REPORT OF THE ADVISORY COMMITTEE ON MINORITY VETERANS

Annual Report
July 1, 2002

REPORT OF THE ADVISORY COMMITTEE ON MINORITY VETERANS
Eighth Annual Report

TABLE OF CONTENTS **PAGE**

June 28, 2002

The Honorable Anthony J. Principi
Secretary, Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

Dear Secretary Principi:

We have completed our assigned responsibilities and we are pleased to submit the Eighth Annual Report of the Department of Veterans Affairs Advisory Committee on Minority Veterans.

We are extremely grateful to you and Deputy Secretary Leo S. MacKay, Jr. for meeting with us and offering your guidance, encouragement and support. The leadership and direction taken by Center for Minority Veterans Director Charles Nesby has been paramount to the success of the Center for Minority Veterans. Mr. Nesby and his office staff have worked cooperatively with the Committee; their professionalism is worthy of high praise. All members of the Advisory Committee are to be commended for their diligent work and serious commitment to improving services to our minority veterans' community

The site visit to Chicago helped the Advisory Committee gain further insight into the issues impacting our minority veterans and that need further examination and careful consideration. Based on the site visit, the previous annual reports, and the work done this year by the Advisory Committee, our 2002 report has identified the following issues as the most significant and prevalent to the minority veterans' community.

1. Recommend doubling the number of outreach personnel for the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the National Cemetery Administration (NCA) in FY04 with an end goal of tripling the number of outreach personnel in the FY 06 budget.
2. Recommend the Department of Veterans Affairs (VA) develop a process for ensuring access to business contracts with VA by veteran owned businesses with an end goal of increasing contract awards to veteran owned, small businesses to 10% of all awarded contracts by FY04.
3. Recommend VHA integrate health services accessibility with the Indian Health Service including increased usage of contract medicine or CHAMPVA in rural areas.

These issues are relevant and deserve your utmost attention. We are optimistic that your excellent leadership and your seriousness about our veterans' community will result in having our recommendations successfully implemented. Thank you for your service to America and our veterans' community.

Sincerely,

Francisco F. Ivarra
Chair, VA Advisory Committee
on Minority Veterans

General Overview

The Advisory Committee on Minority Veterans (ACMV) convened three times during the 2002 Fiscal Year. The first committee meeting for the fiscal year convened in Chicago, Illinois November 5 through November 8, 2001; the second meeting occurred in Washington, D.C. March 25 through 27, 2002. The ACMV met again, June 10 through June 12, 2002 in Washington, D.C. for the sole purpose of preparing the Eighth Annual Report of the Advisory Committee on Minority Veterans.

The Advisory Committee underwent major personnel changes. Eight new members, constituting nearly half the committee, were appointed: Joey Strickland, Carson Ross, Clifford McDowell, John Jefferson, Jerry Cochran, Sr., Bob Archuleta, Renaee Allen, and Al Zapanta. Francisco Ivarra was elected the new chairman and Don Loudner was elected vice chair.

Departing committee members included the Chairman, General George Price, as well as Talmadge Foster, Gumersindo Gomez, Fred Gorden, Otho Lister, Gary Metoxen, Dr. Roselyn Rice and Sharon Richie.

Outgoing Chairman, General Price recommended several topics of emphasis for the committee to consider including:

- Continued improvement of outreach to minority veterans;
- Special emphasis on improving services to the most disenfranchised veterans i.e. low-income, homeless and severely disabled veterans;
- Veterans that are isolated or living in rural areas require continued emphasis for delivering critical services;
- Adopt the premises that inspect, detect, correct, challenge and respond are the best methods for improving services;
- Strongly recommended making the committee permanent;
- Prejudice and bias are alive and well so the committee and the VA must continue to combat these challenges whenever they are encountered in the services network;
- Native American issues remain a major challenge, specifically with regard to:
    - BIA
    - Housing
    - Health Issues

General Price challenged the committee to remain as the review board for studies ensuring minority populations were included. He encouraged the committee to continually challenge data presented by VA by cross checking demographic information with DoD databases, especially since VA databases rarely contain minority information.

Report on the Meeting at Chicago, Illinois

The Advisory Committee met in Chicago, Illinois November 5 through November 8, 2001. This was the only site visit made by the ACMV in FY2002. Budget constraints precluded more site visits and consequently have prevented the ACMV from fully executing its statutory requirements.

MVPCs

While in Chicago, the ACMV met with the Minority Veteran Program Coordinator's (MVPCs) from the immediate area as well as one Women Veteran Program Coordinator. The facilities represented were:

- VA Regional Office, Chicago
- VA Medical Center, North Chicago
- VA Medical Center, Westside

Topics and details of issues discussed with the MVPCs include:

- Outreach activities

Several MVPCs indicated that the major challenges they encountered included severe constrains on the time allotted to executing MVPC duties; lack of funding for outreach activities; lack of support or interest by directors for the MVPC program or the conduct of outreach activities; and difficulty accessing communities where minority veteran populations reside. At least one MVPC cited that gaining access to the Hispanic Community in the Chicago Area was especially difficult. They also had difficulty identifying Native American veterans in the area. One MVPC noted that outreach activities were being curtailed because the facility did not have enough funding to handle the patient load they were currently serving.

- Facility Director Support

There did not appear to be uniformity among the MVPCs with regard to support from their individual Directors. Some cited excellent support while at least one indicated the Director interfered with the execution of their MVPC duties by limiting outreach activities due to overflow of patients already receiving care from the facility.

- Development of Community Minority Veterans Committee

Only one facility acknowledged having a Minority Veteran Committee; other facilities cited inadequate time and staff as barriers to establishing one, but believed there would be value in establishing a special committee to address Minority Veterans and the delivery of care and services. The lack of funding, lack of interdepartmental coordination, and overworked personnel continue to plague the MVPC program. This in turn affects outreach to minority veterans.

- Time spent on MVPC duties

The time spent on Outreach varied between the different MVPCs. Some believed 20% of their time was spent on MVPC duties while others felt that their positions intertwined directly with their MVPC duties making the separation of time allotted difficult to discern. The main issue is no specific guidance and funding have been identified addressing the amount of time MVPCs should be allocated to execute their duties. It is on a case-by-case basis and often determined by the immediate supervisor or the director of the facility. Viewed as a collateral duty, MVPCs have difficulty executing robust outreach activities due to time constraints imposed by their primary duties. This substantially erodes the effectiveness of the program and creates conflict within the organization as it struggles to meet all requirements imposed by special programs on top of primary mission tasking. Obligating specific funding for the program would be best achieved by identifying specific FTE for the program vice the current ad hoc method of simply assigning the responsibility as a collateral duty with no specific funding. This will have the dual effect of lending uniformity and "teeth" to the MVPC program.

- Minority Veteran Population Statistics

This issue remains the single biggest challenge for MVPCs and the Department. The policy for gathering race/ethnic/gender statistics by the Department is not uniform and often allows facility directors the leeway to prevent the gathering of demographics on veterans receiving their services. Consequently, VA data on the makeup of their veteran population is incomplete and often erroneous. Reliance on the Census data is flawed because questions regarding military status are unclearly defined and many respondents do not identify themselves as veterans. The time that elapses between complete Census polls also may serve to under represent the true minority veteran population due to the rapidly changing demographics of the country and those with military service. Without statistics on the minority veteran population it is difficult to analyze the quality of service received and whether the correct services are being offered to minority veteran populations. This is a major concern of MVPCs, the Advisory Committee on Minority Veterans and the Center for Minority Veterans.

VISN 12 Director

The ACMV met with Dr. Joan Cummings, Director of the Great Lakes Health Care System (VISN 12). The ensuing discussion identified the following issues:

- The difficulty of interceding on behalf of minority veterans in the inner city areas of Milwaukee and Chicago.
- The need to use mobile clinics to increase care to veterans in Milwaukee.
- VISN 12 is considering increasing the number of Community Based Outreach Clinics (CBOCs) in the Chicago and Milwaukee areas.

- Substance abuse outreach is under resourced. Need more funding and personnel to ensure VISN 12 is reaching out to the minority veteran population.
- One of the more problematic constraints facing VISN 12 is the difficulty the VISN has partnering with State and local government.
- Federal restrictions requiring VA have Cooke County bid for contract services precludes the VISN from developing favored partner status with local business and getting best value. This requires Congressional legislation.
- The delaying of services to Priority 7 veterans is being used to help address the $50 million budget shortfall VISN 12 is currently experiencing. The director is also looking to save money by consolidating redundant clinical programs. The budget shortfall is also impacting outreach efforts to minority veteran populations.

Positive activities were also discussed including:

- VISN 12 now provides maternity care for eligible veterans.
- Partnerships similar to Medical School affiliations with state and local governments have been established.
- VISN 12 received two of the four VA-wide awards from Office of Small and Disadvantaged Business (OSDBU):
    - Hub Zone award
    - Greatest number of minority owned business contracts

Medical Center Directors

The ACMV met with directors from the VISN 12 medical facilities. Following are synopsis of topics and issues discussed by facility.

