterans. The Committee also discerned that there is a systematic weakness in VA's computer data-base network system because it could neither track minority veterans among regional Veterans Integrated Services Networks (VISNs) nor between VA's benefit and healthcare systems. This systematic

problem has a significant impact on the Center's ability to determine if minority veterans are using the full range of programs, services and benefits offered by VA.

6. The fourth and final meeting of the Committee was held in Seattle, Washington on May 19-22, 1997, at the Jackson Federal Building. The open forum provided minority veterans, veterans service organizations, state and local officials, and VA officials the opportunity to present issues and concerns to the Advisory Committee. Sub-groups of the Advisory Committee were established to conduct town hall meetings in Tacoma and Seattle, Washington, and Portland, Oregon. The Committee's sub-groups were well received by veterans at each town hall meeting. Primary issues presented by veterans at town hall meetings centered around the following:

    a. Unfair compensation and pension ratings.

    b. Lack of access to services (healthcare, education, training, and employment).

    c. Lack of transportation to healthcare facilities and other appointments.

    d. Insensitivity by VA to alternative methods of healthcare and treatment.

    e. Lack of minority employees at the senior decision-making levels of the VA.

    f. Lack of adequate facilities for women veterans.

(**A summary of town meetings and outreach visits are attached to this report.**)

D. Summary of the Subcommittee Reports

1. Healthcare Subcommittee:

    a. The Subcommittee visited Hawaii for two major reasons: First, to assess the impact of the geographic location of major VA facilities on services to veterans throughout the state. Second, since seventy-five percent of Hawaii’s population falls into the minority veteran categories identified in Public Law 103-446, the Committee could examine VA's effectiveness in serving a larger population of veterans in one state. The 72,893 minority veterans in Hawaii are defined as follows: 63,000 Asian/Pacific Islanders; 6,026 Hispanics; 3,105 African Americans, and 762 American Indians. The goals of this visit were to gather information on the needs of Hawaiian veterans, and to assess VA's effectiveness in the administration of health and benefits programs in Hawaii.

b. During the visit, Subcommittee members met with VA officials and conducted town hall meetings with veterans and leaders of veteran organizations. Town hall meetings were held in Honolulu, on the islands of Oahu and Hilo, on the island of Hawaii; at Lihua, on the island of Kauai; and on the island of Maui. Veterans in Hawaii have many needs that must be addressed by VA. Some issues of major concern and interest to the Committee were:

(1) Very low disability ratings for veterans with PTSD.

(2) The need for improved medical care access for veterans in American Samoa.

(3) The need for contractual agreements with local medical treatment facilities for veterans on neighboring islands.

(4) The need for veterans to have a better understanding of the differences in administrative paper work required by VA medical centers and Benefits Services Divisions.

(5) The need for employees at Tripler Army Medical Center to be more sensitive to and respectful of Hawaiian veterans.

(6) The need for more training seminars to improve communications with veterans.

(7) The need to expand existing primary care clinics.

(8) The lack of records accountability - - many veterans complained that their records were lost by VA.

(9) The lengthy and unreasonable delay in processing and resolving VA claims.

(10) The need for jobs/employment for veterans.

(11) The lack of research to address minority veterans problems that are based on ethnic/cultural origins.

2. Rehabilitation and Outreach Subcommittee:

a. This Subcommittee visited the Rosebud and Pine Ridge Indian Reservations to gain an in depth understanding of the issues and concerns of American Indian veterans. No reliable information regarding the actual number of veterans on the reservations was available at the time of the visit.

b. Tribal leaders met with members of the Committee and discussed the following:

(1) Poor access to healthcare due to distance to closest VA facility and the lack of transportation.

(2) Procedures for scheduling appointments were ineffective and did not facilitate optimal use of the VA facility.

(3) The lack of healthcare outreach.

(4) The lack of VA sharing agreements with Indian Health Services to provide more accessible healthcare to eligible veterans on reservations.

(5) The need for a more comprehensive alcohol/drug treatment and PTSD treatment programs.

E. Recommendations

The full Committee recommends that the Secretary-Designate of the Department of Veterans Affairs approve the 63 recommendations listed at Attachment 1 for implementation.

