

National Indian Health Board



Submitted via email: tribalgovernmentconsultation@va.gov

October 7, 2016

Mr. James Albino
Deputy Assistant Secretary
U.S. Department of Veterans Affairs
Office of Intergovernmental Affairs (075F)
810 Vermont Avenue, NW, Suite 915G
Washington, DC 20420

RE: Priorities for Serving and Engaging American Indian and Alaska Native Veterans

Dear Deputy Assistant Secretary,

On behalf of the National Indian Health Board (NIHB), I write to submit comments in response to the Department of Veterans Affairs (VA) Dear Tribal Leader Letter dated May 19, 2016 requesting input from Tribal leaders on the top 3 to 5 priorities that Tribes have for serving Veterans in Indian Country. Once identified, these priorities may be used to assist with the collaborative development of an Indian Country Veterans Affairs policy agenda. NIHB appreciates the opportunity to provide input on VA priorities for American Indian and Alaska Native (AI/AN) Veterans in Tribal communities across Indian Country.

Established in 1972, the NIHB is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives (AI/ANs). The NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service (IHS) Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with the NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act (ISDEAA), or continue to also rely on IHS for delivery of some, or even most, of their health care, the NIHB is their advocate.

The United States federal government's trust responsibility to provide health care to all AI/AN extends across all departments and agencies and includes VA. NIHB appreciates that the VA recognizes this and applauds the VA's efforts to initiate Tribal consultation and provide increased access to quality health care for AI/AN Veterans. AI/ANs serve in the U.S. military at higher rates compared to any other race, yet they are underrepresented among Veterans who access the services and benefits they have earned. NIHB recommends the following priorities for serving AI/AN Veterans: (1) creation of a VA Tribal technical advisory health care committee; (2) improved access to medical care; (3) VA and Tribal/IHS facilities working together; (4) VA support of traditional healing providers and treatments; (5) suicide prevention;

and (6) treatment for PTSD and mental health. NIHB submits the following comments on priorities for serving and engaging AI/AN Veterans to be considered in the creation of an Indian Country Veterans Affairs policy agenda:

Priority 1: Creation of a VA Tribal Technical Advisory Health Care Committee

The VA has a special responsibility to engage in Tribal consultation and support the government-to-government relationships with federally recognized Tribes. NIHB requests that the VA build strong relationships with Tribal governments in order to increase the number of AI/AN Veterans who access VA programs, benefits, and services. The VA, IHS, and Tribal partners have achieved significant successes through joint workgroups on increasing care coordination, health care services, and reimbursement for training and cultural competency for eligible Veterans.

It is vital that VA engage Tribal leaders and Tribal representatives in meaningful Tribal consultation that is more than just written comments. Meaningful Tribal consultation requires ongoing dialogue and engagement between Tribal and VA officials. As representatives of sovereign governments, Tribal leaders are the most knowledgeable about how to provide quality care to their AI/AN veteran communities. Implementation of the VA's Tribal Consultation Policy requires Tribal consultation to occur before the VA takes action or makes decisions that may significantly affect Tribal resources, rights, or lands. As such, NIHB strongly recommends that the VA create a VA-Tribal Advisory committee in order to properly ensure that the VA fulfills its trust responsibility to AI/AN in a culturally competent manner. In addition, a Tribal Advisory Committee will ensure that the VA continues to meet the requirements of meaningful Tribal consultation.

Priority 2: Improve Access to Medical Care

Many AI/AN Veterans experience various challenges in receiving VA health care benefits in remote environments. IHS and Tribal Health Programs provide exceptional culturally competent medical care closer to home. NIHB supports efforts to promote and expand upon putting AI/AN Veterans in control of how, when, and where they wish to be served quality health care services. NIHB recommends that the VA provide additional outreach and advocacy resources to ensure that AI/AN Veterans are aware of various health care benefits available in their community. NIHB supports VA efforts to expand access to medical care in Indian Country and for other rural areas using telehealth.

Priority 3: VA and Tribal/IHS Facilities Working Together

One of the VA's goals is to connect Veterans with health care services through raising awareness of the health care services available and working to remove barriers to care. NIHB strongly supports the full inclusion of Indian Health Service (IHS) facilities and Tribal Health Programs (THPs) as key partners in the VA's community care network. The 2010 VA, IHS, and THP memorandum of understanding (MOU) defined many ways VA and IHS can collaborate innovatively together. VA must continue to maintain and strengthen current MOU agreements between VA, IHS, and Tribal health programs.