Al Pate, Director North Chicago VAMC

Major challenges have been:

- The reduction of 800 FTE over past the five years.
- Major portions of their clientele are minorities. Specifically, he estimates that 40% of inpatients and 17% of outpatients are minorities.
- Although the facility has developed community partners in business, has to acknowledge that doing business with the Federal Government is very perplexing and difficult for partners. Recommended the Department hold seminars on how to contract and conduct business with VA and federal government.
- The facility requires more resources so can provide more services to underserved veterans.

Major gains include:

- Since 1996, VARO North Chicago and the U.S. Navy have a joint location for processing Compensation and Pension exams and claims.

- They are currently considering an agreement where Illinois Department of Veterans Affairs will lease space from North Chicago VMAC to build a State Veterans Home on the grounds of the VMAC.

Mr. Richard Citron, Director Great Lakes Health Care System (HCS)

VA Great Lakes HCS came into existence in 1996 when Lakeside and Westside Medical Centers combined. Lakeside Medical Center is located on the Gold Coast adjacent to Lake Michigan and is affiliated with the Northwestern University Medical School. Westside Medical Center is located on the west side of Chicago and is affiliated with the University of Illinois Medical School. The demographic of the patients visiting the two facilities is identified as 65% African American, 10% Hispanic/ other, and 20% White.

Challenges include:

- Impact of CARES plan on Northwestern University Medical School affiliation, there is a substantive number of veterans who are opposed to the closing of any inpatient programs in VA.
- VA Chicago HCS serves a large percentage of minority and under served populations, but it does not have enough resources to conduct viable outreach to minority areas. Especially required are CBOCs in the city of Chicago. Current outreach consists of health screenings at health fair stand-downs.

Positives include:

- VA North Chicago has implemented hospital based home care where VA staff goes to the veteran's home to provide care and services.

Dennis Lewis, Director Hines VAMC

Hines VAMC serves the collar counties that surround Chicago and Cooke County. Currently the Medical Center has a low penetration rate into the minority veteran population but is seeing a steady rise in minority veterans serviced. Hines VAMC currently operates seven CBOCs.

Challenges include:

- Currently experiencing difficulty attracting Hispanic veterans. Plans are being considered to moving the CBOC from Oak Park to Austin area in an effort to attract more Hispanic and other minority veterans.

Positives include:

- There is deep concern that there is little succession planning in place at Hines VAMC. The Director has initiated a program for mentoring, staff development and employee-training programs.

- To revitalize staff performance, the Director reinstated the incentive awards program; $340,000 in awards had been given out as of November 2001.

Chicago Regional Office

The ACMV took a tour of the Chicago Regional Office. The backlog of benefits claims remains a major obstacle. The Regional Office had a reported backlog of 40,000 cases with an average adjudication time of over two hundred days. It was mentioned that is was much easier to deny benefits than to grant the benefit because of stringent requirements of VBA and Court of Appeal for Veterans Claims. However, the Director stated that he counsels his staff to find ways to grant benefits rather than deny benefits.

Veteran Community Meeting

The ACMV held a community meeting providing an opportunity to air concerns to the committee. The meeting was open to veterans, veteran service organizations and any entities offering services to veterans. The following encapsulates topics and concerns discussed:

- Veterans are not happy about the proposed increase in co-pay for prescriptions. There is a concern that the most disenfranchised will bear a heavier burden if the co-pay is increased.
- There is concern that the decision to close two mental health inpatient programs at Hines VAMC is flawed.
- General consensus that all Chicago Land hospitals should remain open; there is grave concern about the level of care available to minority veterans when CARES is enacted in the VISN 12 service area.

The findings from the Chicago area visit by ACMV are incorporated into the committee's recommendations to the Secretary.

Report on the Meeting at Washington D.C.

The ACMV met March 25 through March 27, 2002 in Washington D.C. The focus of the meeting was educating the eight new committee members on the major issues facing minority veterans. The two and one half days consisted entirely of briefings, which are summarized below.

Ron Henke, Director Compensation and Pension Service, Veteran Benefits Administration discussed claims processing reforms. Mr. Henke referred to the push currently in place for a "virtual VA," replacing paper with electronic means for handling the every day business in the Department. He mentioned that the effort to reduce the claims backlog has resulted in new hires, developing Tiger Teams to handle priority claims processing, and ensuring the presence of Spanish-speaking individuals in main processing centers to help Spanish speaking veterans with claims. The Department is also working with Veterans Service Organizations to assist in processing disability claims. Two outstanding issues that remain are the difficulty in utilizing remote access to veterans' records, which can hamper the processing of claims, and the relatively low number of veterans hired into claims processing. It is believed that hiring veterans to work with other veterans in processing their claims would improve customer service and expedite the entire process.

James Amos, Jr., CEO Mailboxes, etc. spoke about franchising opportunities for minority owned businesses. He shared information about the International Franchise Association that could offer veterans information about franchises and owning a business. He was concerned that approximately 70% of education funding for veterans was left untouched and implored the Department to increase outreach and information to veterans about the different education and employment benefits available.

Wayne Simpson, Deputy Director, Office of Small and Disadvantaged Business Utilization (OSDBU) discussed latest ventures. The Center for Veteran's Enterprise (CVE) offers a program that concentrates on programs assisting veterans interested in owning their own businesses. A major initiative is the development of a database of veteran-owned small businesses that will be made available to government and major contractors. He is aware how difficult it is for veteran-owned small businesses to break into VA. The Department has only met .22% of its 3% goal for service disabled veteran contracts. Mr. Simpson said this goal is an inaccurate measure of the real issue, which is the hiring of veteran owned businesses vice only tracking disabled veteran contracts. He recommended the Committee on Minority Veterans get a briefing from the VA Procurement Executive concerning the issue. This has been added to the agenda for the next committee session.

Col. Charles Washington, Washington-Harris Group, Inc. expounded on the difficulties veteran-owned businesses, especially minority owned businesses,

have procuring contracts with the VA. He cited that it is impossible to land a contract unless one has a close relationship with a contract logistic officer, which is very difficult to achieve.

Major General Charles Henry (ret),The Veterans Corporation described the organization's mission. Public Law 106-50 enacted the Corporation. Its mission is to increase business opportunities for Veterans, create certification standards for veteran-owned small businesses, and develop information centers about business opportunities. The Corporation must raise matching funds to equal initial government funding and eventually privatize.

Dr. Alfonso Batres, Director Readjustment Counseling Service presented a video on Tele-Medicine; a computer assisted counseling service provided for veterans at Vet Centers. The program has been extremely successful, and the VA is currently expanding it to those Vet Centers that will benefit from the extended services delivery that Tele-Medicine provides to include deployment of the system to Native American reservations.

Dr. Irene Trowell-Harris, Director, Center for Women Veterans outlined the major issues the Center for Women Veterans is currently addressing to include: healthcare, housing, financial planning, employment and education for women veterans.

The four subcommittees, using the aforementioned briefings and visit to Chicago, prepared recommendations which address concerns brought forward by individuals and presenters as well as reflect observations made during site visits.

Committee General Recommendations

Listed below are the major recommendations identified by the Advisory Committee on Minority Veterans. Subcommittee reports with corresponding recommendations are included after the Committee General Recommendations section.

Health Care Subcommittee:

1. Recommends the Undersecretary for Health establish a Center for Excellence pertaining to dust-induced lung disease and other environmental and occupational health issues.

2. Recommends that dust-induced lung disease be included in Veterans Health Initiative (VHI).

Subcommittee on Benefits and Compensation:

1. Recommends the Secretary direct and monitor department wide hiring policies and succession planning with a goal of ensuring minority veteran representation at all levels.

2. Recommends the Secretary establish a senior executive level career position staffed by a Native American Veteran.

3. Recommends the Under Secretary for Health increase mental health services at Community Based Outreach Clinics (CBOCs), through Contract Services, Fee Basis, and other available means.

Subcommittee on Outreach:

1. Recommends the Secretary provide additional funding be made available to increase the number of committee site visits.

2. Recommends that the Secretary direct and resource outreach programs in minority communities by MVPCs with emphasis on enrollment and other VA benefits.

3. Recommends that the under Secretary for Health establish an outreach program to inform former military personnel assigned to aircraft carriers and other Naval vessels of potential health problems related to dust-induced lung disease.

4. Recommends the Secretary establish a recruitment and hiring goal to increase the number of bilingual minority veterans' health care providers.

Subcommittee on Education, Training and Business Opportunities:

1. Recommends that the SBA and VA coordinate the establishment of small business loan specialists at VA offices.

SUBCOMMITTEE REPORTS

Employment, Training & Business Opportunities (ETBO) Subcommittee Report

Statement of the Chairperson – We strongly encourage closure and support of prior recommendations in past annual reports that remain open. The Department of Veterans Affairs must provide an opportunity for minority veterans and their families to participate in employment, training, and business opportunities to help minority veterans fulfill and maintain a successful standard of living.

