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**THE SECOND ANNUAL REPORT**

**OF THE**

**ADVISORY COMMITTEE ON MINORITY**

**VETERANS**

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July 1, 1996  
Washington, D.C.



DEPARTMENT OF VETERANS AFFAIRS  
Center for Minority Veterans  
Washington DC 20420  
**ADVISORY COMMITTEE ON MINORITY VETERANS**  
August 15, 1996

The Honorable Jesse Brown  
Secretary of Veterans Affairs  
Department of Veterans Affairs  
810 Vermont Avenue  
Washington, DC 20420

Dear Secretary Brown,

On behalf of the members of the Advisory Committee on Minority Veterans, I am pleased to forward to you for transmittal to the United States Congress The Second Annual Report of The Advisory Committee on Minority Veterans for Fiscal Year 1996.

The Committee wishes to express its appreciation for your genuine support, guidance and leadership in building bridges of commitment and excellence that ensure minority veterans' full access to VA benefits, programs, and services.

Sincerely,

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

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The Second Annual Report of The Committee on Minority Veterans for Fiscal Year 1996

## **Statement of the Chairman, Advisory Committee on Minority Veterans**

Pursuant to Section 510, Public Law 103-446, this Second Annual Report to the United States Congress through the Secretary of Veterans Affairs describes the actions taken by the Advisory Committee on Minority Veterans to accomplish its objectives for fiscal year 1996.

The Committee is charged by the United States Congress and the Secretary of Veterans Affairs with providing advice and consultation to the Congress and the Secretary of Veterans Affairs on the needs and concerns of minority veterans with respect to the administration of veterans' benefits and services.

This mandate resulted in the Committee's initial meeting in June 1995 that led to our first annual report for fiscal year 1995 which outlined the Committee's goals in getting to the business of substantive advice and consultation in direct support of the welfare of our minority veterans. Despite having only four months remaining in the fiscal year, the Committee's deliberations led to the design of a thoughtful strategy and operational plan, as well as high expectations, for fiscal year 1996.

The first full year of the Committee was a period of challenge that required dedicated effort by every member in order to sustain our solid start. Despite difficult budgetary constraints on the Committee, the members made genuine contributions in their Subcommittees and across a wide front of minority veterans' concerns.

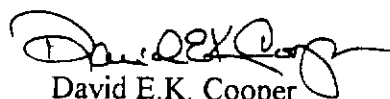
The Subcommittee on Health Care; the Subcommittee on Labor, Employment and Transition; the Subcommittee on Benefits and Compensation; and the Subcommittee on Outreach and Rehabilitation accomplished much of their work by members contributing their time and resources to do independent research, small group visits, and individual assessments. Their efforts and reports constitute the substantive portion of this Second Annual Report.

Individual members also took time from their business trips to attend to Subcommittee requirements, participated in meetings and conferences with veterans service and community minority organizations to gain critical insights, and called on Congressional and Department of Veterans Affairs leaders to share the Committee's findings and to explain the Committee's goals and purposes in serving all our minority veterans. Their valuable input has been incorporated throughout this report.

A great many people throughout the Congress of the United States and the Department of Veterans Affairs have welcomed the initiatives of the Committee in meeting the unique needs of minority veterans and have provided thoughtful assistance in bringing people together to illuminate and remove the barriers to dignified service to minority veterans.

Finally, this report captures the process and the actions of the Committee and clearly suggests that while it would have been preferable to have been funded properly, nevertheless, the hard work and commitment of the members, in concert with the Center for Minority Veterans, led to genuine partnerships and effective collaborations with minority organizations, veterans service organizations, community leaders, the Department of Veterans Affairs, and those whom we serve, our minority veterans.

We complete our first year with a stronger belief in the wisdom that created Public Law 103-446 and an eagerness to continue our challenge of advising the Secretary of Veterans Affairs and the Congress of the United States on the needs and concerns of minority veterans with respect to the administration of veterans' benefits and services.



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

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# EXECUTIVE SUMMARY

The Second Annual Report of the Advisory Committee on Minority Veterans describes the fiscal challenge faced by the Committee and the alternative solutions created in partnership with the Department of Veterans Affairs to move forward substantively on the operational plans developed by the four Subcommittees during the Committee's September 1995 meeting.

Fiscal year 1995 ended with a commitment by the Committee to make a difference in providing advice and consultation to the Secretary of Veterans Affairs and the Congress of the United States on the needs and concerns of minority veterans with respect to the administration of veterans' benefits and services.

Fiscal year 1996, however, was both a story of struggle and a story of success, a period of missed opportunities and a period of creative solutions, and a cycle of collective frustrations and a cycle of individual contributions.

This report outlines the progress of the Committee, specific accomplishments, and findings which are informed by the concerns of the Committee, some of which are:

- inadequate and insufficient research in health care, compensation and benefits for minority veterans
- insufficient ethnic representation on both the Rating Panels and the Merit Review Boards
- lack of genuine service and outreach programs to minority veterans living in rural areas, pacific islands, or reservations
- elimination or modification of Department or Regional programs without sufficient input or genuine consideration of minority veterans' needs
- absence of minority advisory committees empowered to provide direct information and advice to Veterans Integrated Service Network (VISN) Directors and Regional Directors on the needs and concerns of minority veterans
- inadequate process to pursue aggressively alternative solutions to increase access to health services
- lack of definitive policies and sustaining efforts to educate VA staff regarding exceptional customer service appropriate to minority cultures
- absence of ethnic identifiers on VA's initial application forms
- exclusion of veterans preference status in Part C, Title IV, Job Training Partnership Act

-absence of aggressive programs that take care of homeless minority veterans and provide hope, as well as properly correct cultural treatment, for minority veterans suffering from alcohol and drug dependencies

Each of the four Subcommittees - Health Care; Benefits and Compensation; Labor, Employment and Transition; and Outreach and Rehabilitation - report on the status of their efforts to achieve their operational plans. Without any resources the entire fiscal year, their planned dual strategy of regional work shops and conferences followed by reports to the full Committee could not be instituted.

Yet, there were success stories that are reflected throughout this report.

Finally, the report concludes with sixteen specific recommendations to the Secretary of Veterans Affairs, some of the recommendations requiring action by the United States Congress.

# **FISCAL YEAR 1996 REPORT**

## **A. INTRODUCTION**

The Committee conducted its last session, September 17-21, 1995, at the Department of Veterans Affairs, Washington, DC. During this meeting each Subcommittee confirmed its definitive operational plan with specific goals and objectives for fiscal year 1996.

Discussions with Deputy Secretary Hershel W. Gober, Under Secretary R. John Vogel, and Chief of Staff Harold F. Gracey, Jr., confirmed their support of the Committee's goals, objectives and its fiscal year 1996 operational plan but suggested the possibility of funding restrictions. This became evident as the Committee planned for a February, then March, and then a June meeting, none of which materialized.

The impact of minimal travel, per diem, and support funding also limited the Center for Minority Veterans in starting and gaining the momentum in 1996 and in building a communication network among the various national and local organizations, as well as federal agencies, that could provide advice and information regarding the administration of minority veterans' benefits and services.

## **B. GENERAL**

The Subcommittees based their plan on three factors: one, regional work conferences at the most appropriate sites; two, reports to the full Committee during the twice-a-year meetings; and three, being funded. None of the three was accomplished.

While the Committee had been unable to undertake its operational plan for fiscal year 1996 because of funding constraints, even after thoughtful suggestions by VA's leadership, we nevertheless succeeded in accomplishing specific objectives using alternative methods.

It is not without regret that the Committee concludes what could have been a very productive work year. The collective belief of each member of the Committee is that while we lament not being able to do more, we are not disappointed in the process nor in the promise of fulfilling 1996's strategy and plan in fiscal year 1997.



The process that has been started should not, and cannot, be turned away.

Already minority veterans are unanimous in their judgment in the wisdom of the United States Congress in establishing the Advisory Committee on Minority Veterans and the Center for Minority Veterans. They, too, share the President's vision of a government that looks like and represents all of America, a Department of Veterans Affairs that takes a direct and personal interest in the welfare of all veterans equally, and civil servants whose commitment and skills selflessly serve the heroes and heroines who sacrificed themselves to serve their country. They, our minority veterans, are the reason that informs the judgment and wisdom of the United States Congress; we exist to serve them.

They can be unanimous, also, in their disappointment should their expectations of the Committee and Center end in underachievements, marginalization, or subpar efforts.

The details that follow outline the thirteen major accomplishments of the Committee; a summary of the Subcommittees' reports; nine key findings and sixteen recommendations for action based on the work of the members and Subcommittees; and seven annexes as references as indicated in the Table of Contents.

## **C. MAJOR ACCOMPLISHMENTS**

First, the outlook for instructive engagement of the issues and concerns facing minority veterans was positive, particularly with the collaborative study hosted by The Honorable Preston M. Taylor, Jr., Assistant Secretary, Veterans' Employment and Training, US Department of Labor. Having briefed the Committee on the study's purpose to conduct focus group dialogues with employers and veterans, he offered the Committee the opportunity to review the approach of the study. The Vice Chairwoman of the Committee provided significant input to the structure of the study effort, and her recommendations were incorporated into the study. Because of the importance of both the study and the collaborative partnership, enclosed at Appendix 1 is a copy of the study.

Second, on the final day of the Committee's session, the Subcommittee on Health reported that a decision was to be reached very soon on the selection of the twenty-two VISN Directors. The members recommended we advise Secretary Jesse Brown and Dr. Kenneth Kizer, Under Secretary for Health, that they ought to review the selection process to insure that the widest net possible was cast for qualified minority applicants. This timely and sensitive suggestion was genuinely received by the Secretary and Dr. Kizer and led to their validation of the Department's appropriate selection criteria, process and the final appointments of the twenty-two VISN Directors.

Third, based on the Subcommittee on Health's deliberations during the Committee's September meeting, a letter dated September 28, 1995 was sent to Secretary Jesse Brown requesting a sensitivity reassessment on the selection process for the twenty-two VISN Directors. The Undersecretary for Health, Dr. Kenneth Kizer, responded in a positive letter dated November 30, 1995. See Annex G.

Fourth, a letter report was forwarded to Secretary Jesse Brown detailing the suggestions offered in an exit briefing by two members of the Committee resulting from a visit to the Seattle's VA Regional Office on October 23-24, 1995. Eleven specific issues and concerns are outlined as a separate enclosure to the letter report. See Annex G.