ATTACHMENT 1

RECOMMENDATIONS

Advisory Committee on Minority Veterans

The Committee recommends that the Secretary-Designate:

1. Establish a task force headed by the Director, Center for Minority Veterans, to assess and recommend changes to the current VA cultural sensitivity policy and program. The task force's recommendations should be implemented immediately upon approval by the Secretary-Designate.

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.

3. Develop performance rating standards for all VA management personnel (facility directors) that include rating factors to measure outreach, equality of services, and support to minority veteran programs.

4. Develop methods for communicating and disseminating information to all veterans about changes in services and benefits.

5. Increase outreach programs to veterans in geographically isolated areas.

6. Direct that VA officials conduct follow-up visits to sites visited by the Subcommittees to ensure that recommendations have been implemented, and to evaluate the effectiveness of VA programs in meeting the needs of minority veterans.

7. Establish wellness clinic outreach programs on Indian reservations.

8. Examine the feasibility of a partnership between the Hawaii State National Guard and the Department of Veterans Affairs that would leverage the aviation resources of the Guard, through a subvention reimbursement program, to transport veterans on various islands to Tripler Army Hospital for care.

9. Establish a demonstration project that allows veterans to use established community healthcare clinics that practice culturally sensitive healthcare and, by and large, already serve the veterans' families.

10. Fill the vacant Deputy Director for Benefits position at the VAMROC with a local individual who is keenly sensitive to minority veteran needs.

11. Support, with official approval and funding, the efforts of the 29 veterans' organizations in Hilo who are proposing a "One-Stop Shop" veterans facility which would provide accessible and consolidated VA and community services to

(Recommendations Continued)

veterans.

12. Reconsider consolidating the Adjudication and Benefits offices into a single entity as this is not seen as a positive move by Hawaiian veterans, who view the current system as broke and ineffective.

13. Review credit hours for PTSD evaluations under the managed care model to determine the need to establish additional variables.

14. Require a joint training program for physicians and adjudicators to ensure integration between adjudication and healthcare services.

15. Replicate at other locations around the country the models of the Center for Aging that is being constructed at Tripler Hospital.

16. Establish some type of official Ombudsman Program whereby veterans and their families feel they can get assistance.

17. Initiate an experimental program that allows alternative healthcare treatment to be made available to appropriate veterans, through VA.

18. Initiate activities to insure more standardization of computer systems, and eligibility requirements throughout the VA.

19. Provide ID cards to veterans with authorized benefit claims.

20. Provide funding and resources to document the Asian and Pacific Island veterans' experiences and identify their specific needs.

21. Provide funding and resources to support additional research on PTSD related depression and suicide and other related mental illnesses among Asian and Pacific Island veterans.

22. Assist minority researchers at the Pacific Center for PTSD in acquiring the Matsunaga Study registry for future research, and to support their study of PTSD in Filipino veterans.

23. Recommend VA's Center for Women Veterans support and sponsor a study of Hawaiian Women Veterans. The study could also focus on problems and issues facing Asian Pacific Island, Caucasian, and African American women veterans.

24. Review VA practices for healthcare billing and debt collection.

25. Conduct a cohort study of the 442nd, 100th, and MIS veterans of WWII.

26. Give priority to awareness, education and research of cultural influences which

(Recommendations Continued)

impact veterans' willingness to avail themselves to existing services.

27. Re-evaluate the policies that support the immediate decrease in VA disability ratings after veterans have attended the PTSD Center.

28. Investigate the claim by minority veterans that there are "inconsistencies in rating board decisions for PTSD."

29. Investigate allegations that there are apparent disparities in disability ratings between mainland veterans and minority veterans in Hawaii.

30. Identify and provide additional assistance for veterans who are experiencing years of delay in the resolution of their VA claims.

31. Fund a survey to determine the number of Samoan veterans in American Samoa and on the mainland.

32. Evaluate the need for medical clinics in American Samoa.

33. Re-evaluate the procedures used by VA employees to process forms and claims for PTSD clients - - Veterans claim the procedures are long and convoluted, and forces them to "re-live their Vietnam experiences."

34. Review the SBA veteran loan program and identify obstacles experienced by veterans trying to start businesses.

35. Review the PRRP program in Hilo, Hawaii, from admission requirements to residency treatment and post care, to determine the effectiveness of the program in treating veterans.