David O. Chung, Chair
Carson Ross, Vice-Chair
Terry R. Holden
John Jefferson
Kim M. Pignatiello

The following recommendations from prior reports by the Center for Minority Veterans remain open:

- Third Annual Report – No 34--Review the SBA veteran loan program and identify obstacles experienced by veterans trying to start businesses.
- Sixth Annual Report – No 5--Review VA strategies for increasing business with minority and women-owned businesses in an effort to ensure that the agency's business performance goals are met. Further, accountability and responsibility should be established to ensure that contracting goals for minority, disabled, and women-owned small businesses are met in VA Headquarters and field facilities.
- Seventh Annual Report –
  No 1--Revitalize the Small and Disadvantaged Business program to improve veterans' participation in business opportunities with VA.
  No 2--Conduct a Small/Minority Business Conference and include VA senior management, contracting officers, and small business owners. Request the Secretary make this a matter of his interest and include it in evaluations.
  No 3--Develop and implement a workforce diversity program with incentives to ensure the desired results for a comprehensive diversity plan.
  No 5--Establish partnerships with colleges and universities and utilize these institutions as a resource to recruit and educate persons on careers with VA.

The prior recommendations remain open and this subcommittee would like to know the status of these points in an attempt to establish closure.

Recommendations – In addition to the above recommendations, the ETBO Subcommittee also recommends the following:

1. Recommend the Advisory Committee on Minority Veterans become a permanent Advisory Committee to the Secretary of Veterans Affairs. Permanent status will ensure effective identification and recommendations of ongoing issues related to minority veterans and allow continuity in the monitoring of the results of those recommendations.

2. Recommend increased funding of this committee to enable subcommittees to travel and accept testimony from end users as well as service providers. (Per the chartered mission requirements) This budget should facilitate a minimum of three site visits per year and allow us to report findings to the committee as a whole at our annual visits.

3. Recommend the VA Human Resources department re-evaluate full time employee manpower demographics throughout the VA system to better track the hiring and placement of qualified minority veterans through targeted recruitment.

4. Recommend VA collect data pertaining to small business loan applications in order to compare different minorities that apply.

5. Recommend SBA Loan Coordinators be staffed at VA offices making it more accessible to the minority veteran. The VA must give us data on policies pertaining to the qualifying factors for vocational rehabilitation and evaluate the process to help standardize this procedure.

6. Recommend the VA acquire data on companies that are under government contract to determine if they are hiring minority veteran-owned businesses. Priority should be given to minority veteran-owned businesses when contracting for specialized services.

7. It is apparent that a large percentage of minority veterans are not informed nor have participated in programs offered by the offices of Small and Disadvantaged Business Utilization as stated in their report for June 7, 2000. The small business chart in the report shows significant erosion **(women-owned businesses)** from FY98 through FY2000. Of particular interest are Public Law 106-50 and SBA Law 105-135, which clearly establish Veterans Outreach Programs for business centers to counsel veterans in preparing for business. We recommend the VA utilize these laws and develop a tracking system to monitor effectiveness. **The minority vet does not have access to procurement system. The system is available to disabled vets, not minority vets.**

8. The Veterans Entrepreneurship Act, passed in August 1999, and the Interim Rule on Contract Bundling have not been widely publicized in areas where ethnic and minority veterans live. What needs to be determined is how businesses and corporations that have government

contracts interact with these programs and if they are following guidelines when subcontracting veteran owned businesses or hiring veterans that fall within policy set forth by law

9. Recommend the VA evaluate the new programs in No 7 & 8 and report any findings that can be used to improve how the SBA administers to minority veterans.

Healthcare Subcommittee Report

Bob J. Archuleta, Chair
Renaee Allen, Vice Chair
Jerry Cochran, Member
Clifford Mcdowell, Member

This report is based on subcommittee members' knowledge of veteran's issues and interviews with veterans.

It is public knowledge that with a budget exceeding $51 billion and over 200,000 VA employees serving our nation's veterans in hundreds of VA Medical Centers and clinics, we still have unresolved issues and concerns pertaining to the treatment and acknowledgement of minority veterans.

Minority veterans have served honorably in the Army, Navy, Air Force, Marines, and Coast Guard and comprised approximately 25% of the veteran population.

We, who serve and represent our veterans, must accept the responsibility to ensure that access to programs, benefits, and healthcare by minority veterans reaches an equality level never obtained in our country's history.

The following findings of the Subcommittee on Healthcare are concerns that affect minority veterans on a daily basis.

1. Recommend VA employees receive sensitivity training on processing minority veterans for initial appointments. Training should cover how to meet, greet, and inform each veteran of the enrollment process, treatment, and services. Further training will aid VA employees in recognizing cultural/ethnic/health differences within the minority veterans' community. This will enhance minority veterans acceptance of the VA system and enhance desire to return for medical care and follow-up services. Sensitivity training will enable VA employees to deliver proper and professional assistance to minority veterans.

2. Recommend VA implement a **fast track enrollment system** for initial medical appointments with specialists who have training in documentation required by VA to aide veterans in proper enrollment, thus expediting receipt of medical care. In some areas of the country, Spanish speaking specialists, Native Americans and other minority representatives may be required. This will improve and enhance services and reduce enrollment waiting lists for medical treatment of veterans, in particular minority veterans. Improper billing of veterans will be reduced, collection of co-payments will be more effective, and third-party payments will be received in a timelier manner.

3. Recommend VA develop a more **culturally diverse** employment practice within the VA Medical system. Each VA Medical Center, its management and

administrative executives as well as medical professionals and staff must be representative of the population of the veterans' community it serves.

4. Recommend VA establish a Center for Excellence focusing on dust-induced lung disease to ensure proper medical treatment and diagnosis in reference to Information Letter (IL 10-99-004). This position requires a trained medical physician/specialist in the areas of environmental medicine dealing with dust-induced lung diseases of former Navy and Marine Corps personnel exposed to deck grinding dust that may lead to sarcoidosis, Chronic Obstructive Pulmonary Disease, interstitial lung disease, fibrotic lung disease, and problems in the right heart. This will also enhance treatment of veterans exposed to Agent Orange, Gulf War and Afghanistan environmental hazards. Statistically, minority veterans served in the low ranking positions of deck grinders in the Navy during the 1970's – 1990's that were continuously exposed to silica titanium and aluminum, which is the component of the non-skid paint used on the decks of the aircraft carriers. The lack of an Environmental Medical Service Physician/Specialist may cause further unrecognized and misdiagnosed dust-induced lung disease.

5. Recommend that dust-induced lung disease be included as of one of the ten educational modules under the Veterans Health Initiative Program for fiscal year 2003.

6. Recommend VA Medical Centers ensure adequate transportation be provided for those minority and/or low-income veterans residing in rural areas. Sensitivity and flexibility are needed in **transporting veterans** to and from rural areas to VA Medical Centers for medical treatment. Low-income minority veterans have a particular need due to a lack of financial resources, which would otherwise enable them access to public transportation. Flexibility in scheduling is an on-going issue when veterans have no transportation because appointments run past scheduled shuttle departure times. Implement a **Departure Tracking System** to expedite transported veterans through their medical visits

7. Recommend VHA **review and update policies** that establish Community Based Outpatient Clinic (CBOC) and Vet Center locations relative to rural areas and the needs of veterans living in outlying areas.

8. Recommend psychiatric care be provided at every CBOC to ensure that a full continuum of services is offered to every veteran, especially in rural areas.

9. As mandated by law, Committee members must make periodic site visits to VA Medical Centers throughout the United States. The committee **must** adhere to PL 103-446 by congressional mandate. Due to budgetary constraints, no site visits are scheduled during the balance of fiscal year 2002 and the entire fiscal year 2003. An immediate increase or amendment of the

current budget is requested. Increasing the budget in fiscal year 2004 will allow for continued site visits.

Outreach Subcommittee Report

Lourdes E. Alvarado-Ramos, Chair
Robert L. Rollins, Vice-Chair
Don Loudner

The Outreach Subcommittee encourages the VA system to not only maintain, but also increase its outreach efforts. Veterans are one of our most precious national resources. Veterans should enjoy every possible benefit their service makes them eligible for. Through outreach, the Department of Veterans Affairs should do its utmost to ensure that each veteran receives the services and benefits that will give them and their eligible family members a better quality of life. The demonstrated needs of veterans will serve to justify the funding necessary to properly address these needs in the future.

During the March 2001 meeting, the Outreach and Rehabilitation Subcommittee selected Ms. Lourdes E. Alvarado-Ramos to chair the subcommittee. This subcommittee has responsibility that spans across all other subcommittee work with only three working members. The group will request that more members be added to ensure equitable distribution of duties. This would allow for every area that relates to minority veterans to be linked directly to the issue of outreach.

During the 2001 visit to Chicago, a community forum took place at the West Side VA Medical Center. Audience members were outspoken presenting their issues related to access and concerns about the potential closure of one of the two Chicago VAMCs. This was a video recorded formal session and was attended by a large number of senior VA staff. There were few minority veterans in attendance. For this reason, we recommend that a small contingency of the Advisory Committee on Minority Veterans return to Chicago. This visit would pay particular attention to the outcome of the CARES initiative and how it benefited or affected minority veterans, as well as both VAMC's employees and beneficiaries.