Fifth, again based on the Subcommittees' work sessions during the Committee's September meeting, a November 15, 1995, letter was forwarded to Secretary Jesse Brown outlining potential areas of examination that could improve the administration of veterans' benefits and services. The areas were the composition of Rating Panels, the composition of Merit Review Boards, the prioritization of effort to data collection/survey/research and studies on all ethnic minority veterans, and the capabilities of the Center for Minority Veterans. Both the transmittal letter and the Secretary's response are at Annex G.

Sixth, a member of the Committee attended the celebration of the Japanese American Veterans Memorial in Los Angeles and met with Japanese American veterans leaders.

Seventh, members took time from their business trips to visit with minority veterans across the country to listen to their needs and concerns. The Center for Minority Veterans assisted in these visits by providing the names, addresses, and phone numbers of the minority veteran leaders. Written reports were not requested; rather, oral discussions of these meetings with the Director and staff, Center for Minority Veterans, was encouraged.

Eighth, members of the Committee met with members of Congress and their principal legislative assistants to explain the Committee's purposes and goals; provide a copy of the Committee's first annual report; describe the composition of the Committee; share the Committee's concerns regarding its tenure, budget restrictions, lack of meaningful research data on all minority veteran's ethnic groups, and emphasize both the wisdom of the Congress in passing Public Law 103-446 and the expectations of our minority veterans. Among those visited were Representative Bob Stump, Chairman of the House Committee on Veterans Affairs, and Carl D. Commenator, Chief Counsel and Staff Director; Representative Lane Evans; Representative Bob Filner and his legislative assistant, Sharon Schultz. Representative Luis Gutierrez and legislative assistants Mark Fine and Bill Weinberg. Representative Corrine Brown's legislative assistant, Gail Ravnitzky; Representative Patsy Mink; Representative Eni Faleomavaega; Ms. Suzie Glucksman, legislative assistant to Representative Joe Kennedy; and Senator John D. Rockefeller's Minority Chief Counsel and Staff Director, Jim Gottlieb, and Minority General Counsel, William E. Brew

Ninth, members of the Committee met with the leaders of the Department of Veterans Affairs, to include Hershel Gober, Deputy Secretary; R. John Vogel, Under Secretary for Benefits; Dr. Kenneth Kizer, Under Secretary for Health; Harold F. Gracey, Jr., Chief of Staff; Alfonso R. Batres, Director, Readjustment and Counseling Services; and Ed Scott, Assistant Secretary for Congressional Affairs, to discuss the need for an institutionalized research program to provide accurate data on minority veterans; the need to share consistently and openly with the Committee and Center those significant Departmental changes being contemplated; the importance of visible and genuine support by the leadership for systemic changes that will improve the quality of service provided to minority veterans; funding support for the Committee; and support for additional full time personnel for the Center.

Tenth, members of the Committee, acting in the capacity of facilitators, have shared individual minority veteran issues, problems, and concerns with the Center for Minority Veterans. This has created a positive, closer working relationship among the Director, his staff and the members and resulted in some successes. The Center has compiled a listing of concerns advanced by Committee members on behalf of individual minority veterans. A copy of these concerns can be provided by the Center.

Eleventh, the Chairman, Vice Chairwoman, and the four Chairs of the Subcommittees met in a one day working session in February in Washington, DC, to discuss the status of the Committee's work, review the progress of the Subcommittees, reassess the operational plans in light of the funding constraints, and establish revised objectives for each Subcommittee. This meeting was supported by the Department of Veterans Affairs.

Twelfth, a member of the Committee presented testimony on March 27, 1996, before the Joint Committee on Veterans Affairs on behalf of Navajo veterans; discussed a one-stop Vet Center on the Navajo Nation and the importance of establishing a Vet Center in Chinle, Navajo Nation with the key DVA leaders on March 29, 1996; and on May 10, 1996 he provided testimony before the Subcommittee on VA, HUD and Independent Agencies regarding the FY 1997 Budget Proposal for the Department of Veterans Affairs, the Department of Housing and Urban Development, and Independent Agencies. An outline of the data and testimony is at Annex F.

Thirteenth, a member of the Committee was an active participant, facilitator and leader across a wide range of organizations and focus groups involving the needs and issues of minority veterans. He was a participant at the 54th World Veterans Federation Executive Council meeting in Morocco in 1995 and the World Veterans Federation 9th Standing Committee on African Affairs in Ghana in 1996; speaker at the National Coalition for Homeless Veterans in Washington, DC; panel moderator at the Chicago Homeless Veterans Conference; and Cochair of the Veterans Committee for the National Association of Black Social Workers. A summary outline is at Annex F.

Finally, the initiative, competence, dedication and plain caring by each and every member of the Committee in carrying out their duties and responsibilities created a synergy that accounted for the successes accomplished this fiscal year.

## **D. SUMMARY OF SUBCOMMITTEES' REPORTS**

A brief summary of each Subcommittee's report is outlined below:

### **1. Subcommittee on Health Care (See Annex B)**

The Subcommittee developed a strategic plan during the September 1995 meeting to achieve the goals and objectives outlined in the Committee's First Annual Report. The following health care needs and issues were identified for action:

a. Ensure cultural sensitivity and awareness in the delivery of health care. An important step was taken in this regard in the transmittal of the Committee's letter to the Secretary dated September 28, 1995. See Annex G.

b. Ensure that health care services are accessible to minority veterans through decentralization, improved transportation for minority veterans, use of alternative health care services, and sharing working agreements with the Indian Health Services.

c. Ensure appropriation of research resources to minority veterans by ethnic groups which may be statistically small but significant.

d. Incorporation of alternative healing practices of Native Americans, Asian Americans, Pacific Americans, and Hispanic Americans into the medical practices authorized by VA.

e. Amendment of Public Law 103-446, Section 5125, to permit the acceptance of reports or evaluations conducted by the Indian Health Service for the purposes of establishing any compensation or pension claim, including the original compensation claim.

f. Review and incorporation of models of minority health care delivery systems that work within the VA medical services accorded for minority veterans.

### **2. Subcommittee on Benefits and Compensation (See Annex C)**

This Subcommittee began to develop a working plan at the September 1995 meeting. Major activities included:

a. Three members of the group visited a Washington, DC, Outreach Clinic, discussed minority veterans needs and concerns with the staff, and gained valuable insights in the strength of such clinics, particularly in reaching out to the minority veterans.

b. Based on our September 1995 meeting, a letter was forwarded to the Secretary regarding ethnic representation on the Rating Panels and Merit Review Boards. See Annex G.

c. Public Law 102-547, Native American Veterans Direct Home Loan Program, expires in September 1997. Recent statistics compiled by the Center for Minority Veterans clearly suggest that it is a success and must be extended for an indefinite period.

d. Native American veterans continue to have the most pressing service needs, such as counseling, benefit claims, health care services, and dissemination of veteran information. Establishment of community-based Vet Centers on Native American reservations or trust lands would be an excellent solution.

e. Title 38, U.S.C., Section 2408 should be amended to allow tribal governments the authority for grants-in-aid for the purposes of establishing, expanding or improving Native American cemeteries on tribal or trust lands.

f. Consistent with the findings of the Subcommittees on Health Care; Outreach and Rehabilitation; and Labor benefits and compensation counselors should be representative of the veteran population they serve. This has particular importance in alleviating the insensitivities, unequal treatment, and inappropriateness of service suffered by minority veterans.

### **3. Subcommittee on Labor, Employment and Transition (See Annex D)**

This Subcommittee began to develop a working plan at the September 1995 meeting. One of the primary concerns was related to the services available in the local vet centers and the medical centers.

a. Members visited a local vet center where they were provided an orientation of services and a tour of the facility. This was an opportunity to explore issues and concerns of the staff as well as of the veterans.

b. The Vice Chairwoman represented the Advisory Committee at the Veterans Day Observance at the Department of Labor.

c. Part C of Title IV of the Job Training Partnership Act, special programs for veterans, is the major law that addresses the employment needs of veterans. The law excludes veterans preference over nonveterans completely. The impact is especially felt by minority veterans.

d. The principal factor that contributes to the problem of minority veterans not receiving their earned employment, labor and transition service benefits is one of alienation. Minority veterans and our professional civil servants within VA and the Department of Labor tend to keep a thin wall between each other that serves to alienate both groups from enjoying a caring and supportive relationship, particularly when it comes time to be passionate about minority veterans employment needs.

#### **4. Subcommittee on Outreach and Rehabilitation (See Annex E)**

This Subcommittee began to develop a working plan at the September 1995 meeting. The group identified the following priority concerns:

a. The Native American veterans continue to have the most pressing service needs. There is an immediate need for outreach, collaboration among various organizations whose purpose is to serve minority groups, and more and better inclusion of health care services within minority communities.

b. There remains a critical need to hire counselors at all levels of services who are more representative of the population served.

c. Title 38, USC Chapter 12, outlines the Department's responsibilities for outreach while Chapter 11 covers rehabilitation. No specific reference is made to minorities in either Chapter. This significant deficiency must be corrected which would then ensure a proactive approach to services.

d. Efforts to conduct Town Hall meetings continue.

e. Perhaps the one single factor that can speed up the flow, availability and timeliness of information is the establishment of a web page for the Center for Minority Veterans. The network would provide, eventually, an accessible tool for minority veterans, local minority organizations, veterans organizations, and social agencies.

## **E. FINDINGS**

First, the Committee believes much good has already resulted just from the knowledge by a number of our veterans that first, there is an Advisory Committee on Minority Veterans and, second, a Center for Minority Veterans. There is a healthy attitude of accountability and concern for their welfare. But the Committee's term ends in 1997; it must be made permanent.

Second, fiscal restrictions affected the Committee's ability to have met all its goals and objectives. A separate budget line account would permit the Committee to fulfill its statutory requirements in a sustained manner. Alternatively, funding for the Committee could be kept with the Secretary if it is set aside and not subject to restrictions.

Third, there is a substantial and compelling need for specific research on all the ethnic groups of our minority veterans. Without solid, valid and dependable knowledge regarding the needs and concerns of all our minority veterans, proper and culturally appropriate solutions are just impossible.