36. Mandate that all PTSD counselors/clinicians in Hawaii make at least one trip to the PRRP on Hilo to gain first hand knowledge of the residential services that are available to their clients.

37. Initiate outreach approaches with the new Center for Aging, located on Tripler Army Medical Center, to insure that information about the Center is well advertised and that VA staff working at the Center are knowledgeable and open to the cultural and ethnic diversity of potential clients and families. Examples toward this effort would be: (a) scheduling monthly tours for the community, (b) appointing an Advisory Committee made up of veterans and community leaders representative of the population of Hawaii, and (c) inviting local schools (i.e., Kamehameha Schools) to participate in the Center's holiday activities.

38. Evaluate the effectiveness of the Hawaii VAMROC.

39. Develop ways that the Hawaii VAMROC can target for service disenfranchised

(Recommendations Continued)

and homeless veterans who do not trust the "system." This should be done in concert with veterans' organizations who are championing this veteran population.

40. Develop a formal process for identifying veterans "in distress" and expediting services for them.

41. Identify the reasons that veterans' families residing on the outer Islands have difficulty getting Honor Guards from Honolulu for veterans' funerals and develop a process that avoids these obstacles.

42. Provide out-station federal benefits counselors on each island in Hawaii.

43. Establish a traveling adjudication board of appeals to neighboring Hawaiian islands.

44. Offer and conduct Agent Orange examinations for veterans in Hawaii.

45. Send a vocational rehabilitation specialist, once a month, to neighboring islands in Hawaii.

46. Ensure that current policies for authorizing in-patient care and hospitalization in local community hospitals on the outer Islands are in the best interest of the veteran and his family; particularly for acute and emergency situations.

47. Set up a system to monitor the number of appointments that are not kept by VA staff with veterans and their families; initiate a system whereby these staff members are identified and formal apologies are made to these veterans and their families for their inconveniences related to this situation.

48. Develop an outreach program to find employers willing to hire veterans.

49. Develop training programs for medical personnel at Tripler who treat veterans in order to improve their understanding of and communication with veteran patients.

50. Begin a tracking system to verify the complaints that veterans' medical records are "lost" at Tripler Army Medical Center.

51. Identify a mechanism for providing family support at Tripler Army Medical Center when veterans are patients at this facility.

52. Initiate a system to collect on-going statistical data on minority veterans who are treated as inpatients on the VA Psychiatric Wards at Tripler Army Medical Center.

53. Negotiate with Tripler Army Medical Center to expand the availability of hospital beds for veterans based upon the downsizing of the military mission.

(Recommendations Continued)

54. Review the efficiency of service provided to veterans at Tripler.

55. Establish better communication between VAMROC (Benefits) and the veteran.

56. Include Tribal Veteran Service Officers (TVSO) on the VA's publications distribution list for updates to regulations, manuals, notices and publications that pertain to veterans benefits and services.

57. VA should identify tribal veterans representatives to attend the National Veterans Training Institute/Disabled American Veterans Service Officers Academy, University of Colorado, Denver, Colorado, to become certified claims representatives for Indian veterans.

58. VA should insure that minority veterans are provided timely information regarding medical evaluations for Agent Orange and Gulf War Illnesses and the related time limits for filing claims for service.

59. Develop a closer recruitment network with veterans residing on reservations to extend employment opportunities to Indian veterans.

60. Use veteran students attending Sinte Gieska (Spotted Tail) University and the Oglala Lakota College at Pine Ridge as Veterans Student Workers (paid by the VA) to assist TVSOs in putting together the critical census data of the actual number of veterans residing on the reservations - - the outreach veterans benefits counselor, John Wilson, can help with this process.

61. Support through funding, the Little Hoop Lodge Alcohol and Drug Treatment community facility in its continuing endeavor to reach and help the "undocumented" veterans suffering with PTSD.

62. Review the performance of fee physicians, under Compensation and Pension (C&P) examination contracts, for paths of improvement in services to all veteran clients. An unsolicited assertion from a non-Indian veteran substantiated statements obtained earlier from American Indian veterans that they are treated in a disrespectful manner.