Recommendations (Original):

1. Recommend the Secretary provide funding for the Center for Minority Veteran's FY 03 budget for two site visits to minority veterans concentration areas in addition to at least one scheduled work session in Washington DC. This would allow the committee to satisfy the requirement established by law. **This funding should double in the ensuing fiscal year and triple in subsequent budget years where it would stabilize and provide for six outreach missions and one work session per year.**

2. Recommend VA target the recruitment of minorities, particularly those who are bilingual, to serve in the health professions and provide culture-sensitive care.

3. Recommend VA provide funding for continuing outreach and collaboration with the US Navy on the issue of dust induced lung disease. This issue affects thousands of veterans; many are not aware of the recently established connection between surface deck grinding in ships and the subsequent potential development of lung diseases.

4. Recommend VA provide funding to resume health fairs and other outreach programs that have eroded in recent years. Many VISNs have discontinued this practice citing overwhelming response by veterans made aware of their benefits and subsequent access backlogs. Veterans should be made aware of the benefits they are eligible for—even if it means long waits. Ultimately, funding should be provided to the VHA to ensure they are able to serve the growing population of eligible veterans trying to access the VA system. Through an aggressive communication effort, veterans should be made aware of the VA's challenges and placed in priority lists. Those who served deserve no less.

Recommendations (Revised for final report):

1. That the Secretary provide additional funding be made available to increase the number of committee site visits.

2. That the Undersecretary for Health establish an outreach program to inform former military personnel who served in aircraft carriers and other naval vessels of potential health problems related to dust induced lung disease.

3. That the Secretary directs and resources outreach programs in minority communities by MVPCs concerning enrollment and other VA benefits.

4. Establish a recruitment and hiring goal to increase the numbers of bilingual minority veterans' health care providers.

Compensation and Pension (C&P) Subcommittee Report

Joey Strickland (Chair)
General (Ret) Irwin Cockett
Antonio Davila
Ralph Cooper

Our subcommittee mission is to evaluate and assess the effectiveness of Compensation and Benefits programs for Minority Veterans. Ground has already been broken on much of what was discussed. Areas of concern continue to be:

1. **Quality of Training of Rating and Claims Officers** in regards to special needs and concerns of Minority Veterans and the need to hire more minorities as ratings/claims officers. This would be a step towards raising VA sensitivities to the needs of minority veterans pursuing disability claims.

2. **Outreach to minority veterans.** Continue to develop and improve the delivering of benefits to minority veterans, with a focus toward ensuring that minorities are aware that they are entitled to file a claim. This can be done in several ways:
    a. Periodic benefits sessions in minority communities.
    b. Conduct "Benefits stand downs" in the inner cities
    c. Implement follow-up visits by VA to see if programs are working.

3. Veterans Minority Programs appear strong at VACO level, but begin to **break down at medical center VA level**. It appears that is some cases representation of minority veterans in the local areas is an extra duty, or secondary job. Too many VISN and Medical Center Directors do not take it seriously.

4. Apparent **automatic disposition of 10% disability rating by DoD** to medically discharged military personnel. At the Transition point, on the military bases, the military is hurting veterans by rating them at 10% for disability. This 10% rating in too many cases appears standard and incongruent with the actual level of disability. (It is too low) Though the veteran can appeal to VA for a higher rating, the inordinate waiting period for reevaluation results in a substantial delay in benefits distribution for the disabled veteran. **Services delayed are equivalent to services denied.**
    a. The bottom line is that a 10% does not even qualify veterans for rehabilitation.
    b. VA should partner with DOD to **develop a more accurate disability determination process at the DoD level**, thus obviating the need for a second evaluation through the VA appeal process. This would help to alleviate the VA appeal backlog and expedite services to the veteran.

5. VA doctors require more sensitivity training specifically related to culture care diversity. (The diagnosis and treatment of diverse patient populations incorporating their ethno-cultural beliefs and lifestyles.) This is critical to ensure a fair standard of ratings between Caucasian veterans and minority veterans. For all minority veterans, we still see too many incomplete exams and disproportionably lower C&P ratings.

6. Recommend Congress grant the Advisory Committee on Minority Veterans permanent status or at a minimum, grant extensions of five year blocks vice the current three-year extensions.

7. Continue to emphasize and practice a "Customer-centric" approach by VA. Veterans in general still see VA as cold and uncaring. The culture of "us" (the VA) and "them" (the veteran) is still too pervasive throughout VA, especially at VA Medical Centers, Regional Offices, and CBOC's.

8. Strongly recommend the Secretary enforce a policy promoting the hiring and promoting to senior grade levels, talented Minority Veterans.

9. Recommend the Secretary increase outreach to minority veterans concerning available education benefits. These programs are a critical component of veteran employment and independence. In our discussions with veterans, we surmised that only 50 percent of minority veterans utilize Education Programs. Additionally, **continue to raise payment levels for education**, and ensure transitioning veterans are aware of the benefit levels and **extend the time available for the veteran to utilize education benefits.** (As a side note: State approval agencies may have outlived their purpose and money could be spent in a more useful manner).

10. It is the contention of many veterans and State Directors that job placements under DVOP's and LVR's at the State Labor Department's do not work. They are not accountable to anyone and report to no one in most cases. Most minority veterans that use this service are not placed at all or are placed in low-level minimum pay jobs.

11. Continue to emphasize, market, and promote opportunities for veteran owned business as dictated by the Veterans Entrepreneurship and Small Business Development Act of 1999.

12. Recommend the Secretary mandate the hiring of more veterans in general and minority veterans specifically, especially in areas of the organization that serve a high minority veteran population. Upper management at VA does not reflect the US Veterans Community, and VA's staffing overall, does not reflect the minority veteran population served in many regions.

13. Recommend VA continue the extension of the Native American Direct Home Loan Program, but make it easier for Indian veterans to access.

14. Recommend VHA provide mobile vans as “rolling health clinics” for large Indian Reservations.

15. Recommend VA facilitate Indian veterans’ ability to use IHS with VA picking up the cost through MOU’s with IHS. The scope should be full medical care by IHS.

16. Recommend NCA study and pursue the building of War Veterans Homes and State Veterans Cemeteries on Indian Lands.

17. Strongly recommend that there be increased mental health funding to support full time mental health staff as active team members at all CBOC/Primary Care clinics. Literature supports the majority of veterans entering CBOC/Primary Care clinics are coming to address psychological and social issues, i.e. it is clear that unless a vet has his/her mental health or substance abuse problem successfully addressed they can not adequately utilize benefits or other resources made available. (i.e. housing, job training, placement and/or any attempt to reach their highest level of function that they are capable of achieving. (Refer exhibit A)

EXHIBIT A

References Supporting Recommendation #17, Compensation and Pension (C&P) Subcommittee Report

The introduction of the VA/DoD Clinical Practice Guidelines, a study from the Boston VA, cited that 40% of veterans in a primary care clinic had a diagnosable psychiatric problem. Noted by: Hankin, C., Spiro, A., Miller, D. and Kazis, L. (1999). "Mental Disorders and Mental Health Treatment Among U.S. Departments of Veterans Affairs Outpatients: The Veterans Health Study." American Journal of Psychiatry, 12, 156.

Another study determined that more than 80% of patient visits are for symptoms without a discoverable organic cause, according to Kroenke, K., and Manglesdorf, A. (1989). "Common Symptoms in Primary Care: Incidence, Evaluation, Therapy and Outcome" American Journal of Medicine, 86, 262-266.

Other studies suggest that 70% of visits to primary care have a psychosocial component; according to Von Korff, M., Shapiro, S., Burke, JD., Teitlebaum, M., Skinner, Ea., German, P., Turner, RW., Klein, L., and Burns, B. (1987). Anxiety and depression in a primary care clinic: "Comparison of diagnostic Interview Schedule, General Health Questionnaire, and Practitioners Assessments". Archives of General Psychiatry, 44, 152-156. Von Korff, M. and Simon, G. (1996).

Other literature addressing mental illnesses and its impact on medical care includes: "The Prevalence and Impact of Psychological Disorders in Primary Care: HMO Research Needed to Improve Care". HMO Practice, 10, 150-155.

The percent of patients treated in the VA for mental health problems is 17.5% in fiscal year 2001. This statistic is annotated in the National Mental Health Performance Monitoring Information provided by NEPEC. Website is www.nepec.mentalhealth.med.va.gov/NMHPPMS/Default.asp.

Appendix A

ADVISORY COMMITTEE ON MINORITY VETERANS BIOGRAPHICAL SKETCHES

1. **Allen, Renaee J.** African American

Ms. Allen is a veteran of the 47th and 528th Support Battalions where she served as a supervisor in personnel administration from 1988-93. She has worked in the U.S. government for over nine years including the Criminal Investigation Division, Human Resource Directorate-Fort Bragg, Department of Veterans Affairs, and the Veterans of Foreign Wars. Currently, Ms. Allen serves as a representative of Veterans of Foreign Wars in Washington, D.C.