Fourth, there is a supportive network of competent, committed and courageous minority organizations in our local, regional and national communities who are dedicated to improving the lives of all Native Americans, African Americans, Hispanic Americans, Asian Americans, and Pacific Americans. They represent a significant resource and ally whose capabilities must be teamed with the Department of Veterans Affairs, the Advisory Committee on Minority Veterans, and the Center for Minority Veterans. They represent an opportunity for genuine partnerships and collaboration and must be recognized as valuable organizations who should present testimony to the Senate and House Veterans Affairs Committees, as well as to other appropriate oversight committees. In this regard, the Secretary's initiative to host a conference of minority veterans and organizations in 1996 is a giant, positive step to building solid bridges of understanding and support.

Fifth, we need to do much more in reaching out to our minority veterans who live in rural areas, reservations, Pacific Islands, and foreign countries. Policies and programs must be leveled to account for all our veterans in an equitable manner. Within our great country, our Native American veterans legitimate and compelling needs remain invisible and unattended. Similarly, our minority veterans who live outside our forty-eight contiguous states, particularly Alaskan Native, Native Hawaiian, American Samoan, Chamorro, and Filipino veterans, fall between the cracks when policies, programs, and priorities are decided. In this regard, the Native American Veterans Direct Home Loan Program, established by Public Law 102-547, must be made a full benefit immediately to preclude its termination in 1997. Similarly, Public Law 103-446, Section 5125, must be amended to permit the acceptance of reports or evaluations by the Indian Health Service for the purposes of establishing any compensation or pension claims. And Section 2408, 38 U.S.C., must be amended to allow Native American tribal governments, the Government of American Samoa, the Government of Guam and the statutorily recognized Native Hawaiian governing entity to be eligible for grants-in-aid for the purposes of establishing, expanding or improving veterans' cemeteries.

Sixth, it is essential that we acknowledge the diversity of our country by recognizing the specific ethnicity of all our minority veterans. Ethnic identifiers must be a standard entry on the Department of Veterans Affairs initial application form that registers the

veteran for health, benefits, and compensation. Additionally, a collaborative effort with the Department of Defense Manpower Management Files would produce, at minimal cost, a detailed and accurate ethnicity data base. This significant change will provide an important, systemic instrument in providing better and more appropriate care for our minority veterans. The Office of Management and Budget Directive #15, which provides the Federal standards for racial and ethnic classification for all Federal agencies, is currently undergoing a major reevaluation process that will account for the dramatic changes in our country's racial and ethnic diversity and which will continue. The Department of Veterans Affairs should not hesitate or wait for the outcome of the reevaluation; rather, it is within their authority to act now.

Seventh, the Subcommittees are unanimous in their point of view that a primary inhibiting factor that reduces the number of our minority veterans who access VA's services and apply for their earned benefits, as well as creates walls of frustration with the VA system, is the absence of genuine sensitivity to the cultures of our minority veterans. Far too many of our VA's regional and district offices are seldom representative of the minority veteran population they serve. Where there is a sizeable number of minority veterans who utilize a VISN health care facility or a regional benefits and compensation facility, they are seldom assisted through the initial service process by someone who speaks their language or can get someone who does or can access a support system, by someone who appreciates the strength of our country's multiculturalism, or by someone who understands the major contributions of all veterans, particularly minority veterans. The alienation that has been a major disruptive factor, and has been reported over such a long period, in providing quality service to our minority veterans can be reduced and must be eliminated. Much can be learned and gained from a partnership with the Department of Defense's excellent cultural sensitivity and equal opportunity programs.

Eighth, the programs that provide for our homeless minority veterans and that support, treat and nurture hope for our minority veterans who suffer from drug and alcohol abuse must not be diminished. Focused research on alternative solutions consistent with cultural values and traditions must be initiated. Dedicated research on defining the scope of the concerns is also necessary, as the recent survey that suggests that 50% of minority veterans who abuse alcohol are also homeless. In this regard, recent non-binding guidelines to VISN Directors under VHA Directive 10-96 place in harm's way the VAMC Tuskegee Inpatient Alcohol Treatment Unit, as well as other treatment units around the country that serve our Native American and other minority veterans. There is sufficient extant literature today that clearly recommends more be done, not less.

Ninth, a consistent comment heard from nearly all minority veterans and support organizations is the absence of timely, accurate information and their inability to respond to such information when necessary. The Committee is unanimous in their belief that current information technology is already within the capabilities of VA to correct this deficiency immediately.



## F. RECOMMENDATIONS

Based on the its research, collaboration, partnerships, concerns, findings and body of anecdotal evidence gained from actual discussions with minority veterans, minority community organizations, veterans organizations, and concerned leaders, the Advisory Committee on Minority Veterans recommends that the Secretary of Veterans Affairs:

1. Establish a separate budget line item for the Advisory Committee on Minority Veterans.
2. Appropriate \$125,000.00 for the fiscal year 1997 budget for the Advisory Committee on Minority Veterans.
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 our minority veterans.
4. Authorize an assessment be conducted and a report submitted in FY '97 by the Department of Veterans Affairs to determine the validity of the Committee's concern regarding ethnic representation on the Rating Panels and the Merit Review Boards, as well as among the counselors who advise our minority veteran populations.
5. Establish and fund an intra-agency task force, chaired by the Director of the Center for Minority Veterans, to conduct a needs assessment for health care, benefits and compensation research of all our minority veterans by ethnic groups and submit a report by 1 July 1997.
6. Instruct the Under Secretary for Health and the Under Secretary for Benefits restructure their organizations' internal minority advisory panels to mirror that of the Federal Advisory Committee on Minority Veterans.
7. Direct ethnic identifiers be included immediately on all appropriate Department application forms, particularly the initial application form completed by all veterans, and be correlated with Department of Defense Manpower Files and the revisions to the Office of Management and Budget Directive #15.
8. Direct the Director, Center for Minority Veterans, to establish a Secretary's Task Force by 1 October 1996 to assess and recommend changes to current VA cultural sensitivity policy and programs for implementation immediately upon approval of the Secretary of Veterans Affairs.

9. Authorize and fund a five-member **Minority Veterans Review Commission (MVRC)**, chaired by the **Chairman, Advisory Committee on Minority Veterans**, with consultative authority and staff support, to conduct a series of focus meetings with minority veterans and organizations across the country, to include the Pacific, to determine the blueprint of needs and concerns, as well as recommendations, of all our minority veterans and followed by a conference on the west coast, in the Midwest, and on the east coast to report the findings to our minority veterans. Their report would be presented to you for concurrence and advocacy by 1 March 1998.

10. Charge the **Under Secretary for Health** to take the lead in forming and funding a **Reassessment Panel**, cochaired by the **Director, Center for Minority Veterans** and including two members of the **Advisory Committee on Minority Veterans**, to review all programs for homeless minority veterans and drug/alcohol treatment for minority veterans with the purpose to implement effective, culturally appropriate, coherent and networked programs and policies by 1 July 1997. Their report would be included in our **Committee's Fiscal Year 1997 Report**.

11. Inform the **Under Secretary for Health** to establish a **Minority Health Review Panel**, cochaired by a member of the **Advisory Committee on Minority Veterans**, to collaborate with the **Bureau of Primary Health Care, Health Resources and Administration Agency**, and others in determining and implementing the best models for health care delivery system for minority veterans, to include native alternative healing methods. Their report would be made a part of our **Committee's Fiscal Year 1997 Report**.

12. Request the **United States Congress** take action to make permanent the **Advisory Committee on Minority Veterans**.

13. Submit a formal request to the **Congress** to change the expiration date of **Public Law 102-547, Native American Veterans Direct Home Loan Program**, from its current expiration date of 1997 to a permanent benefit without expiration.

14. Establish an immediate **Department policy** that accepts without qualification the reports or evaluations by the **Indian Health Service** regarding establishment of benefit and compensation claims, including the original claim. If necessary, seek amendment to **Public Law 103-446, Section 5125**.

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 recognized **Native Hawaiian government** to be eligible for grants-in-aid for the purpose of establishing, expanding, or improving veterans cemeteries.

16. Approve the addition of three full time staff members to the **Center for Minority Veterans** effective 1 October 1996 and the funding to establish a worldwide web site for the **Center** immediately.

## **Annex A, Biographical Sketches**

**Armstead, Ron** - African American male; Vietnam theatre Navy veteran (Medic) recommended by Representatives Rangel, Kennedy, and Evans. Ron is the Executive Director of the Congressional Black Caucus (CBC) Veterans Braintrust. He is a community planner and former Vet Center counselor. He resides in Boston, MA, and works with the Veterans Benefits Clearinghouse.

**Begay, Richard K.** - Native American/Navajo Indian, male Vietnam combat veteran who 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 from Maryland recommended by Mr. Gene Brickhouse. She has 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 American and Native Hawaiian male Vietnam Infantry combat veteran recommended by Senator Daniel K. Akaka. He is a retired Army Brigadier General who currently is CEO of Hana Environmental Engineering, Inc. and President, Pacific American Foundation, a national 501 (c)(3) organization with offices in Washington, DC, and Honolulu, HI. He has broad and extensive qualifications in academia and the corporate, military, and community establishments. He resides in Alexandria, VA.

**Cota, Abel** - Hispanic/Mexican American male Vietnam veteran recommended by the American GI Forum of the United States. He has been involved with veterans programs and services 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 held commercial and residential landscaping maintenance firm in Killeen, TX.

**Jordan, Cleveland** - African American male peacetime disabled Army veteran who is a former National Commander of Disabled American Veterans and a National Service Officer. He was the Acting Chief of the DC Office of Veterans Affairs and recently 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 Infantry veteran recommended by Senator Daniel K. Akaka. He is currently Vice President for Community Affairs, The Queen's Health Systems 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 who served in Vietnam and El Salvador. He is the 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 who 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, Inc.

**Lopez, Thomas** - Hispanic/Puerto Rican male Korean Conflict Army combat veteran recommended by Maryann Musumeci, 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 who resides in Maryland. She is a retired Brigadier General from the Army Reserves and has extensive background in academia and health care 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 and was recommended by Representative Bob Stump. She was a 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 and a specialist in employment and transition assistance programs.

## **Annex B, Report of The Subcommittee on Health Care**

### **1. GOALS AND OBJECTIVES**

The Subcommittee on Health Care, at the September 1995 meeting of the Advisory Committee on Minority Veterans, approved and accepted a Strategic Plan to guide and focus their actions for FY '96 and '97 (See enclosed Strawman Strategic Plan).