63. Implement procedures for better coordination of clinic appointments for veterans residing on the Pine Ridge and Rosebud Indian reservations.

ATTACHMENT 2

Executive Summary

Portland, OR Town Hall Meeting
Tuesday, May 20, 1997

The following members participated in the Portland town hall meeting: Cleve Jordan, Abel Cota, Ron Armstead, Richard LaBarre, and Tony Hawkins. Dr. William Ted Galey, Director, Portland VA Medical Center, welcomed the group and stated that he was interested in working with the Committee to address the needs of minority veterans in the Portland community. Dr. Galey commended Ms. Deborah Williams, the Minority Veterans Program Coordinator, for her outstanding outreach efforts - - completing over three hundred meetings with minority veteran clients last year.

Mr. Cleve Jordan, the team leader, stated that the Committee's purpose was to gather information and hear from veterans.

Over 60 veterans and family members participated in the meeting. Many of the issues raised by veterans during the meeting centered around the disability claims process and disparities in medical care.

Veterans and their families presented the following issues:

- Claims process takes too long - - records get lost - - no files.
- Minorities receive inferior medical treatment - - medication in lieu of specialty care and referrals.
- Minority veterans (especially older veterans) do not know about their benefits.
- Veterans in rural communities are overlooked by the VA - - no outreach.
- Access to services and care - - some veterans must travel 300 miles for VA care.
- Native American Indian veterans do not trust the VA - - lack of cultural sensitivity by VA employees.
- Women veterans have difficulty getting rated for PTSD.
- Filipino veterans are not receiving full benefits.

ATTACHMENT 3

Executive Summary

Tacoma, WA Town Hall Meeting
AmVet Hall
Tuesday, May 20, 1997

The following members participated in the Tacoma town hall meeting: Joyce Bowles, Thomas Lopez, Thomas Kaulukukui, and Tanya F. Nunez. Approximately 30 veterans participated in the meeting. The majority of the veterans were concerned about medical treatment at the two divisions of the Puget Sound Healthcare System.

Veterans attending the meeting presented the following issues:

- Employees experience difficulty maintaining positions in the work place.
- Improper treatment - - Misdiagnosis of medical conditions by doctors.
- VA should hire more minorities - - VA employees show a lack of cultural sensitivity.
- Discriminatory treatment of women veterans.
- Missing/lost records - - delays in the processing of benefits/disability claims
- Disparities in medical treatment.
- Unprofessional statements/ derogatory personal opinions included in claims documentation packets.
- Minority veterans experience difficulties getting rated for PTSD.

ATTACHMENT 4

Executive Summary

Seattle, WA Town Hall Meeting
Tuesday May 20, 1997

The following members participated in the Seattle town hall meeting: Chairman, David Cooper, Mr. Frank Sogi, Mr. LaVonne Willis, Mr. Horace Grace, Mr. Richard Begay, and Ms. Regina L. Mack-Abney. Over 40 veterans attended the meeting. Chairman Cooper opened the meeting by describing the purpose of the Advisory Committee and why it was conducting a field meeting in Seattle.

About seven veterans presented their concerns to the Committee. Issues presented by veterans ranged from difficulty calling the VA regional office, to inadequate treatment for PTSD, and VA insensitivity toward women veterans.

Veterans also expressed concern about the availability of medical care at the Puget Sound VA Healthcare System. Most veterans felt that activities similar to the health fair held at the American Legion Hall should be held in communities where minority veterans live.

Other issues included:

- Multiple scheduling of C & P examinations without clear notification or explanation.
- Inadequate C & P exams - - exams marginally match the DSM-IV guidelines.
- Disparate/discriminatory treatment of minority women veterans.
- Disrespectful treatment of women veterans.
- The labeling of veterans who complain as "trouble makers."
- Lack of cultural sensitivity by VA employees.
- Insufficient outreach by VA to minority communities.

APPENDIX A

REPORT OF THE SUBCOMMITTEE ON HEALTHCARE

The activities and accomplishments of this Subcommittee were executed in support of the goals and objectives identified by the Advisory Committee in July 1995. Specifically, the Subcommittee focused on Goal 1 and Objective B (as listed below.)