2. **Alvarado-Ramos, Lourdes E.** Hispanic American

Ms. Alvarado-Ramos is the Superintendent of the Washington State Veterans Home and the Washington State Soldiers Home and Colony in Orting, WA. She is a Vietnam Era Army veteran. She retired at the grade of Sergeant Major after 21 years of service. Ms. Alvarado-Ramos has extensive experience in medical facility and human resource management. In her current job, she is responsible for the overall quality of care in a 378-bed facility. She is a member of the State of Washington Department of Veterans Affairs Executive Management Team, Veteran of Foreign Wars, and the Fort Lewis Retiree Council. She is the recipient of the Governor's Distinguished Managers Association Award. She resides in Olympia, WA.

3. **Archuleta, Bob J.** Hispanic American

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

4. **Chung, David O.** Asian American

Mr. Chung is of Chinese descent. He is a disabled Vietnam veteran who served in the U.S. Air Force. He is a life member with Disabled American Veterans (DAV) and Vietnam Veterans of America (VVA). He has served on VA's National Committee on Minority Affairs and as the State Chairman for Minority Affairs, for the State of Indiana. He assisted in a thirty-one-city whistle stop tour of the Vietnam Women's Memorial National Monument from Santa Fe, New Mexico to Washington, DC. He has hosted a veteran's forum on a public access TV talk show that he produced and directed—the City of Chicago from 1987 to 1990 sponsored the show. Mr. Chung resides in Saint John, IN.

5. **Cochran, Sr., Jerry** African American

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

6. **Cockett, Jr., Irwin K.** Native Hawaiian

He is a Native Hawaiian disabled male Korea and Vietnam veteran who served in the Army. He was commissioned through the Officers Candidate School in August 1952. He retired at the rank of Brigadier General after serving 22 years on active duty and 14 years in the Hawaii Army National Guard. He was appointed Commander, Hawaiian Army National Guard in December 1982 and Assistant Adjutant General, Army, State of Hawaii in May 1983. General Cockett retired from the Guard in August 1986. He currently resides in Honolulu, HI.

7. **Cooper, Ralph D.** African American

Mr. Cooper is a Vietnam-era veteran who served in the United States Air Force. He is currently the Executive Director of Veterans Benefits Clearinghouse, Incorporated (VBC), a non-profit agency in Roxbury, MA. The agency provides a wide range of services to veterans, predominantly veterans of color and their family members. Mr. Cooper is a member of the National Coalition for Homeless Veterans; the Congressional Black Caucus's Veterans Brain Trust; Senator John Kerry's Committee on Black Veterans' Affairs; and the Minority Developers Association. Mr. Cooper earned his Masters in Education in Community

Psychology from the University of Massachusetts, and his Bachelors of Arts in Psychology from Boston State College. In 1995, Mr. Cooper was nominated to serve on the Advisory Committee for Minority Veterans by Congressman Joseph P. Kennedy II. His nomination is endorsed by the Center and Brigadier General George B. Price, Chairman of the Advisory Committee.

8. **Davila, Antonio** Hispanic American

Mr. Davila has served as the Director, Delaware Commission of Veterans Affairs since 1991. He has experience as an EEO specialist in Worchester Public Schools, Worchester, MA. He taught English, History and Spanish in several school systems. He is a U. S. Air Force veteran who served on active duty from 1964 -1968. He has also served in the Massachusetts Army NG (1977-1980), and the USAR (1980 to present). He currently resides in Magnolia, DE.

9. **Duran, Ingrid M.** Hispanic American

Ms. Duran is peacetime Marine veteran. She currently serves as the Executive Director, Congressional Hispanic Caucus Institute. She has also served as the Director of the Washington, DC Policy Office of the National Association of Latino Elected and Appointed Officials. She worked on Capitol Hill for six years with the clerk of the House of Representatives, the Banking Committee and as a Legislative Assistant to Congressman Gene Green (TX). Ms. Duran served in the Marines from January 1986 to December 1989. She currently resides in Arlington, VA.

10. **Holden, Terry R.** African American

Mr. Holden is a U.S. Army veteran. He is the Human Resource Director with the Office of Family Support in New Orleans, LA. He is on the Board of Directors for Goodwill Industries of Southeast Louisiana, where he works with disabled and homeless veterans. He is also a member of the Friends of the Library Board of Directors, where he has focused attention on the needs of veterans with literacy problems. Mr. Holden is active in the New Orleans community and is the recipient of the 1999 Charles E. Dunbar Award for his achievements in community services. Mr. Holden is interested in developing communication vehicles that will reach minority veterans. He has been involved in veterans' issues for the past 12 years. He currently resides in New Orleans, LA.

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

Mr. Ivarra is a disabled combat Vietnam veteran who was in the U.S. Army, serving from 1968 – 1970. He has extensive experience as a consultant on diversity, and has held numerous positions as an instructor and administrator in the community college and university systems. He has an MA in Sociology from Western Washington University. He is currently the National Commander for the

American GI Forum, serves on the State of Washington Governor's Veterans Affairs Committee and is the Administrative Facilitator for the Seattle VARO Minority Veterans Coordinating Committee. He currently resides in Seattle, WA.

12. **Jefferson, John D.** African American

Mr. Jefferson is currently a Political Appointee in the Bush Administration at the U.S. Department of Education *(*Special Assistant in the Office of Intergovernmental and Interagency Affairs) at headquarters in Washington, DC. Prior to joining the Bush Administration in October 2001, Mr. Jefferson worked for The American Legion as the Assistant Director and Lobbyist for the National Legislative Commission in their Washington, DC office (1995-2001). Mr. Jefferson is a Vietnam Era Veteran who served in the U.S. Army (1970-72). His tour of duty included one year in Berlin, Germany. Mr. Jefferson currently resides in Silver Spring, Maryland.

13. ****Loudner, Don** Native American - Sioux

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

13. **McDowell, Clifford Dade** African American

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

14. **Pignatiello, Kim M.** Caucasian

Ms. Pignatiello is an Army Gulf-era veteran. She has extensive experience counseling veterans and dependents about veterans' benefits and services. She has worked with homeless veterans on such issues as housing, employment, schooling, and health care. She managed the administration and registration of military personnel and their dependents entering the master's degree program at the University of Oklahoma. In the military, Ms Pignatiello was a Signal Intelligence Analyst. She is proficient in Spanish and Korean, and has served as an interpreter and analyst of intercepted military messages.

Congressman Jim McDermott (D-WA) nominated Ms. Pignatiello. She resides in San Angelo, TX.

15. **Rollins, Robert L**. African American

He is an African American male, retired, Korean War and Vietnam Army veteran. Mr. Rollins retired with the rank of Lieutenant Colonel after 22 years of service. He is currently the Assistant Vice President for Academic Affairs, Florida A&M University. He serves on the Military Academy Board for Senator Bob Graham. He resides in Tallahassee, FL.

16. **Ross, Carson** African American

Mr. Ross is currently serving his seventh term in the Missouri House of Representatives. In 1998 he was elected vice chairman of the Missouri Legislative Black Caucus.
Mr. Ross is also President of Graves and Ross Investments. In 2000 he received the Department of Missouri Veterans of Foreign Wars of the United States Legislator of the Year Award. Mr. Ross has experience in Municipal, Legislative, and Community Service, including being appointed to the Missouri Air Conservation Commission by Missouri Governor John Ashcroft in 1986. Mr. Ross currently resides in Blue Springs, Missouri.

17. **Strickland, Joey** Native American

Mr. Strickland is a retired Army Lt. Colonel with 28 years of service to America, including two combat tours of duty in Vietnam and service in the Army Airborne Infantry and Armor assignments. For five years he served on the Louisiana Governor's staff. Currently, Mr. Strickland is the Executive Director for the Louisiana Department of Veterans Affairs and Indian Affairs where he serves as a liaison to over 400,000 veterans and advises policy and programs to the Governor on all aspects of Tribal Affairs.

18. **Zapanta, Al** Hispanic American

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

* Denotes Chairman
** Denotes Vice Chairman

Department of Veterans Affairs
Advisory Committee on Minority Veterans
2002 Annual Report
Recommendations and Responses

Recommendation 1:
Recommend the Advisory Committee on Minority Veterans become a permanent advisory committee to the Secretary of Veterans Affairs. If permanency is not an option, recommend renewal for five years. The current committee expiration is December 2003.

Response:
VA agrees that a five-year extension of the committee is appropriate, and legislation has been drafted by the Department to authorize such an extension. If approved by Congress and signed into law, this measure would extend the Committee through December 2008.

Recommendation 2:
Recommend increased funding of this committee to enable subcommittees to travel and accept testimony from end users as well as service providers. This budget should facilitate a minimum of three site visits per year and allow us to report findings to the committee as a whole at our annual visits.