This Strategic Plan was based upon the goals agreed upon at the June 1995 meeting by all the members of the Advisory Committee. In addition, the Subcommittee members reviewed available data and identified categories of health care needs/issues which affected our minority veterans (see enclosed Report).

Our concerns focused on the comments, studies, research reports, papers, and testimonies of other leaders, organizations and minority veterans who argued passionately about health care needs, concerns and solutions over the years. We see the annual report as one vehicle, among others, to provide continuous advice and consultation to the Secretary and the United States Congress.

Finally, the lack of funding for the entire fiscal year restricted our accomplishments but not our enthusiasm to make a difference in spite of being unable to fulfill our plans for two subcommittee meetings.

### **2. SPECIFIC**

The following concerns reflect the input from our enclosed Report, as well as from comments from Subcommittee members and reports from other members of the Advisory Committee contained in Annex F:

a There is a need to ensure cultural sensitivity and awareness in the delivery of health care services. On September 28, 1995, the Chairman submitted a letter to the Secretary requesting that one of the criteria utilized to select Directors of VISNs be "demonstrated excellence and commitment to our nation's minority veterans" (see enclosed Report, item 1, accountability)

b Health care services must be accessible to minority veterans.

c Decentralization of VA health care services can help meet the unique needs of our minority veterans in transportation, use of alternative health care services, and sharing agreements with the Indian Health Services.

d. Research is critical to understanding the health needs of the different ethnic groups of our minority veterans. Health care statistics play a critical part in the setting of program priorities. This area has been the subject of much discussion; it is time to do it.

e. Recent evidence, such as the use of acupuncture, clearly supports the use of alternative healing practices of Asian, Native, Pacific and Hispanic Americans by VA. The minority veterans would be best served by the Under Secretary for Health by his support for a collaborative effort with the Subcommittee for Health Care and other agencies to examine this area and report the findings and actions to the Secretary.

f. Public Law 103-446, Section 5125, currently does not permit the acceptance of reports or evaluations conducted by the Indian Health Service for the purposes of establishing compensation claims, to include the original compensation claim. The Indian Health Service is as competent as any other VA hospital or private hospital to conduct such reports or evaluations.

g. In realigning the VA health system into the VISN concept, the Subcommittee has requested a briefing on the specifics of the reorganization, and the Chair has met with the Under Secretary for Health who has been supportive of our members dealing directly with his VISN Directors in learning more of the impacts of this change. In this regard, it would appear that some work has been done or should be done in reviewing current minority health systems to learn how they have been successful in meeting the needs of their minority populations. Such collaboration, particularly with the Office of Minority Health, the Bureau of Primary Health Care, and the Health Resources and Services Administration, all of the Department of Health and Human Services, should prove very beneficial in providing culturally appropriate health care to our minority veterans.

h. It would be appropriate that VISN and other VA regional Directors implement a minority advisory board identical, if not similar, to our Committee. The board would function similar in mission to our Committee and Subcommittee by providing direct information/solution exchanges between minority veterans and the Directors and Administrators charged to serve them. The board's scope would be similar, if not identical, to that of our Advisory Committee.

i. Reductions in either funding or scope of current substance abuse inpatient care would be a serious disservice to minority veterans. No other Federal or state agency provides long term substance abuse rehabilitation; it is important that VA continue its program to assist minority veterans in combatting this serious illness.

j. The use of private or other contracting physician services to provide necessary health care for minority veterans in urban and rural areas, reservation or trust lands is a technique that merits immediate review by the Under Secretary for Health. Sufficient examples exist that demonstrate the value and desirability of this approach.

k. As has been suggested by other portions of our report, there is a real need to educate VA staff regarding the high payoff of quality customer service to all veterans. Appreciation and understanding of the cultural values of the various ethnic groups of minority veterans by those who serve our veterans are essential to the delivery of good health care. There are a number of successful programs in the DoD arena that could serve as models for VA.

l. Individual members of the Subcommittee participated in the following activities in support of the Advisory Committee on Minority Veterans:

\*Met with the Chairman and other Chairs of the Subcommittees at DVA to discuss operational plans and review future requirements.

\*Met with Dr. Kenneth Kizer, Under Secretary for Health, to share our support for the VISN realignment and discuss our Committee's and Subcommittee's roles on behalf of minority veterans. Dr. Kizer acknowledged our missions and indicated he would have no problem with Committee members meeting with his Veterans Integrated Service Networks Directors to orient them to the Advisory Committee functions and ways we could support them in improving health care for our minority veterans.

\*Requested the Center for Minority Veterans staff obtain a list of the VISN Directors, their locations, and biographies so that this information would be available to Committee members. This information has been mailed to all Subcommittee members. Guidelines for the contact of VISN Directors by Subcommittee members will be developed.

\*Conference call with Charles Johnson to discuss role, mission and focus of the Committee; requested he provide information that would assist the Committee in achieving its objectives.

\*Informed by a veteran of problem he is having with VA concerning his disability; will meet with individual in July 1996 to discuss his issues in detail.

## **Annex C, Report of the Subcommittee on Benefits and Compensation**

### **1. GOALS AND OBJECTIVES**

Based on the Committee's First Annual Report to Congress, 1 July 1995, the Subcommittee used the goals and objectives outlined in the report in submitting its accomplishments for the September 1995 Committee meeting minutes. Essentially, we concluded that in terms of policies, programs and procedures the VA's benefits and compensation programs for minority veterans seem appropriate.

Our concerns focused on the need for minority-specific research, ethnic minority representation on both the Merit Review Boards and Rating Panels, outreach communication, and working with the EEO offices to ascertain the nature of complaints filed by our minority veterans.

### **2. SPECIFIC**

Discussions with Committee members, minority veterans, organizations, community leaders and input by Committee members at Annex F strongly suggest the following findings and concerns:

- a. Language and cultural values must be understood by all those who handle benefits and compensation claims or requests for assistance.
- b. There is a lack of specific data on the number of minority veterans who are homeless, the degree of the problem, and the specific geographic areas most affected.
- c. VISN and Regional Directors must take more aggressive steps in networking and collaborating on creating more effective programs for minority veterans.
- d. A one-stop Vet Center on the Navajo Nation should be established and become the model for other Indian nations and tribes.
- e. Pacific Americans and Native Americans should be authorized cemetery grants automatically for the construction and or maintenance of veteran cemeteries on reservation or trust lands.
- f. The five-year pilot Native American Veterans Direct Home Loan Program has been successful and must be extended beyond its original time schedule of 1997.



g. VA must reassess its workforce to ensure there is a fair representation on its staffs of the minority veteran population they are serving. This should go a long way in eliminating, if not immediately minimizing, the insensitive attitudes now encountered by minority veterans.

## **Annex D, Report of the Subcommittee on Labor, Employment and Transition**

### **1. GOALS AND OBJECTIVES**

Based on the Committee's First Annual Report to Congress, July 1, 1995, the Subcommittee used the goals and objectives outlined in the report in structuring its plan for FY 1996.

We had hoped to have conducted two regional meetings with minority veterans and organizations to assess current needs and concerns, review previously offered solutions and recommendations, examine current VA policies, and brief the full Committee during its two scheduled FY meetings.

None of the above could be implemented because neither the Committee nor the Subcommittee was funded.

Consequently, the following report outlines the views of the Subcommittee based on anecdotal information, experience, research, and discussions with minority veterans.

### **2. SPECIFIC**

a. Numerous laws have been passed to meet the employment and transition needs of veterans as a whole. However, none has been written to specifically address the needs of minority veterans. The intent of the law is to provide services to veterans to ease the readjustment from military to civilian life. Interpretation of the intent of the law, by the individual agencies assigned to carry out the law, has caused some inadequacies in the system which affect services to veterans, specifically minority veterans.

b. Minority veterans, in general, feel alienated from the bureaucratic agencies that are assigned to address laws passed by legislation. The issue of the specific needs of the minority veteran is not being addressed by individual agencies. Negative attitudes towards the minority veterans have become a visible part of the system, and agencies themselves do not realize the impact such attitudes have on the minority veteran population.

c. Although the intent of legislative laws pertaining to veterans is sincere, agencies that are given the administrative arm to regulate and make sure that the laws are being carried out to meet the intent of the law have not totally ensured proper regulation of the offices and directorates in their execution of the intent of the law.

d. Part C of Title IV of the Job Training Partnership Act (ATPA), special programs for veterans, is the principal law that addresses the employment needs of veterans. This law excludes veterans preference over non-veterans completely which demonstrates the plight of the veterans, but in particular the minority veterans who tend to be assigned to the bottom of the needs list.

e. Under the law, the State Employment Security Agencies are required to provide priority services to veterans through the Disabled Veterans Outreach Program (DVOP) and the Local Veterans Employment Representative (LVER) program. Some states have misused this program by assigning personnel hired specifically to address the employment need of the veterans to other non-veteran employment duties. Again, this has a serious impact on the minority veterans that require specific assistance to meet their needs. It would seem sensible for both VA and DOL to collaborate together on a one-stop center so a veteran can receive employment assistance and benefits information at the same time.

f. The Veterans Employment and Training Service (VETS) consists of Federal employees of the Department of Labor whose role is to assure Federal employment programs for veterans are implemented. The VETS is answerable to the Office of the Assistant Secretary of Veterans Employment, Education and Training. Minority veterans need assurance that this office is carrying out the intent of the law.

g. Vietnam veterans were not provided the best support in their transition from military to civilian life. Inadequate explanation of programs and consistent follow up to insure the veterans' rights were being properly served were the major stumbling blocks for the veterans transition. For the minority veteran, it was even more devastating. In this regard, current statistics indicate that nearly 60% of the more than 800,000 military men and women discharged since 1993 underwent the 3-day Transition Program. It would be beneficial to know who they were, particularly minority veterans.

h. The Department of Veterans Affairs agencies' attitude that veterans are veterans and they all have the same needs is the single, biggest mistake that has been committed. Minority veterans have specific cultural and traditional needs that differ from the Caucasian veterans. The alienation of minority veterans by agencies of VA and other governmental agencies can be attributed to the absence of understanding of the different ethnic cultural values and traditions. Minority veterans view such agencies as insensitive to them, and while many have attempted to use their earned benefits, their first contact with the system causes such frustration and misunderstandings that they do not return to complete the process.

i. The attitude of individual employees working for these government agencies is

equally the largest cause for the dysfunction in quality service to minority veterans. Little is being done to educate, train and sensitize those who serve our veterans to understand that the minority veterans have also sacrificed much for our country. The Department of Defense has a number of excellent cultural and race sensitive programs that could serve well those VA and other government agencies in upgrading whatever programs they currently have in place.