Goal 1: To review the policies, programs, and procedures of the Department of Veterans Affairs as they affect minority veterans.

Objective B: To evaluate healthcare issues and concerns related to minority veterans with emphasis on access, appropriateness, availability, equity, and quality of services.

The Subcommittee conducted a 4-day site visit to Hawaii in order to gather information on the healthcare needs of minority veterans located in the Pacific Islands and to identify the healthcare concerns of veterans in Hawaii. The Subcommittee used town hall meetings, public hearings, focus group meetings with veterans, their families and veterans' organizations, and site visits to collect information. Members visited VA healthcare facilities on Oahu, Hawaii, Kauai and Maui. Subcommittee members were able to examine such issues as access to care, appropriateness of care, equity of care, availability of services, and quality of services provided to minority veterans by VA. During the visit, it was apparent from testimonies by veterans and their families that cultural sensitivity by VA employees was lacking. However, veterans also expressed a deep appreciation for the services they did receive, and a desire to protect and expand these services. This visit resulted in 64 recommendations (see Attachment 1.)

The next step for the Subcommittee is to develop a mechanism for tracking recommendations through the resolution process.

A detailed report of the Hawaii site visit, including individual testimonies, is on file at the Center for Minority Veterans, Department of Veterans Affairs, 810 Vermont Avenue N. W., Washington, D. C., 20420.

APPENDIX B

REPORT OF THE SUBCOMMITTEE ON BENEFITS AND COMPENSATION

During the past year, the Subcommittee on benefits and compensation focused on the home loan program for Native American veterans, the low rating and evaluations for minority veterans with PTSD, and VA plans for the realignment and consolidation of Veterans Benefits Administration functions in the field -- specifically education service. The Committee held most of its meetings at the Department of Veterans Affairs Headquarters in Washington, DC. In this setting veterans and veteran representatives came to public meetings to present their concerns and issues. The Subcommittee performed its analysis and evaluation of veteran issues in line with the goals and objectives of the Advisory Committee.

Members of the Subcommittee met with the Director, Compensation and Pension Service and her staff to obtain a briefing on the adjudication reengineering process. The Director assured the Subcommittee that VA is committed to improving the timeliness rate for processing compensation and pension claims and eliminating the backlog of cases. She reported that her staff was working with the Office of Policy and Planning, Veterans Health Administration, and the Board of Veterans Appeals, as a working group, to examine ways to improve the compensation process. She shared information about her staffs' work with the Center for Minority Veterans to develop reliable demographic data to determine utilization of benefits and to assure the fairness and impartiality of the rating process.

The Committee also met with employees in the VA Loan Guaranty Service to discuss the Native American Direct Home Loan Pilot Program. Employees provided data on the number of Memoranda of Understanding completed (50), the number of loans approved in Hawaii and other Pacific Islands (148) and the number approved for trust land in the United States (4).

The Subcommittee also received a briefing from the VA Education Service staff on plans to relocate Education Services and its functions to St. Louis.

APPENDIX C

REPORT OF THE SUBCOMMITTEE ON OUTREACH AND REHABILITATION

Rosebud and Pine Ridge Sioux Reservations April 21, 1997

The following members of the Subcommittee visited the Rosebud and Pine Ridge Sioux Reservations: Abel Cota, and LaVonne Willis. Ms. Joyce Bowles , Vice Chair, Advisory Committee, and Mr. Anthony Hawkins, Associate Director, Center for Minority Veterans, accompanied the Subcommittee. Mr. Morrison, the Tribal Veterans Service Officer, welcomed the group to Rosebud and briefed them on the responsibilities and functions of his office. The group was then formally introduced to Mr. William Kindle, Rosebud Tribal President, Mr. Ron Gassman, Chairman Rosebud Tribal Veterans Affairs Committee and Mr. Edward (Ed) Castaway, Vice Chair, Rosebud Tribal Veterans Affairs Committee.

LaVonne Willis, Subcommittee Chair, briefly summarized the Advisory Committee's functions and the purpose of the visit to South Dakota's Sioux veterans communities.

Mr. Kindle expressed his gratification to the Committee for choosing Rosebud, and voiced his hope that the Committee's visit would lead to more assistance and aid to Rosebud and other Black Hills veterans.