Response:
The Department is committed to making the necessary funds available to enable the Committee to meet its statutory obligations. In fact, plans are now being developed to hold a committee meeting, to include town hall events, in the southern Rio Grande area of Texas. It's expected the meeting will occur not later than mid 2003.

Recommendation 3:
Recommend the VA Human Resources office re-evaluate full time employee manpower demographics throughout the VA system to better track the hiring and placement of qualified minority veterans through targeted recruitment.

Response:
VA has established a diversity data system, available on-line from any PC that can reach the VA intranet. The system provides extensive data regarding the diversity breakout of the major employment issues, including current employees, hires, separations, grades and promotions, retirement eligibility, etc. This system is among the most advanced in government and has been the basis of training to nearly all Federal agencies, under the auspices of the Council of Federal Equal Employment Opportunity (EEO) and Civil Rights Executives. The system includes a breakout of disabilities. The system also compares the representation

in individual occupations with the representation in the national relevant civilian labor force (RCLF). When the 2000 Census data by occupation becomes available, VA intends to expand the comparisons to include comparisons to the local labor market.

The Office of the Assistant Secretary for Human Resources has worked with the Administrations and staff offices to create a database and dynamic reporting program that gives access to important workforce trend data for any of VA's occupational series for employment of veterans and minorities. The charts show past, present, and future retirement trends from FY99 to FY06 from the PAID system database. The program also provides valuable comparisons of VA employment in specific occupations for minority representation compared to the civilian labor force, hiring trends and targeted hiring levels to maintain and improve minority and veteran representation.

Recommendation 4:
Recommend VA collect data pertaining to small business loan applications in order to compare different minorities that apply.

Response:
VA does not maintain extensive data on veteran-owned small business loans, but VA will contact the Administrator of the Small Business Administration requesting this data and will share the Administrator's response with the Committee at its next meeting in Washington. It should be noted, however, that VA's Center for Veterans Enterprise (CVE) is working with minority veterans to apprise them of small business services that are available. CVE will gladly brief the Committee on its work.

Recommendation 5:
(a) Recommend Small Business Administration (SBA) Loan Coordinators be staffed at VA offices making it more accessible to the minority veteran. (b) The VA must give us data on policies pertaining to the qualifying factors for vocational rehabilitation and evaluate the process to help standardize this procedure.

Response:
(a) VA is committed to fully examining the issue of improving minority veterans' access to SBA services. The placement of SBA loan personnel in VA regional offices may be an option, but our examination of the access issue should not be limited to that. The Committee will be briefed at one of its Washington meetings in 2003 on the results of our examination.

(b) The qualifying factors for vocational rehabilitation are described in the Code of Federal Regulations, Title 38 CFR Part 21-1 through 21-59, M 28 - 1 Part II, and DVB Circular 28-97-1. To insure that the requirements for determining entitlement to vocational rehabilitation are administered in a standardized manner, we have instituted a system of quality review to evaluate the accuracy of

entitlement determinations. VA Central Office (VACO) staff conducts reviews of each regional office. Additionally, regional offices are required to review entitlement decisions to ensure compliance with regulations and policies. The reviews feed performance indicators that are tied to the evaluation of local stations and the national program in terms of performance goals. Our current goal for entitlement accuracy is 92% and the actual performance year to date (FY 2002) is 91%. In addition to the review process, we have initiated a station survey process to ensure standardization.

Recommendation 6:
Recommend the VA acquire data on companies that are under government contract to determine if they are hiring minority veteran-owned businesses. Priority should be given to minority veteran-owned businesses when contracting for specialized services.

Response:
For contracts exceeding $500,000 (or $1,000,000 for construction), large businesses are required to submit a plan for subcontracting with small and small disadvantaged businesses. They subsequently report utilization of Small Disadvantaged Businesses (SDBs) as subcontractors on Standard Form (SF) 294, Subcontracting Report for Individual Contract Actions, and/or SF 295, Summary Subcontracting Report. These forms also collect information about utilization of veteran-owned small businesses (VOSBs) and service-disabled veteran-owned small businesses (SDVOSBs). The forms do not collect information about use of businesses that are both SDB and VOSB or SDVOSB.

Currently, there is no procurement preference program for minority veteran-owned businesses in Federal contracting. However, minority veteran-owned businesses are eligible for existing Federal procurement preference categories, including SBA's 8(a) Business Development Program, Historically Underutilized Business (HUB) Zone Program, Small Disadvantaged Business Program and for General Services Administration's Federal Supply Schedules.

Recommendation 7:
Public Laws 106-50 and 105-135 establish Veterans Outreach Programs for business centers to counsel veterans in preparing for business. We recommend that VA utilize these laws and develop a tracking system to monitor effectiveness.

Response:
VA established the Center for Veterans Enterprise (CVE) to implement P.L. 106-50 and P.L. 106-554. The program results are measured by the number of veterans and service-disabled veterans who own businesses and by the increase in Federal business opportunities in prime contracting and in subcontracting. Agencies report their accomplishments with both veteran-owned small businesses (VOSBs) and service-disabled veteran-owned small businesses

(SDVOSBs) to the Federal Procurement Data Center. The annual Federal Procurement Report contains detailed information about dollars and actions with these business segments. The report is available on the Internet at http://www.fpdc.gsa.gov. The increase in the number of veterans and service-disabled veterans in business is measured by monitoring the firms registered in SBA's Pro-Net database.

Recommendation 8:
The Veterans Entrepreneurship Act, passed in August 1999, and the Interim Rule on Contract Bundling have not been widely publicized in areas where minority veterans live. What needs to be determined is how businesses and corporations that have government contracts interact with these programs and if they are following guidelines when subcontracting veteran owned businesses or hiring veterans that fall within policy set forth by law.

Response:
This data can be obtained from Standard Form (SF) 294, Subcontracting Report for Individual Contract Actions; SF-295, Summary Subcontracting Report; and Veterans Employment and Training Service (VETS) 100 Reports filed with the U.S. Department of Labor.

This recommendation is addressed by regulations already in place for acquisition planning. This includes the appropriate involvement of VA's Office of Small and Disadvantaged Business Utilization (OSDBU) and small business representatives. The acquisition planning process will ensure that inappropriate bundling does not take place. The intent of this recommendation is a priority of the VHA Acquisition Board as well as the VA Business Oversight Board that resulted from the Secretary's Procurement Reform Task Force Report.

Recommendation 9:
Recommend the VA evaluate the new programs in No 7 & 8 and report any findings that can be used to improve how the SBA administers to minority veterans.

Response:
VA has in place mechanisms monitoring SBA program effectiveness with regard to minority veterans. When warranted, VA will make appropriate recommendations to the SBA Administrator. VA will brief any recommendations made to SBA to the Committee.

Recommendation 10:
Recommend VA employees receive cultural awareness training to help VA provide better customer service when processing minority veterans for initial appointments. Training should cover how to meet, greet, and inform each veteran of the enrollment process, treatment, and services. Further training will

aide VA employees in recognizing cultural/ethnic/health differences within the minority veterans community.

Response:
All of VA's administrations are working to improve cultural awareness. In VHA, special training modules have been developed and are being developed, to enhance the delivery of specialized care (such as PTSD treatment) to various minority veterans groups. As discussed in the responses to Recommendations #11 and #12, VHA is seeking to make the enrollment process more user friendly for minority veterans by providing translator services and making the enrollment paperwork more familiar to minority veterans. VHA is also attempting to address the issue by creating and capitalizing on a more diverse workforce.

In VBA, employee demographics are routinely reviewed to effectively track the hiring and placement of qualified minority applicants. Each regional office annually develops an action plan to increase minority employment in specific target areas. Regional offices also share "best practices" in enhancing promotional opportunities for minorities. Special emphasis is placed upon minority hiring/training in technical jobs within the Veterans Service Centers where contact with initial claim filers is greatest.

The National Cemetery Administration (NCA) is prototyping a Diversity Management Program that is designed to help management build cohesion and assist with the complex mission of serving veterans. The program consists of quarterly small group discussions (2 hours) led by experienced facilitators. The training methodology includes interactive seminars and video presentations followed by discussions and case study and scenario solving. The goal of the program is to orient employees to how diversity impacts workforce cohesion and mission accomplishment.

Recommendation 11:
Recommend VA implement a fast track enrollment system for initial medical appointments with specialists who have training in documentation required by VA to aide veterans in proper enrollment, thus expediting receipt of medical care. In some areas of the country, Spanish speaking specialists, Native Americans and other minority representatives may be required.

Response:
VA has several tools available to assist veterans in applying for enrollment and for requesting initial medical appointments. VA health care facilities have established mechanisms for obtaining translator services when needed for veteran interaction. These services are available through a combination of internal resources and contractual arrangements. VA's national health benefits call center, the Health Benefits Service Center, has staff available to assist Spanish-speaking veterans. The health benefits application form, VA Form 10-10EZ, is available on the VA website, www.va.gov. An assessment of the

potential need to establish a Spanish version of the health benefits application on this website has been initiated based upon this recommendation.