In 2015, the VA provided only \$33 million, less than one tenth of a percent of the Veterans Health Administration budget, in reimbursements to IHS and THPs. IHS and THPs utilize robust, established provider networks that round out the services provided directly to AI/AN veterans. These networks are critical in providing care to veterans living in rural and remote areas.

NIHB strongly recommends that the VA fully implement the National VA, Indian Health Service (IHS), and Tribal Health Programs (THPs) MOU. As of 2015, there are a total of 89 signed local reimbursement agreements with THPs, 83 IHS implementation plans in effect, and 108 IHS sites covered. To date, the VA-IHS/THP MOU has proven to successfully facilitate patient care and provide the least administrative burden for VA, IHS, and THPs. In 2015, the VA, IHS, and THP agreements led to various achievements in advancing health care access and quality care for Veterans. Achievements under the VA-IHS MOU agreements include: 401 shared trainings; 1,200,000 prescriptions mailed to Veterans at their homes; 337 shared Continuing Medical Education credits were offered; and cultural competency and post-traumatic stress disorder (PTSD) trainings were made available to both VA and IHS staff; and 14 standard VA-IHS MOU performance metrics were developed. VA has reimbursed almost \$40 million to IHS and Tribal health facilities for direct care to Veterans.

Priority 4: VA Support of Traditional Healing Providers and Treatments

Some VA medical centers have added traditional healer treatments, such as sweat lodges for AI/AN Veterans. The experience of war has the potential to harm the spiritual health of AI/AN Veterans, which may require the use of traditional healing practices to recover from the trauma of combat. Many AIAN Veterans may prefer to utilize holistic healing and spirituality treatments to recover from trauma. Examples of traditional healing treatments include the use of herbal remedies, purification ceremonies, empowering rituals, sweat lodges, and dream interpretations. NIHB recommends that the VA include traditional treatment approaches for consideration of how the patient's culture may impact what and how they experience the trauma.

Priority 5: Suicide Prevention

Upon returning to civilian life, AI/AN Veterans may suffer from depression, anxiety, and posttraumatic stress disorder (PTSD). The VA is using telemental health care to reach Native Veterans with PTSD and other mental health care needs. Suicide prevention initiatives are dependent upon VA partnerships with Tribal/Indian Health Service employees, traditional/cultural spiritual leaders, Tribal leaders, local AI/AN Veterans, Veteran centers, and community members. NIHB recommends and supports the expansion of telemental health services. are crucial to prevent AI/AN Veterans from attempting or committing suicide.

Priority 6: Treatment for PTSD and Mental Health

Historically, there has been distrust among AI/AN Veterans when it comes to mental health, especially from older generations, which tend to underutilize mental health services. Researchers have conducted various studies of post-traumatic stress disorder (PTSD) in ethnic minority Vietnam Veteran populations. The overall findings seem to be that most ethnic minority

Veteran groups have a higher rate of PTSD than White Veterans. In 2002, a study compared rates of PTSD by ethnicity among male Vietnam Veterans and found a higher prevalence of both 1-month and lifetime PTSD among American Indians compared to White Veterans. These higher rates of PTSD may be due to higher rates of psychological conflicts and higher exposure to war zone stressors (e.g., atrocities, violence, and combat). Barriers to treating AI/AN Veterans include distance, poverty, mental health symptoms, historical mistrust, limited number of Native providers, and the sole focus on evidence-based practices. NIHB recommends that the VA utilize innovative culturally-based approaches to treatment, such as acculturation assessments to allow for culturally competent providers to assess the cultural identity of a patient. When approaching PTSD treatment for AI/AN Veterans, it is important to consider practice-based evidence as well as the unique characteristics of AI/AN patients. NIHB highlights that it is imperative for the VA to improve mental health services to AI/AN Veterans through linking the past to current issues of adjustment, so that mental health service providers are better informed culturally with the unique issues surrounding Native Veterans.

Conclusion

Thank you for this opportunity to provide Tribal comments and recommendations for the VA to serve and engage American Indian and Alaska Native Veterans, we look forward to further engagement with the VA. NIHB hopes that the VA, in the spirit of its commitment to fulfilling its Tribal consultation policy and shared interest in improving AI/AN Veteran access to quality health care, will work with Tribes to advance access to quality health care for our Veterans. Please contact NIHB's Director of Federal Relations at ddelrow@nihb.org or (202) 507-4072 if there are any additional questions or comments on the issues addressed in these comments.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Lester Secatero', with a long horizontal flourish extending to the right.

Lester Secatero
Chairman, National Indian Health Board