The Subcommittee visited the VA Black Hills Healthcare System Wellness Clinic. The facilities appeared adequately equipped to serve veterans in the surrounding community.

Subcommittee members were provided copies of the MOU between the Department of Veterans Affairs and Indian Health Service's (IHS) Rosebud Community Health Care Facility. Members of the Committee assumed this "clinic" was a mobile and fully equipped van which operated independently. This assumption was partly based on elements of the schedule for the drive which included calls at: the Alliance Veterans Service Office, Alliance, Nebraska; Scottsbluff County Administrative Building, Scottsbluff, Nebraska; New Castle VFW Club, New Castle, Wyoming; and the Winner American Legion Hall, Winner, South Dakota. Most of these sites do not have medical support facilities.

The "clinic" is essentially a follow-up and referral program for veterans who received previous medical treatments at either Black Hills or Sioux Falls VA Medical Centers, with limited "walk-in" support. The Rosebud "Wellness Clinic" utilizes designated space in a section of the Rosebud Comprehensive Health Care Facility (RCHCF) hospital. It is, however, the Subcommittee's impression that the VA Clinic staff carries "minimal" medical equipment inside its "Wellness Clinic" support system. When the clinic is at the IHS hospital facilities, the staff is able to use the hospital's laboratory services. Any additional equipment, personnel or medicine used must be agreed to in advance between the two government agencies for billing purposes.

Another problem pointed out by the RCHCF staff is that there are no combined records maintained by the two hospital systems for veterans who are being treated in both facilities.

Traveling extended distances in the Black Hills area, is a fact of life. Hot Springs VAMC is the nearest facility, approximately 165 miles distance. In fair weather, it is a 2.5 hour drive from the Rosebud Reservation. Yet, appointments are still scheduled at 0900 hours in the morning for these veterans. Additional stress is caused, when lab work, requiring fasting is a routine part of the appointment. Until early 1997, only Pine Ridge reservation was provided a VA-supported van to transport veterans to appointments. Each reservation now has its own VA supported transportation system in place - - the Rosebud tribe provides the driver while VA provides the vehicle.

The Subcommittee met with the staff of the Little Hoop Lodge - Alcohol/Drug Program. The staff director, Marcida Eagle Bear provided a very dynamic and compelling profile of the treatment program. This is a 12-bed residential and out-patient treatment facility housed on the Rosebud reservation. It provides care to children and male and female adults. This facility faces a critical challenge for its continuance. The program needs funding in order to continue its support in helping tribal veterans, their families and especially “at risk” children. The program’s structure is exceptionally rational in treating Sioux veterans suffering from Post Traumatic Stress Disorders with associated alcohol and/or drug dependency. The VA’s VERA/VISN concept would appear to be a perfect match for this community agency.

The scheduled town hall meeting and dinner was held at the CYO Hall on the Rosebud reservation. In attendance was the Hot Springs VAMC Minority Veterans Program Coordinator, Sharyn Richards. Sharyn was very helpful in coordinating the Subcommittee’s trip and accommodations in the Black Hills. Veterans in attendance addressed the following topics:

- Lack of cultural sensitivity in the VA.
- Lack of knowledge (by veterans) of benefits and service offered by VA.
- Lack of knowledge about claims processing and appeal procedures.
- A need for coordinated health care.
- Inadequate/incomplete compensation and pension examinations by contracted physicians.
- Distance to nearest VAMC for follow-up care, etc. (250 miles from Rosebud to Rapid City.)
- High unemployment rate on reservations (86-90%.)
- Lack of statistical data on veterans residing on reservations.

APPENDIX D

BIOGRAPHICAL SKETCHES OF COMMITTEE MEMBERS

Armstead, Ron - African American male, Vietnam theater veteran (medic) recommended by Representatives Rangel, Kennedy, and Evans. Ron is executive director of the Congressional Black Caucus (CBC) Veterans Braintrust. He resides in Boston, MA, and works with the Veterans Benefits Clearinghouse.