Recommendation 12:
Recommend VA develop a more culturally diverse employment practice within the VA medical system. Each VA Medical Center, its management and administrative executives, as well as medical professionals and staff, should be representative of the population of the veterans' community it serves.

Response:
VHA already has a number of strategic mechanisms in place to support diversity employment improvement. First, the Under Secretary for Health's Diversity Advisory Board exists to help create and capitalize on a diverse workforce. It is VHA's strategic aim to strengthen VHA's competitive advantage by being more adaptive and creative in meeting the needs of the patients, staff and stakeholders. This Board exists to address issues affecting diversity in the workplace and to advise the Under Secretary for Health and VHA's senior management on issues affecting workplace diversity; thereby ensuring VHA becomes an employer of choice. Finally, VHA continues to firmly support and adhere to priority employment for veterans. VHA will continue to seek out additional opportunities to support employment opportunities for veterans, particularly minority veterans.

Recommendation 13:
Recommend VA establish a Center for Excellence focusing on dust-induced lung disease to ensure proper medical treatment and diagnosis in reference to Information Letter (IL 10-99-004). This position requires a trained medical physician/specialist in the areas of environmental medicine dealing with dust-induced lung diseases of former Navy and Marine Corps personnel exposed to deck grinding.

Response:
VHA does not agree with this recommendation because the necessary expertise currently is available at many VA medical centers and consultative assistance is available from the field-based Program Director for Pulmonary Diseases and the Director of Occupational Health in the VA Central Office.

Recommendation 14:
Recommend that dust-induced lung disease be included as of one of the ten educational modules under the Veterans Health Initiative Program for fiscal year 2003.

Response:
VA agrees with this recommendation. A Veterans Health Initiative (VHI) module on occupational lung diseases associated with military service is being developed. The target date for completion of the module is September 30, 2003.

Recommendation 15:
Recommend VA medical centers ensure adequate transportation be provided for those minority and/or low-income veterans residing in rural areas. Implement a Departure Tracking System to expedite transported veterans through their medical visits.

Response:
In conjunction with Disabled American Veterans, VHA has an established transportation network involving 179 VA health care facilities. This network provides transportation services for veterans in need of transportation to and from a Department health care facility. In addition to this service, VA reimburses low-income veterans for certain travel related expenses. Low-income is defined as any veteran whose income does not exceed the maximum annual rate of pension. The law does not permit VA to base eligibility for travel assistance or reimbursement on a veteran's ethnic background. In response to the recommendation to implement a Departure Tracking System, VHA will need to evaluate this recommendation further.

Recommendation 16:
Recommend VHA review and update policies that establish Community Based Outpatient Clinic (CBOC) and Vet Center locations relative to rural areas and the needs of veterans living in outlying areas.

Response:
In 2001, VHA reviewed and updated its policies for establishing Community-Based Outpatient Clinics (CBOC). The current policy outlines the goals for establishment of CBOCs. The first goal is to improve access to current users by placing CBOCs in those areas where current users travel significant distances. The current policy also includes criteria for planning and establishing CBOCs. These criteria include factors that address the needs of veterans living in rural areas, including distance from existing VA sites and unique considerations, such as medically underserved or health manpower shortage areas, mountainous or desert areas, low population density, etc.

To augment Vet Center services in rural areas, Readjustment Counseling Service (RCS) administers a private sector contract program and a Vet Center Tele-Health Program. The former provides readjustment counseling in outlying areas to serve those veterans that live some distance from existing Vet Centers. The latter program features telemedicine technology installed in 20 Vet Centers to promote access to VHA primary care and mental health for under-served veterans living in inner-city and/or remote rural areas. Four of these Tele-Health sites are sites are located on Native American reservation lands. Annual Vet Center quality reviews monitor and evaluate the adequacy of the Vet Center's location in the community as well as veteran client demographics to ensure that high-risk veterans are provided outreach and treatment at levels equal to or

greater than their representation in the local veteran community. RCS monitors this issue via the annual veteran client satisfaction survey, which includes a question about the convenience of the Vet Center location.

Recommendation 17:
Recommend psychiatric care be provided at every CBOC to ensure that a full curriculum of services is offered to every veteran, especially in rural areas.

Response:
VHA has addressed this issue over the past fiscal year. In August 2001, Networks were directed to develop a plan to improve the consistency with which VHA provides mental health services in existing and proposed new Community-Based Outpatient Clinics (CBOCs). Such services were to be provided in all CBOCs other than by exception. It is believed that the larger the CBOC the more crucial it is that meaningful access for mental heath services be provided. Networks were informed that Mental Health services should include the capacity to provide medication management and general counseling or psychotherapy services for all patients requiring such services. Since demand for mental health services is generally proportionate to demand for primary care services, the smaller CBOCs would need proportionately less staffing, but should still provide convenient access to mental health care. This initial planning process was completed Sept 28, 2001. By March 27, 2002, plans for including Mental Health in CBOCs were completed and approved for all VISNs. The Third Quarter review of plan milestones against timelines for each VISN were critiqued by subject experts and approved by August 12, 2002. Ongoing quarterly reviews of VISN timelines will continue until all plans are completed.

Recommendation 18:
As mandated by law, Committee members must make periodic site visits to VA Medical Centers throughout the United States. The committee must adhere to PL 103-446 by congressional mandate. Due to budgetary constraints, no site visits are scheduled during the balance of fiscal year 2002 and the entire fiscal year 2003. An immediate increase or amendment of the current budget is requested. Increasing the budget in fiscal year 2004 will allow for continued site visits.

Response:
The Department is committed to making the necessary funds available to enable the Committee to meet its statutory obligations. In fact, plans are now being developed to hold a committee meeting, to include town hall events, in the southern Rio Grande area of Texas. The meeting is occurring in May 2003.

Recommendation 19:
That the Undersecretary for Health establishes an outreach program to inform former military personnel who served in aircraft carriers and other naval vessels of potential health problems related to dust induced lung disease.

Response:
VHA has previously conducted an outreach program including sending letters to individual identified veterans and Veterans Service Organizations (VSOs). Current and future plans are focused on further educating VA staff, including staff of the Transition Assistance Program, so they can better inform and advise potentially exposed veterans.

Recommendation 20:
Recommend the Secretary direct and resource outreach programs in minority communities by Minority Veteran Program Coordinators (MVPC) concerning enrollment and other VA benefits.

Response:
This would require program funding and the creation of a position specifically for an MVPC. Currently, MVPCs are VA employees that hold other full time positions in the Department who have been tasked with the additional duty of being the MVPC for their facility. The additional cost of the MVPC program is currently borne by each facility. Further study is currently ongoing to determine the appropriate level of resourcing for the program VA wide. Currently, more than 260 MVPs are in place.

Recommendation 21:
Establish a recruitment and hiring goal to increase the numbers of bilingual minority veterans' health care providers.

Response:
VHA has already established relationships with Hispanic-serving institutions to increase the number of bilingual minority veterans' health care providers. VHA participates in the Hispanic Association of Colleges and Universities (HACU) Summer Internship Program and also the Student Experience Program for the purpose of attracting talented minorities from minority institutions.

Recommendation 22:
Hire more minorities as ratings/claims officers. This would be a step towards raising VA sensitivities to the needs of minority veterans pursuing disability claims.

Response:
The Veterans Benefits Administration (VBA) routinely reviews manpower demographics to better track the hiring and placement of qualified minority applicants. On an annual basis, each VBA regional office completes an Affirmative Employment Program (AEP) Report that contains an analysis of workforce data and an action plan to increase representation in specific target areas. In FY02, there were 1,142 new hires, 120 conversions, and 21 other

gains for a total of 1,283 gains. Of these gains, 42.87% were from groups in underrepresented occupations (including women).

VBA uses the Outstanding Scholar Program, the Federal Career Intern Program and Merit Promotion Announcements to recruit and promote minorities to critical technical positions within VBA. Many of these positions are within the Veterans Service Center, one of the largest divisions within many of our regional offices.

In addition to completing the AEP report, regional offices complete an annual report on Disabled Veterans Affirmative Action Programs (DVAAP) certifying that they have developed a plan for recruiting and hiring veterans and increasing the representation of veterans within specific positions.

Recommendation 23:
Continue to develop and improve the delivering of benefits to minority veterans, with a focus toward ensuring that minorities are aware that they are entitled to file a claim.

Response:
The MVPC program directs every VA facility to have a Minority Program Coordinator (MVPC) in place to conduct outreach to minority veterans and facilitate the communication of benefits and services available to minority veterans. There are currently over 260 MVPCs VA wide.

Additionally, VA has begun a Tribal Veteran Representative (TVR) training program that trains identified individuals living on tribal lands on VA services and benefits. The TVRs are liaisons between the VA and veterans living on tribal lands. After training, the TVR will be able to assist the veteran with claims submissions and follow-up as well as provide veterans living on tribal land with information on VA services and benefits available to them.

Recommendation 24:
VA should partner with Department of Defense (DoD) to develop a more accurate disability determination process at the DoD level, thus obviating the need for a second evaluation through the VA appeal process. This would help to alleviate the VA appeal backlog and expedite services to the veteran.