## **Annex E, Report of the Subcommittee on Outreach and Rehabilitation**

### **1. GOALS AND OBJECTIVES**

Based on the Committee's First Annual Report to Congress, July 1, 1995, the Subcommittee used the goals and objectives outlined in the report in structuring its plan for FY 1996.

Because of funding restrictions, the Subcommittee could not execute its operational plan for the fiscal year which called for two regional meetings with minority veterans, minority community organizations, veteran service organizations, and leaders whose decisions impact minority veteran policies and programs.

Instead, we have had to rely on alternative techniques to press forward in identifying, clarifying and prioritizing the needs and concerns of our minority veterans. The results, captured in the following comments, stem from our individual discussions and research, comments from other members of the Committee contained in Annex F, and input from our minority veterans.

### **2. SPECIFIC**

a. Our Native American veterans continue to have the most pressing needs for outreach. Their geographic isolation, similar in scope to that of American Samoan and Chamorro veterans in the US territories of American Samoa and Guam, causes unique concerns that demand alternative solutions, much of which are available today. For example, Vet Centers should be established on those Native American reservations and trust lands where the closest center are many hours away by car or plane. Current efforts to establish a Vet Center in Chinle, Navajo Nation, through a memorandum of understanding is a good example of what can be done to move forward in addressing the Native American veterans' unique needs brought about by geographic distances. Similar memorandums of understanding must be pursued aggressively by VA for other Native American tribal nations, potential Native Hawaiian sovereign entity, and US territories.

b. A consistent view shared by all members, and heard from many minority veterans, is that VA must hire counselors and health care providers who are representative of the veteran population they serve, particularly when there is a representative number of minority veterans who reside in the area. The balance being sought makes good sense and does not require quotas or set asides to accomplish; rather, sound management procedures can bring about this necessary reorganization rather quickly.

c. Title 38, USC Chapters 11 and 12, outlines the Department of Veteran Affairs responsibilities for Outreach and Rehabilitation, respectively. No specific reference is made to minorities in either Chapter. Both chapters should be amended to make specific reference to minority veterans. It would be fair to believe that such policy changes will do much to alleviate the perception that minority veterans' needs are not important or do not require cultural understanding by those who serve veterans.

d. Efforts based on our original plan for FY 1996 to conduct regional sessions continue with the concept of Town Hall Meetings in collaboration with other Federal agencies.

e. Outreach in terms of the flow of timely, accurate and comprehensive information is within the Department's capabilities. The approval to install either a web site or home page for the Center for Minority Veterans would bring instant improvements to accessibility and accountability by those who serve and those who are being served. It would not take much for the Secretary to authorize and fund the Center to implement this program by October 1996.

f. Individual members of the Subcommittee participated in the following activities in support of the Advisory Committee on Minority Veterans:

\*Met with the Wasatch Front North Veterans Council, Ogden, Utah, regarding better outreach services to minority veterans; better access to Vet Centers; collaborative networks between the community councils and the VISN and other VA Directors; inclusion of ethnic languages, when appropriate, in VA publications; improvement of networks with Native American veterans in the community and on the reservations; and inclusion of minority organizations with DVA services and programs.

\*Conducted a Town Hall meeting with minority veterans and VA regional and medical center staff members to discuss the issues identified above.

\*Met over a period of five months with various minority veterans and minority organizations to discuss many of the issues above and distribute a survey sheet focused on needs and concerns of minority veterans.

## **Annex F, Members' Reports**

### **1. GENERAL**

The reports outlined in summary form below are individual member reports that have been included in this separate annex.

These reports, along with the other members' written and oral reports, have been included in the appropriate sections of the Second Annual Report to Congress and provide substantive evidence for the Findings and Recommendations sections of the Second Annual Report to Congress.

Many of the reports of other members were submitted as part of their Subcommittee Reports and have been incorporated therein.

### **2. SPECIFIC**

\*A member testified on March 27, 1996, to the Senate and House Joint Committee on Veterans Affairs, Washington, DC, on behalf of Navajo veterans. His testimony included the need for language and cultural appreciation, understanding and respect; lack of outreach services to Indian veterans living on reservations; lack of PTSD and substance abuse treatment centers on Indian reservations; the need for an assessment of Native American homeless veterans; the importance of making permanent Public Law 102-527, Native American Veteran Direct Home Loan Program; the lack of veterans hospitals or clinics on Indian reservations; the significance of amending 38 U.S.C., Section 2408 (a) to make Indian governments eligible for resources to construct veteran cemeteries on Indian land; the requirement for direct funding to the Navajo Nation for veteran employment and training; the importance of conducting a Congressional field hearing on an Indian land to discuss Native American Indian veteran issues and concerns; and the earnestness to recognize and invite Native American veteran organizations to present testimony before the Senate and House Joint Committee, or Subcommittees, on Veterans Affairs.

\*A member met with the VA staff on March 28, 1996, to discuss the importance of establishing a one-stop Vet Center on the Navajo Nation to provide counseling services, assistance on benefits and claims information, employment and training, educational assistance, home loans, and cemetery information; and a proposed Memorandum of Understanding between the Navajo Nation and the Department of Veterans Affairs to establish a Vet Center in Chinle, Navajo Nation (Arizona).

\*A member met with the staff of Senator Daniel K. Akaka to propose legislation

that would enable Native American governments to be eligible for cemetery grants by adding the language, "tribal government," to the current law. (This proposal would also benefit the American Samoan veterans in the Territory of American Samoa; the Chamorro veterans in the Territory of Guam; and the Native Hawaiian veterans who are in the process of determining their status as a sovereign nation. Language would have to be included that specifically referred to these three governmental entities.)

\*A member met with the staff of Senator Ben Nighthorse Campbell in regards to the recognition of and invitation to Native American veterans organizations to present testimony to the Senate and House Veterans Affairs Committees and Subcommittees.

\*A member provided testimony before the Subcommittee on VA, HUD and Independent Agencies regarding the FY 1997 Budget Proposal for the Department of Veterans Affairs, HUD, and Independent Agencies.

\*A member reported the following activities:

-Attended the 54th World Veterans Federation Executive Council meeting in Marrakech, Morocco, December 1995 on behalf of the Veterans Braintrust.

-Attended the Black Veterans for Social Justice Town Hall meeting, April 11, 1996, New York City, to discuss the impact of VA budget cuts on minority veterans.

-On April 19, 1996, attended the Contract Fee Providers Workshop in Houston, TX, and was acknowledged as the Cochairman of the Veterans Committee for the National Association of Black Social Workers during their 28th Annual Conference in Houston, TX.

-On May 23, 1996, attended a rally and meeting at New York City Hall regarding the impending VA cutbacks.

-On May 6, 1996, coordinated the International Veterans Concerns Workshop in conjunction with the Fifth Annual Conference on the Concerns of Veterans sponsored by the Joiner Center at the University of Massachusetts.

-Attended the Chicago Homeless Veterans Conference on May 30, 1996, entitled, "Communities Make A Difference: Ending Homelessness Takes All of Us Working Together," hosted by the VA. While the conference was a success, we still must continue to press forward on all fronts to outreach and involvement, not engagement, of our Native American, Hispanic American, Asian American, Pacific American, and African American veterans; moreover, it is extremely important to have culturally diverse issues discussed, to include the importance of drawing upon nonprofit, non-veterans specific community based organizations in addressing the needs of our minority veterans.



-On June 1, 1996, presented a workshop entitled, "Selected Issues in Communities of Color," at the Eighth Annual Conference on Social Work and HIV/AIDS.

-On June 27, 1996, attended the second town hall meeting convened by the Black Veterans for Social Justice focused on the issues and needs of the women veterans.

-On July 5, 1996, attended the Annual Mashpee Wampanoag Tribal Powwow during which time the history of their tribe was recounted, to include their continuous living on tribal lands since 1654 when the Massape Plantations were set aside as one of the first Indian reservations.

-Invited to observe and participate in the World Veterans Federation 9th Standing Committee on African Affairs meeting in Accra, Ghana.

## **Annex G, Correspondence**

The following enclosures contain the exchange of letters and memorandums between the Advisory Committee on Minority Veterans and the Secretary of Veterans Affairs; the Chief of Staff, VA; and the Director, Center for Minority Veterans, as outlined below:

-Letter dated September 28, 1995, from the Committee regarding selection criteria for VISN Directors with response dated November 30, 1995, from Dr. Kenneth W. Kizer, Under Secretary for Health.

- Letter dated November 9, 1995, with enclosure, from the Committee to the Secretary advising him of the visit with the Seattle VA Regional Office on 23-24 October 1995.

-Letter dated November 15, 1995, from the Committee to the Secretary regarding the concerns in the areas of ethnic representation on the Rating Panels and Merit Review Boards, the prioritization of effort to data collection/survey/research/studies on all ethnic minority veterans, and the capabilities of the Center for Minority Veterans with response from the Secretary dated March 29, 1996.

-Letter dated February 29, 1996, from the Committee to the Secretary expressing the concerns over the absence of funding and the impact on the ability of the Committee to execute its operational plan for FY 1996.

-Memorandum dated April 30, 1996, from the Committee to the Director, Center for Minority Veterans, regarding the need to provide timely and substantive information to the members of the Committee with response by the Director dated May 29, 1996.

-Memorandum dated May 8, 1996, with enclosure, from the Committee to the Chief of Staff, VA, regarding the concern that the absence of funding could preclude the annual report to Congress with response by the Chief of Staff dated May 29, 1996.



DEPARTMENT OF VETERANS AFFAIRS  
Veterans Health Administration  
Washington DC 20420

In Reply Refer To:

Brigadier General David EK Cooper  
Chairman, Advisory Committee on Minority Veterans  
810 Vermont Avenue, N.W.  
Washington, DC 20420

Dear General Cooper:

This responds to your letter to the Secretary concerning recruitment for the twenty-two Veterans Integrated Service Network (VISN) directors.

I am pleased to report that recruitment action was completed in September and the selectees were announced in early October. As you recommended in your letter, we cast a wide net in the recruitment process in an effort to reach a broad spectrum of executive talent from both within and outside government. In addition to announcing the positions nationwide through the Office of Personnel Management's Senior Executive Service recruitment system, we advertised in *The New England Journal of Medicine*, *Modern Healthcare*, *JAMA*, *the Journal of the American Medical Association*, and *The Wall Street Journal*.