Begay, Richard K. - Native American/Navajo Indian male, Vietnam combat veteran resides in Arizona. He is a Navajo veteran advocate recommended by the Arizona VVA and the Navajo Nation. He has worked as staff assistant in the Office of the Speaker, Legislative Branch Navajo Nation and served as a Council Delegate in the legislative branch. He currently serves on the staff of the President, Navajo Nation.

Bowles, Joyce G. - African American female, Vietnam Army nurse recommended by Mr. Gene Brickhouse. She is a Ph.D. in Health Education, is a Professor of Nursing at Bowie State University, is active in many professional organizations, and has extensive experience in academia.

Cooper, David E.K. - Pacific Island American and Native Hawaiian male, Vietnam Infantry combat veteran recommended by Senator Daniel K. Akaka. He is a retired Brigadier General who currently is CEO of Hana Environmental Engineering, Inc. and President, Pacific American Foundation, a national 501 © (3) organization with offices in Washington, DC, and Honolulu, HI. He has broad and extensive qualifications in academia, corporate, military, and community establishments. He resides in Alexandria, VA.

Cota, Abel - Hispanic-American male, Vietnam veteran recommended by the American GI Forum of the United States. He has been involved with veterans since 1973. He is presently Commander of the American GI Forum, San Jose Chapter, and a member since 1971.

Grace, Horace R. - African American male, Vietnam Army veteran recommended by Representative Chet Edwards. He is a businessman and community leader in Central Texas and has served on several State level advisory boards. He is CEO of the largest privately owned commercial and residential landscaping firm in Killeen, TX.

Jordan, Cleveland - African American male, peacetime disabled Army veteran is a former National Commander of Disabled American Veterans and National Service Officer. He is acting Chief of the DC Office of Veterans Affairs and retired as a Program Analyst with the District Government, Commission on Social Services. He resides in South Carolina.

Kaulukukui, Thomas K. - Pacific American and Native Hawaiian male, Vietnam Army combat veteran recommended by Senator Daniel K. Akaka. He is currently Vice President for Community Affairs, Queen's Health System in Hawaii. He is a former State Judge and member of the Native American Veterans Coordinating Committee. He is active in various local veterans activities and resides in Oahu, Hawaii.

Kielly, Archibald - Hispanic/Cuban American male, retired Air Force combat disabled veteran that served in Vietnam and El Salvador. He is President, Falcon International, Inc., as well as a consultant, and has more than ten years of direct experience in South and Central American affairs. He resides in Virginia.

Labarre, Richard D. - Caucasian male, Vietnam Army veteran living in South Carolina founded the first VVA chapter in South Carolina. He is the State Council President of VVA and was the Chairman of the South Carolina Joint Veterans Council. He currently serves as the Executive Director, Vietnam Veterans of South Carolina.

Lopez, Thomas - Hispanic/Puerto Rican male, Korean Conflict Army veteran recommended by Maryann Musumecia, Director of VAMC Bronx and resides in New York City. He has been a volunteer at the VAMC since 1980 and is an advocate and VAVS service representative.

Pocklington, Dorothy B. - Caucasian female Vietnam Army Nurse resides in Maryland. She is a retired Brigadier General from the Army Reserves and has extensive background in academia and healthcare administration. She works for the Office for Defense Medical Information Systems, Department of Defense.

Shanahan, Christina A. - Hispanic female Navy Persian Gulf War Nurse, who resides in North Carolina, was recommended by Representative Bob Stump. She was former staffer on the House Committee of Veterans Affairs Minority staff and worked as the Associate Legislative Director at PVA. She is currently the Director of Public Policy and Regulatory Affairs for Blue Cross Blue Shield of North Carolina.

Sogi, Francis Y. - Asian American male, WWII veteran recommended by Senator Daniel K. Akaka. He is a Life Partner of Kelley, Drye & Warren, an international law firm, living in New York, and a national spokesman for the Asian American community. He is Chairman Emeritus of the Japanese American National Museum, the first national ethnic museum of its kind, in Los Angeles. He is a member of veterans organizations and a member of the Board of Governors of the National Japanese American Memorial Foundation which will establish a memorial in Washington, DC.

Willis, LaVonne - African American male, Vietnam Air Force combat veteran recommended by the Director, Department of Military Affairs, PA. He is the Director of the Utah Department of Veterans Affairs a specialist in employment and transition assistance programs.