Response:
VA recently began its Benefits Delivery at Discharge program at the Pentagon's DiLorenzo TRICARE clinic, adding to the growing number of sites where active duty military members due to separate or retire can receive one physical for both discharge and VA's disability claim actions. In many cases, these new veterans will know if their VA disability claim has been approved before they leave active duty.

Recommendation 25:

Recommend VA doctors receive more sensitivity training specifically related to culture care diversity.

Response:
Employee Education System (EES) has three Employee Education Resource Centers (EERCs) devoted to clinical education efforts. These Centers will be asked to work closely with appropriate VHA offices to develop training related to culture care diversity for clinicians. One example of this is the series of Post Traumatic stress Disorder modules being created for minority veterans groups.

Recommendation 26:
Recommend continued emphasis on a "customer-centric" approach by VBA.

Response:
As mentioned above, VBA uses the Outstanding Scholar Program, the Federal Career Intern Program and Merit Promotion Announcements to obtain a list of best-qualified candidates for critical technical positions within VBA. Many of these positions are within the Veterans Service Center, one of the largest divisions within many of our regional offices. The hiring of minorities and veterans will ensure a culture sensitive to the needs of our veteran population.

Minority Veteran Program Coordinators at the regional offices contribute to a customer-centric approach through outreach efforts such as the Honolulu Regional Office with their monthly visits to Maui, Kauai, Hilo and Kona and Nashville Regional Office's arrangement of a Hispanic Benefit Fair and attendance at Native American events. Anchorage Regional Office has appointed four minority veteran coordinators who are Hispanic, Asian-Pacific Islander, Filipino and African-American.

Recommendation 27:
Strongly recommend the Secretary enforce a policy promoting the hiring and promoting to senior grade levels, talented minority veterans.

Response:
The Office of Diversity Management and Equal Employment Opportunity (DM&EEO) has established new formats for presenting data about race, national origin, gender, veteran status and disability. DM&EEO has published a baseline analysis, "FY01 Workforce Change" and made it available on their web site. DM&EEO has also distributed a training video on how to use the data system, "A Guide to Conducting Workforce Analysis", which has been repeatedly broadcast throughout VA. In addition, DM&EEO has provided on-site training in many facilities. This analysis provides an objective foundation for the SES performance standard regarding EEO/Diversity. DM&EEO also provides charts for the Monthly Performance Review, chaired by the Deputy Secretary. The result is that the Administration's employment practices are reviewed at the highest level on a frequent basis.

Recommendation 28:
Recommend the Secretary increase outreach to minority veterans concerning available education benefits. Continue to raise payment levels for education, ensure transitioning veterans are aware of the benefit levels and extend the time available for the veteran to utilize education benefits.

Response:
The Education Service within the Veterans Benefits Administration is taking action to increase outreach efforts to veterans including minority veterans. We currently mail education benefit information to potentially eligible active duty personnel upon completion of their first 12 months of active duty and after the required $1200 pay reduction. In September 2002, a separate mailing to potentially eligible active duty personnel who have completed 24 months of active duty was conducted. The 24-month gate is the point in time they first become eligible to utilize the benefit while on active duty.

Another outreach effort is made through our web site, www.gibill.va.gov. User friendly frequently asked questions software, Right Now Web, was installed on our web site in September 2002. This software enables veterans to quickly find answers to their questions regarding eligibility, benefits, approved programs and other information.

Public Law 107-103, The Veterans Education and Benefits Expansion Act of 2001, increased the rates for full-time Montgomery GI Bill (Chapter 30) benefits from $672 to $800 effective January 1, 2002; $900 effective October 1, 2002; and $985 effective October 1, 2003.

Recommendation 29:
Continue to emphasize, market, and promote opportunities for veteran owned business as dictated by the Veterans Entrepreneurship and Small Business Development Act of 1999.

Response:
This is presently being accomplished through initiatives by VA's Center for Veteran's Enterprise (CVE), which include: outreach conferences, establishment of a veteran database, newsletters, training of contracting officers and a revamped website.

Recommendation 30:
Recommend the Secretary mandate the hiring of more veterans in general and minority veterans specifically, especially in areas of the organization that serve a high minority veteran population.

Response:
While hiring quotas are not permitted in Federal employment settings, VA does actively support and defend veterans' preference and equal employment opportunity for all in Federal hiring. Additionally, each medical center and network director's performance plan includes a performance element regarding improved affirmative employment for all minorities, including veterans. Medical centers develop an annual plan for the hiring of disabled veterans and then submit annual accomplishments reports on hiring veterans through the Accomplishments Report of the National Disabled Veterans Affirmative Action Program. Each medical center submits an annual report to the Office of the Assistant Secretary for Human Resources and Administration, which then submits a consolidated report to the Equal Employment Opportunity Commission.

The minority hiring programs managed by VBA are summarized in the responses to Recommendations #22 and #26.

Additionally, the Office of the Assistant Secretary for Human Resources and Administration and the Administrations and staff offices have created a database and dynamic reporting program that gives access to important workforce trend data for any of VA's occupational series for employment of veterans and minorities. The charts present past, present, and future retirement trends from FY99 to FY06 from the PAID system database. The program also provides valuable comparisons of VA employment in specific occupations for minority representation compared to the civilian labor force, hiring trends, and targeted hiring levels to maintain and improve minority and veteran representation. This information assists facilities and Networks in identifying veteran and minority populations by specific occupation for employment outreach.

VA's National Veterans Employment Program focuses on assisting veterans in their efforts to obtain employment using their veteran preference status. The program also focuses on outreach to veterans and active military personnel through job fairs and military transition centers to develop a pool of highly qualified candidates to fill critical vacancies throughout the Department. NVEP is also responsible for ensuring that the Department's HR specialists, managers and selecting officials are aware of veterans preference guidelines and that they extend to eligible veterans opportunities afforded under the Veterans Employment Opportunities Act of 1998, Public Law 105-339.

Recommendation 31:
Recommend VA continue the extension of the Native American Direct Home Loan Program, but make it easier for Indian veterans to access.

Response:
VBA is currently exploring avenues to expand outreach to Native American tribes, including an analysis of whether to increase loan amounts. Additionally, VBA is completing the annual Report to Congress on the Native American Veteran Direct Loan Pilot Program for FY 2002 that will be briefed to the Committee once it has been finalized.

Recommendation 32:
Recommend VHA provide mobile vans as "rolling health clinics" for large Indian Reservations.

Response:
VHA has found mobile vans are not as effective as establishing Community Based Outpatient Clinics (CBOCs), sharing agreements or contractual arrangements with IHS providers to provide necessary services to Indian Reservations. Currently, VHA has 22 sharing agreements or contracts with IHS or individual Indian tribes. These services are provided with Indian tribes located in the states of Alaska, Arizona, New Mexico, New York, North Carolina, Oregon, Southern California, South Dakota and Washington. In addition, a Memorandum of Understanding (MOU) is being developed by the Indian Health Service and VHA to further encourage cooperation and resource sharing. The Committee will be briefed about the MOU once it is signed.

Recommendation 33:
Recommend VA facilitate Indian veterans' ability to use IHS with VA picking up the cost through MOU's with IHS. The scope should be full medical care by IHS.

Response:
The Department of Veterans Affairs and the Indian Health Service have signed a Memorandum of Understanding to effect the above recommendation. Under the MOU, VA and IHS will work towards the mutual goals of:

1. Improving beneficiary's access to quality healthcare and services.
2. Improving communication between VA, Native American veterans and tribal governments with IHS' assistance.
3. Encouraging partnerships and sharing agreements between VHA headquarters and facilities, IHS headquarters and facilities, and tribal governments in support of Native American veterans.
4. Ensuring that appropriate resources to support programs for Native American veterans.
5. Improving health promotion and disease prevention services to Native Americans.

Recommendation 34:
Recommend NCA study and pursue the building of War Veterans Homes and State Veterans Cemeteries on Indian Lands.

Response:
Although the recommendation calls for an NCA study of war veteran's homes, NCA has no jurisdiction over the state veterans home program. The Committee will receive a briefing on state veterans homes in a future meeting to explain the program and any initiatives that may be ongoing.

Regarding the issue of pursuing veteran's cemeteries on Native Indian Lands, the National Cemetery Administration (NCA) is actively pursuing and working with Tribal leaders and others to ensure that this issue becomes reality. Two examples are noted below:

NCA is working with the States of Arizona and New Mexico as well as with the Navajo Nation to establish a veteran's cemetery within reasonable access for most Navajo veterans in that area. The States are sensitive to the needs of Native American veterans and have said that such a cemetery would be located within the Four Sacred Mountains that define traditional Navajo lands. The States would work with Native Americans to ensure that burial customs can be observed in the state cemetery.

Additionally, NCA is exploring the establishment of a Native American veteran cemetery within the Ft. Sill Oklahoma National Cemetery environs. NCA is committed to working with tribal leaders, VA's Office of Minority Affairs, and other applicable governmental entities and stakeholders to ensure a positive outcome to this effort.