The result of this unprecedented recruitment effort is an executive team that would be impressive by any standard of excellence. The group of VISN directors includes individuals with a diversity of backgrounds, both clinical and administrative, from both the private and public sectors. Five of the new directors are women, one is Asian American, one is African American, and one is Hispanic. In terms of clinical backgrounds, nine directors are physicians, one is a dentist, and one is a registered nurse. In addition, seven of the new directors were recruited from the private sector. They bring new insights and perspectives that will be of immeasurable value to us as we move toward more creative partnerships with both public and private health care providers in the future.

On behalf of the Secretary, let me thank you for the interest and support of the committee with regard to this important component of our effort to improve health care delivery to the Nation's veterans. I look forward to your continuing support in the future.

Sincerely,

A handwritten signature in black ink, which appears to read "Kenneth W. Kizer".

Kenneth W. Kizer, M.D., M.P.H.  
Under Secretary for Health



DEPARTMENT OF VETERANS AFFAIRS  
Center for Minority Veterans  
Washington DC 20420

ADVISORY COMMITTEE ON MINORITY VETERANS  
9 November 1995

The Honorable Jesse Brown  
Secretary of Veterans Affairs  
810 Vermont Avenue  
Washington, DC 20420

Dear Secretary Brown,

The Advisory Committee on Minority Veterans, specifically Richard Begay and I, were invited to visit with Seattle's VA Regional Office on 23-24 October 1995. Mr. Richard F. Murphy, Director, was our excellent host and developed a superb working agenda of discussions with minority veterans and organizations as well as with minority employees and leaders of his organization.

Permit me to share with you the essential elements of the outbriefing that Richard Begay and I conducted with Ms. Christine Moffitt, Assistant Director.

-Strengthen inclusivity of minority veterans in a systemic, institutionalized manner. The outstanding work being done by Jim Boulay as a collateral duty should be enhanced by assignment of a full time, permanent status at an appropriate grade level allowing direct access to the Director. An Advisory Committee, similar in structure and duties as the Congressional Federal Advisory Committee on Minority Veterans, can be a very insightful and critical sounding board in assisting the Director in understanding the obstacles to improving the services provided all our minority veterans.

-Provide a clear, open and fully structured communication link for minority veterans and organizations to those whose duty it is to serve veterans. A way of achieving this is to establish an office similar to VA's Center for Minority Veterans wherein all minority veterans can see the commitment and feel the presence of dedication to their concerns. A simple matter of having dedicated phone lines open 24-hrs a day, seven days a week offer the hope that, when combined with a dedicated office, concerns will be received and addressed.

-Reaffirm accountability in performance standards of those responsible for providing the environment for caring leadership for all employees and positive

management of programs that recognize the cultural and ethnic diversity of our veterans. Include such accountability in annual performance reviews.

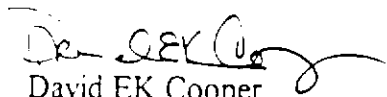
-Collaboration and partnership of the VISN Director and Regional Director on all minority veterans issues and concerns will lead to synergy in resources and information sharing. Establishing a Joint Advisory Committee on Minority Veterans, which includes minority veteran and minority community organizations, may prove to be effective and efficient in cost avoidances in regards to surveys, research, data collection, service opinion polls on minority veterans and more importantly involve the local community leaders in solving the needs of minority veterans.

-The total lack of research data on minority veterans greatly exacerbates the issues and concerns and lead to inappropriate solutions. This may be an issue, however, best resolved at the Secretary's level.

We were impressed with the commitment and passion of the minority veteran organizations and VA minority employees. All want to be a part of the process and solution, and they recognize the immense value of the Advisory Committee and the Center for Minority Veterans.

Finally, because of your clear and unmistakable leadership, there is a real sense of hope by our minority veterans. And because of the open dialogue and supportive relationship the Committee shares with Hershel Gober and Hal Gracey, there is reason for belief.

Sincerely,



David EK Cooper  
Brigadier General (ret), US Army  
Chairman

cc Members, Advisory Committee on Minority Veterans

Enclosure to Letter, November 9, 1996, Visit to Seattle VARO

The following issues and concerns were shared and discussed with groups of Asian Americans, African Americans, Hispanic Americans, Native Americans and with the key leaders of the Seattle VA Regional Office:

- Open communication link for minority veterans and organizations
- Reaffirm accountability in performance standards; should be included in the annual performance reviews
- Recognize the cultural and ethnic diversity of the minority veterans
- Collaborate and partnership between the VISN Directors and Regional Directors on all minority veterans issues and concerns
- Establish a Joint Advisory Committee on Minority Veterans, to include minority veterans and minority community organizations in regards to survey, research, data collection and opinion polls on minority veterans
- Native American Veterans Direct Home Loan Program (Pilot)
- Community-based Vet Centers
- Homeless and Incarcerated Veterans
- Integrated Computer Network Systems
- VA and IHS hospital collaboration (share agreements)
- Rating Board ethnic representation/composition

## ADVICE & RECOMMENDATIONS ENCLOSURE

### 1. Composition of Rating Panels

As a result of discussions based on anecdotal evidence, the Subcommittee on Compensation and Benefits agreed unanimously that a studied examination should be conducted as to the race, ethnic and gender composition of all VA's Rating Panels that decide percentage ratings for veterans' benefits and compensation. Among the many factors that should be considered in the assessment, the following are deemed important: (a) compilation of historical rating statistics by race, ethnicity and gender of a sufficient number of Rating Panels distributed across the country that would permit (b) a comparative analysis using accepted methodologies that also recognize anecdotal evidence from minority veterans and organizations, to include community groups and other Federal agencies serving our veterans, and (c) assessment of the composition of Rating Panels in terms of the race, ethnicity, and gender composition of the community they serve. **The Subcommittee recommends an initial assessment be conducted as soon as possible followed by a more detailed examination in accordance with accepted research principles.**

### 2. Composition of Merit Review Boards

After discussions and review of anecdotal information, the Subcommittee on Health recommends that an examination be conducted similar to that recommended for the Rating Panels. The intent of the assessment is to discover trends that could suggest that changes be made to ensure equal and fair treatment of minority veterans. There is absolutely no call to establish separate rating processes or rules for minority veterans. The Subcommittee believes such an assessment would be both beneficial and supportive of VA's mission to serve all veterans and that this effort would provide a meaningful baseline for policy decisions. Major factors, in addition to those identified for the Rating Panels, that should be included for the assessment are (a) the sensitivity of Merit Review members to cultural mores and ethnic values of minority veterans, (b) the linguistic skills of Merit Review Boards that serve populations of Hispanic American, Asian American, Native American, and Pacific American veterans, and (c) the accessibility of the process in terms of ease and friendliness to minority veterans. **The Subcommittee recommends an initial assessment be conducted as soon as possible followed by a more detailed examination in accordance with accepted research principles.**

### 3. Minority Veterans Research

The full Committee unanimously agreed that there is a significant scarcity of research on minority veterans throughout the Department of Veterans Affairs, and in those few instances that there has been a research project on minority veterans, the purpose, methodology, data, analysis and followup have been wholly inadequate. There is a substantial dearth of information as to the efficiency and effectiveness of VA's programs



DEPARTMENT OF VETERANS AFFAIRS  
Center for Minority Veterans  
Washington DC 20420

ADVISORY COMMITTEE ON MINORITY VETERANS  
15 November 1995

The Honorable Jesse Brown  
Secretary, Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

Dear Secretary Brown,

In an earlier letter to you dated 28 September 1995, the Advisory Committee on Minority Veterans submitted a recommendation regarding the selection criteria for the twenty-two Directors of the newly organized Veteran Integrated Service Networks.

We indicated that based on our recent Committee meeting, 17-21 September 1995, the letter above would be one a series of interim reports transmitting our advice on the needs and concerns of minority veterans and recommendations with respect to the administration of veterans' benefits and services.

This letter forwards the second set of advice and recommendations, as an enclosure, on the subjects of the composition of Rating Panels, the composition of Merit Review Boards, the prioritization of effort to data collection/survey/research/studies on all ethnic-minority veterans, and the capabilities of the Center for Minority Veterans.

The Committee believes that your commitment to this process is vital to addressing and resolving the needs and the quality of benefits and services provided all minority veterans, and in so doing clearly improving the lives of all veterans.

We look forward to a favorable response.

Sincerely,

A handwritten signature in black ink, appearing to read "D. EK Cooper", is written over a horizontal line.

David EK Cooper  
Brigadier General (ret), US Army  
Chairman

encls  
cc Members, Advisory Committee on Minority Veterans





**DEPARTMENT OF VETERANS AFFAIRS**  
**Center for Minority Veterans**  
**Washington DC 20420**  
**ADVISORY COMMITTEE ON MINORITY VETERANS**  
**810 VERMONT AVENUE, N.W.**  
**WASHINGTON, DC 20420**

28 September 1995

The Honorable Jesse Brown  
Secretary, Department of Veterans Affairs  
810 Vermont Avenue, N.W.  
Washington, DC 20420

Dear Secretary Brown,

As you are aware, the Advisory Committee on Minority Veterans met for its second working session, 17-21 September 1995, at the Department of Veterans Affairs, Washington, DC.

While a complete record of our meeting will be forwarded to you at a later date, this letter is one of a series of interim reports that transmits the advice and recommendations resulting from our meeting for your review and approval for action.

The Committee respectfully requests that the selection criteria for the position of Director of each of the twenty-two Veteran Integrated Service Networks (VISN) include a specific statement that the individual's record of performance must show recognized and demonstrated commitment to the delivery of health care services to the nation's minority veterans

Additionally, it would be appropriate for your office to validate that the widest search possible for qualified and interested minority applicants is executed, consistent with applicable Federal hiring procedures, before the final selections are made.

The Committee understands that the new VISN structure will decentralize the health care delivery system which should lead to ensuring that unique community needs are met in an efficient and effective manner.

Consequently, the Committee believes that your concurrence of the recommendations above will assure that the selected VISN Directors will possess the cultural sensitivity necessary to provide comprehensive health care leadership to our ethnically diverse veterans population.

We applaud your efforts, as well as those of your Deputy Director and staff, in helping our Committee improve the services provided to all our minority veterans.

We look forward to your favorable reply.

Sincerely,

A handwritten signature in black ink, appearing to read 'David EK Cooper', with a long horizontal flourish extending to the right.

David EK Cooper  
Brigadier General (ret), US Army  
Chairman

cc Members, Advisory Committee on Minority Veterans  
Director, Center for Minority Veterans, Department of Veterans Affairs



THE SECRETARY OF VETERANS AFFAIRS  
WASHINGTON

MAR 29 1996

Brigadier General (ret) David EK Cooper  
Chairman, Advisory Committee on Minority Veterans  
Department of Veterans Affairs  
Center for Minority Veterans  
Washington, DC 20420

Dear General Cooper:

Thank you for the second set of Committee recommendations which you recently forwarded to me.

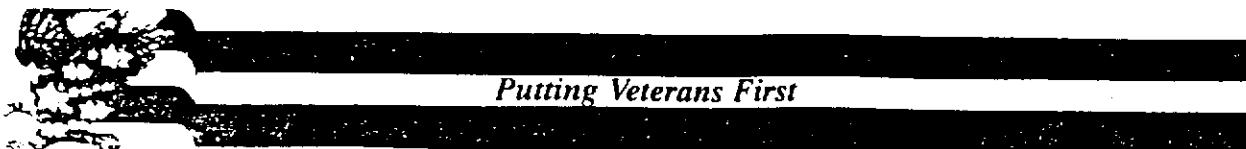
The enclosed fact sheet responds to these recommendations.

Sincerely yours,

A handwritten signature in black ink that reads "Jesse Brown". The signature is written in a cursive style.

Jesse Brown

Enclosure



## ADVICE AND RECOMMENDATIONS ENCLOSURE

2

and services impacting minority veterans. There is hardly any clinical research information on minority veterans, and nor are there ongoing health care research projects, other than the recent PTSD effort, that focus specifically on minority veterans--how an understanding of race, ethnicity, culture, traditions, language, and values can positively impact the benefits and services provided by VA. A recent example of the obstacles faced by those who wish to conduct clinical research is enclosed as a separate correspondence. Without sufficient, timely, and accurate data and analyses provided by VA's UnderSecretaries and Directors, the Committee's mission to provide thoughtful, productive advice and guidance is being severely challenged. **The Committee recommends that for the immediate future VA's research priority be directed towards minority veterans and that an aggressive approach include, among others, establishing a formal, close working relationship between the UnderSecretaries and Directors with the Committee and the Center for Minority Veterans.**

#### 4. Center for Minority Veterans

The Committee applauds the superb work being done by the Director and two staff assistants of the Center for Minority Veterans. It is the view of the Committee that since June 1995 when the Center was established, it is already overwhelmed by the issues, needs, and concerns of all our minority veterans and organizations across the country. Why? Because it is seen by minority veterans and organizations as a key team member of VA's leadership and who judiciously educates and informs those who serve our veterans about the needs of minority veterans. The Center has become a clearinghouse for information and an advisor to VA's leadership in improving the quality of benefits and services provided our minority veterans. But if it is to move forward as expected by so many, it should (a) be composed of sufficient workers, (b) be representative of the minority population it serves, (c) be identified as a separate line item on VA's budget program, and (d) be allocated funding commensurate with its goals and objectives as envisioned by the Secretary. The Committee can only conclude that prior to the creation of the Center for Minority Veterans, there was such a void felt by minority veterans and organizations that there had to have been despair and distrust. With the activation of the Center, there is a growing attitude of hope. But that can quickly dissipate to distrust if the Center fails to move forward in resolving both individual needs and policy concerns now and down the road. **The Committee recommends the suggestions above be implemented.**

## DEPARTMENT OF VETERANS AFFAIRS (VA)

**TITLE:** Response to recommendations from the Advisory Committee on Minority Veterans

**ISSUE:** What is the response of the Department of Veterans Affairs (VA) to recommendations of the Advisory Committee on Minority Veterans concerning (1) composition of rating panels, (2) composition of merit review boards, (3) minority veterans research, and (4) Center for Minority Veterans?

**DISCUSSION:**

### (1) Composition of Rating Panels

**Recommendation:** Conduct an initial assessment of racial, ethnic, and gender composition of all VA Rating Panels as soon as possible followed by a more detailed examination in accordance with accepted research principles.

**Response:** The Adjudication Division at each regional office contains a rating activity that consists of rating specialists who rate the claims for compensation, pension, and ancillary benefits. From various payroll and personnel systems, it would be possible to determine the race, ethnicity, and gender of most of the rating specialists, as self-reported by the individuals. This demographic analysis of the rating boards and its rating specialists could then be compared with the racial, ethnic, and gender composition of the geographic jurisdiction of the respective offices, if such a comparison were deemed necessary for the adjudication of claims for benefits.

The information for the assessment and analysis requested in items (a) and (b) of paragraph 1, however, is not available. Veterans Benefits Administration's (VBA) claims processing and computerized information systems do not identify, request, or retain information about race and ethnicity of claimants and beneficiaries. Only gender of the veteran claimant is requested and retained. This information is retained only in the files locator system and the computer master record of a recurring compensation

or pension award. This information has not been captured historically because it has not been a factor in the adjudication (rating) of claims for compensation, pension, and ancillary benefits. If it is determined that such information is necessary for adjudication of claims, it will have to be requested and retained prospectively; as the claims processing and computerized information systems would need to be appropriately revised and expanded.

Finally, rating statistics by race, ethnicity, and gender for individual rating specialists or rating boards have never been identified nor retained as part of the claims processing, personnel performance records and computerized information systems. As noted above, if it is determined that such information is necessary for the adjudication of claims, then it will have to be requested and retained prospectively, in this case, after the personnel performance records and computerized information systems are appropriately revised and expanded.

## (2) Composition of Merit Review Boards

Recommendation: Conduct an initial assessment of the composition of merit review boards as soon as possible followed by a more detailed examination in accordance with accepted research principles. The target variables include, both cross sectional and longitudinally, race, ethnicity, gender, sensitivity to cultural mores and ethnic values of minority veterans and linguistic skills of board members and the accessibility of the process in terms of ease and friendliness to minority veterans.

Response: Medical Research Service recognizes the importance and desirability of diversity in its scientific peer review process. The federal advisory committee charter for the Medical Research Service Merit Review Committee states that Committee members will be selected on the basis of professional achievement and expertise in the research subject areas needed. "Within that context, the balance of the Committee composition will be maintained through geographical, ethnic minority, and women representation." Committee members are specifically asked for names of qualified replacements that are ethnic minorities and/or women. However,

Medical Research Service has not adopted a quota system for diversity and we have no records of member minority status or gender for previous peer review committees. For the 148 Committee nominees forwarded to the Office of the Secretary in August 1995, 19 were women and 11 were ethnic minorities. Medical Research Service has no information that sensitivity of committee members to cultural mores and ethnic values of minority veterans or linguistic skills of committee members in any way hampers accessibility to or fairness of the peer review process. In fact, Medical Research Service is aware of only one case in the last ten years (12,460 proposals) that our scientific peer review process has been challenged on the basis of insensitivity to ethnic issues. The infrequency of problems in the area of ethnic sensitivity causes one to wonder whether it would be prudent to expend substantial resources to study this issue.

### (3) Minority Veterans Research

Recommendation: In the immediate future, direct VA's research priority toward minority veterans and establish a formal, close working relationship between the Under Secretaries and Directors with the Committee and the Center for Minority Veterans.

Response: Consistent with the practices of other federal agencies, VA has issued policy guidance for all applicants for research funding requiring the inclusion of member minority groups and women in all proposed studies where such inclusion is feasible and scientifically appropriate. This policy is based on the recognition that, to the extent that participation in research offers direct benefits to participants, under representation of certain population subgroups denies them the opportunity to benefit. Moreover, for the purposes of generalizing study results, investigators must include the widest possible range of population groups. The implementation of this policy is monitored by the scientific peer review groups evaluating applications for funding.

The inclusion of diverse population groups in research studies is the first stage toward identifying possible minority group status variables that may be related to research questions. When such relationships are identified

it is possible for researchers to focus on delineating what difference it makes for example, in the treatment of cardiovascular disease, if the patient is of one race or another. The fact that VA investigators are currently conducting 54 studies focused explicitly on research issues where race is considered relevant is an indication that the concerns of the Committee are not being neglected.

The "Research Training Initiative for Historically Black Colleges and Universities and Hispanics - Serving Institutions" is another instance of the Research and Development Program addressing minority-groups issues pertaining to research. To the extent that minority-group investigators can become involved in VA research, it seems likely that research efforts will become more sensitive to minority-group issues. Proposals submitted in connection with this initiative are evaluated specifically for their relevance to health care problems of minority populations. The objective of this effort is not only to provide research training to new investigators but also to produce research relevant to minority health problems.

The determination of research priorities is a difficult process that needs to be done in a comprehensive framework that includes all major competing priorities. To address the overall research priority problem, the Under Secretary for Health has established a special advisory committee (Research Realignment Advisory Committee Meeting) to consider several broad issues including whether the Research and Development Program appropriately targets the needs of veterans. The recommendation of the Advisory Committee on Minority Veterans will be forwarded to the Research Realignment Advisory Committee.

#### (4) Center for Minority Veterans

Recommendation: Ensure that the Center is (a) composed of sufficient workers, (b) is representative of the minority population it serves, (c) is identified as a separate line item on VA's budget program, and (d) is allocated funding commensurate with its goals and objectives as envisioned by the Secretary.



Response: The placement of the Center for Minority Veterans within the Office of the Secretary is a reflection of the Secretary's commitment to address the needs of minority veterans. This organizational structure helps ensure that the special issues and problems confronting minority veterans will be appropriately examined and resolved. The budget situation for VA Central Office precludes the assignment of additional resources to the Center at this time.

The Director has been tasked with assessing staffing requirements for the Center. His initial assessment reflects the need for 2 additional staff personnel (preferably Hispanic, Native American or Asian American). The assessment has not been finalized for my consideration. In the interim, the Center has established a Steering Committee to ensure that issues affecting minority veterans are appropriately addressed by the various VA staff elements, as well as other Federal Agencies. Although this Committee meets monthly, it does not necessarily negate the need for dedicated staffing for the Center.



**DEPARTMENT OF VETERANS AFFAIRS**  
**Center for Minority Veterans**  
**Washington DC 20420**

**ADVISORY COMMITTEE ON MINORITY VETERANS**

29 February 1996

The Honorable Jesse Brown  
Secretary of Veterans Affairs  
Department of Veterans Affairs  
810 Vermont Avenue  
Washington, DC 20420

Dear Secretary Brown,

After conferring with the Committee's four Chairpersons, we believe we can express faithfully the sense of the full Committee on the issue of fulfilling the charter and the charge you gave us and the directions from the Congress of the United States contained in Public Law 103-446.

As you know, the Committee is dedicated to the charge you gave us to provide the best and most thoughtful advice and guidance to you and the Congress of the United States on the needs and concerns of minority veterans with respect to the administration of veterans' benefits and services.

There is a mission-resource mismatch; as of today the Committee's budget plan for FY 96 has not been approved, either in whole or in part.

The Committee planned and scheduled a meeting in Washington, DC for 12-15 February; it was postponed for lack of funding support. Again, the Committee planned, scheduled and announced a meeting for 11-13 March 1996 in Washington, DC. A few days ago, we were informed there were no funds to support the meeting.

The Committee approved, budgeted and planned to allow the Subcommittees to conduct regional work sessions focused on minority veterans individuals' and organizations' unfiltered dialogue to assist us in meeting our commitment to you and the Congress. We have been unable to execute this part of our plan due to lack of funds.

We understand the many adjustments the fiscal uncertainties have created; we have to deal with them in our own businesses. Many members have made changes to their business trips and made themselves available in their locale to meet with minority veterans groups and individuals. We have built or rejuvenated VSO networks, sought research data from within the Department, and met with key Department leaders. These we do as our duty; they require no funding support.



DEPARTMENT OF VETERANS AFFAIRS  
Center for Minority Veterans  
Washington DC 20420

MAY 29 1996

Mr. David Cooper  
Chairman  
Advisory Committee on Minority Veterans  
1106 West Abingdon Drive  
Alexandria, VA 22314

Dear Mr. Cooper:

This letter replies to your memorandum dated April 30, 1996, in which you make suggestions about sharing information between the Center and the Committee. I apologize for the delay in responding to you and I appreciate your thoughts on this matter.

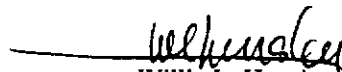
I believe the Committee's focus needs to compliment that of the Center for Minority Veterans. The Center and the Committee have been given specific missions and directions as noted in Public Law 103-446. Both the Center and the Committee report to the Secretary of Veterans Affairs, but under different circumstances and for different reasons. The Committee reports in an "advisory" capacity, while the Center reports in an "operational" capacity. I am also the Secretary's principal advisor on issues affecting minority veterans.

Based on current staffing, it would be most difficult for the Center to be a daily administrative arm to the Committee and effectively carry out responsibilities under the law, and at the direction of the Secretary. Most importantly, we must remain responsive to the collective and individual needs of veterans. Staffing limitations preclude us from continually updating the Committee. Of course, crucial information would be sent to members immediately, especially in those instances where the information is critical to issues being examined by or referred by the Committee. We are specifically charged with assisting the Committee when it is meeting in its advisory role. We can share information with the Committee, but, I believe the best forum is during Advisory Committee meetings. We will, therefore, include items on the agenda and provide time for the Center to update the Committee on activities and issues being worked.

We are examining the feasibility of a monthly conference call with minority veterans groups to disseminate information about veterans issues and the Center's activities. This forum would also provide a way for the groups and individual veterans to communicate with the Center and each other on issues of mutual concern. This could also be an excellent opportunity for committee members to receive updates on issues being worked by the Center.

Please feel free to contact me at (202) 273-6708 should you have any questions.

Sincerely,

  
Willie L. Hensley  
Director

cc: ACMV



DEPARTMENT OF VETERANS AFFAIRS  
Center for Minority Veterans  
Washington DC 20420

ADVISORY COMMITTEE ON MINORITY VETERANS  
May 8, 1996

MEMO FOR: Harold F. Gracey, Jr.  
Chief of Staff, DVA

FROM: Dave Cooper *DC*  
Chairman, Advisory Committee

1. I am concerned that indications from the Center for Minority Veterans suggests our Advisory Committee will not be provided funding to fulfill our charge from the Secretary and Congress for FY 96.
2. Attached is a copy of my February 29, 1996 letter to Secretary Brown that expresses the Committee's concerns.
3. I make myself available, as do the Washington-corridor Committee members (Dr. Joyce Bowles, Cleve Jordan, Arch Kielly, and Dot Pocklington), to meet with you to discuss support this year and for FY 97.
4. We realize the continuing restrictions placed on the Secretary's budget, but we sincerely believe in our mission and want to get on with providing proper advice in assisting all our minority veterans.
5. We look forward to an early meeting with you and your help.

Best regards.



DEPARTMENT OF VETERANS AFFAIRS  
Center for Minority Veterans  
Washington DC 20420

ADVISORY COMMITTEE ON MINORITY VETERANS  
30 April 1996

**MEMO FOR:** WILLIE HENSLEY  
**FROM:** Dave Cooper  
**Sub:** Closing The Loop by Sharing Information

Willie,

Just got off the phone with Ron Armstead who offered a superb proposal that will make a real difference in how we go about doing our mission; namely, the sharing of information with the Committee on a regular basis.

Your office will become, if it isn't already, the one-stop information center for issues, ideas, needs, letters, concerns, projects, internal VA changes, etc that affect our minority veterans. The Committee needs to be informed on a regular, consistent and routine basis about such information so we can better provide advice to Jesse, the Congress, and you. As of this note, we are not.

After our September meeting you and I chatted about establishing such a mechanism, and I believe the Status Chart was one step towards installing a system of information that would not only "close the loop" on cases passed to you from the Committee but also pass to the members what your office has discovered, learned or unearthed on your trips, discussions, visits, etc.

I would suspect that a monthly report to the Committee would be very helpful, as well as setting aside a day of our meetings for your office to bring the Committee up to date and engage the members in constructive thinking based on hard data you provide us

May would not be too soon to start, don't you think?

Talk to you tomorrow afternoon as I am in conference during the morning.

cc Joyce Bowles, Ron Armstead, LaVonne Willis, Dot Pocklington, Cleve Jordan, Abel Cota (Willie: Please pass to the other members)

But Public Law 103-446, Section 544, (C)(4) requires the Committee to "meet as often as the Secretary considers necessary or appropriate, but not less often than twice each fiscal year."

And Section 544 (C)(4)(c)(1) states that "not later than July 1 of each year, the Committee shall submit to the Secretary a report on the programs and activities of the Department that pertain to veterans who are minority group members." The Section gives clear guidance and expectations for a report that details the assessment of needs of minority veterans and a comparative review of Department programs designated to meet such needs.


The Committee appreciates your commitment and the full support of your staff to achieving near, mid and long term improvements to serving our minority veterans. We are part of that process and believe a part of the team.

We wish to be held accountable to the Congress of the United States, to you as the Secretary of Veterans Affairs, and most importantly to our minority veterans in fulfilling our appointments to the Committee. Without the Department's assistance, however, our contributions will be less than we can achieve.

We are already far down the path for 1996 with little hope of submitting the required report on time containing advice and recommendations that make a difference in mitigating or resolving the needs and concerns of minority veterans with respect to the administration of veterans' benefits and services.

We look forward to your guidance.

Sincerely,

  
David EK Cooper  
Brigadier General, US Army (ret)  
Chairman

cc Each member of the Committee on Minority Veterans



DEPARTMENT OF VETERANS AFFAIRS  
Center for Minority Veterans  
Washington DC 20420  
**ADVISORY COMMITTEE ON MINORITY VETERANS**  
29 February 1996

The Honorable Jesse Brown  
Secretary of Veterans Affairs  
Department of Veterans Affairs  
810 Vermont Avenue  
Washington, DC 20420

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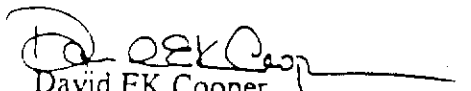
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We look forward to your guidance.

Sincerely,

  
David EK Cooper  
Brigadier General, US Army (ret)  
Chairman

cc. Each member of the Committee on Minority Veterans





THE SECRETARY OF VETERANS AFFAIRS  
WASHINGTON

MAY 29 1996

Mr. David Cooper  
Chairman  
Advisory Committee on Minority Veterans  
1106 West Abingdon Drive  
Alexandria, VA 22314

Dear Mr. Cooper:

Thank you for your May 8, 1996, letter expressing your concern about funding for the Advisory Committee on Minority Veterans. I understand that you and my Chief of Staff, Mr. Harold Gracey, met on May 24, 1996, to discuss funding support for the Committee and alternative means for convening the Committee.

I sincerely appreciate the issues you raise and understand the desire of the Committee to perform its Congressionally mandated mission. However, as you are aware, this budget year has been most challenging and has resulted in delayed funding for most of our activities. We had to make adjustments to the Department's operations based on a series of continuing resolutions, and as such, we regrettably suspended Advisory Committee meetings until the Department's budget was resolved. The Department's final budget severely limits funding for the Office of the Secretary's travel account, which as you know is the source of funding for the Center for Minority Veterans and the Advisory Committee on Minority Veterans.

At present, regrettably we do not have adequate funding to convene the Committee in person. However, as you were advised, Mr. Hensley, Director, Center for Minority Veterans, will explore conducting a conference call so that the Committee can discuss its draft annual report, and fulfill meeting requirements established in Public Law 103-446. We have successfully used conference calling in other parts of our organization and found it to be most effective when face-to-face meetings are impossible.



*Putting Veterans First*

Page 2  
Mr. David Cooper

A conference call will allow members outside of the Washington area to dial into the meeting and provide their input on the final report. Since the final report is due to Congress in early July, I understand that Mr. Gracey agreed to waive submission of a draft report, and you in exchange, agreed to submit a completely polished report by August 15, 1996.

Mr. Cooper, please be assured that Mr. Hensley and his staff will work hard to provide the necessary support to ensure a successful meeting by conference call. I understand that shortly he will be contacting you and all other Committee members about the necessary conference call arrangements.

In closing, I want to assure you that I am a firm believer in the Committee's mission, and continue to look forward to the advice and recommendations of your group.

Sincerely yours,

A handwritten signature in black ink that reads "Jesse Brown". The signature is written in a cursive, slightly slanted style.

Jesse Brown

cc: Members, Advisory Committee on Minority Veterans

JB/th