



Senate Veterans Affairs Committee
Hearings to examine Native American veterans,
focusing on ensuring access to VA health care and benefits
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Testimony

Introduction

Good afternoon, Chair Tester, Ranking Member Moran, and members of the Senate Veterans Affairs Committee. My name is Larry Wright, Jr., and I am a former Chairman of the Ponca Tribe of Nebraska and currently serve as the Executive Director for the National Congress of American Indians (NCAI). NCAI was founded in 1944 and is the oldest, largest and most representative American Indian and Alaska Native organization serving the broad interests of tribal governments and communities. On behalf of NCAI, thank you for this opportunity to provide testimony on issues affecting Native American veterans.

I believe that the members of this Committee are aware of the valor and service of American Indian, Alaska Native and Native Hawaiian veterans to this country. Per capita, Native people serve at a higher rate in the Armed Forces than any other group of Americans, and they have served in all the nation's wars since the Revolutionary War. Native veterans have even served in several wars before they were recognized as U.S. citizens and before they had the right to vote at the polls.

Despite this impressive record of service, I believe that the members of this Committee are also aware that the lack of health care provided to these veterans upon returning home is both shocking and unacceptable—particularly considering all they have done to protect our homelands.

Authorize IHS and BIA Advance Appropriations to Provide Certainty for AI/AN Veterans

Obtaining health care for Native veterans often means navigating both the Veterans Health Administration (VHA) and the Indian Health Service (IHS). The primary health care provider in most Native communities—and for many of our Native veterans—is IHS. Thus, one mechanism for improving the health of Native veterans is to improve the IHS system which has long been woefully underfunded. Additionally, unlike the VA system, IHS continues to be subject to the

harmful and disruptive effects of government shutdowns and short-term stopgap measures because it does not yet have advanced appropriations.

Following the 2019 government shutdown, NCAI adopted Resolution #ECWS-19-001,¹ which calls on Congress to pass legislation authorizing advance appropriations for IHS and the Bureau of Indian Affairs (BIA). This resolution expands on NCAI Resolution #ANC-14-007,² which calls for advance appropriations for IHS. Preventing federal budget impasses from jeopardizing the health, safety, and wellbeing of American Indian and Alaska Native (AI/AN) veterans—and all those living in tribal communities—is a major priority for Indian Country. Again, while the Veterans Health Administration (VHA) receives advance appropriations to prevent federal budget impasses from affecting or interrupting healthcare for veterans, IHS does not receive the same treatment—even though IHS is often the primary agency responsible for providing critical healthcare services to AI/AN veterans. This is precisely why NCAI has long been in support of advanced appropriation for IHS, and it is one step that can be taken immediately to help both Native veterans and Native communities more broadly.

Improve Direct Access to VA Services

Focusing on the Veterans Health Administration more directly, there are many barriers Native veterans encounter in accessing care. One alarming statistic is that Native veterans use VA health care disproportionately less than non-Native veterans despite having a disproportionately higher percentage of veterans with a disability. There are a number of reasons why this is the case, and one is simply related to the remoteness of VA health facilities from many tribal communities.

In 2009, NCAI's sitting President, Jefferson Keel, testified in front of this same Committee and stated the following: "Native veterans are likely to have scarce financial resources to spend on travel to IHS or VA hospitals. [...] These proud veterans, who in some instances used their last dollars to travel long distances to either facility, deserve better treatment."³ President Keel's words remain true to this day. Native veterans seeking to get to a VA facility might have to make a 200-mile round trip, and in the case of Alaska Native veterans, it may be much, much further. Because of this, thirteen years ago, NCAI recommended that the VA, in coordination with the Department of Transportation, "work with tribal governments to facilitate transportation from tribal community hubs to Veterans Health Administration hospitals". This has yet to occur. As such,

¹ Available at:

https://www.ncai.org/attachments/Resolution_vkouAZmrehTqskEUMrBcxaBCihXkHApCJyGwXAwyjOkhwIcYAGi_ECWS-19-001%20Advance%20Appropriations%20FINAL.pdf

² Available at:

https://www.ncai.org/attachments/Resolution_gvZLHpstyyeGIgbSLNqtMyKCILfIoYEDEWdKktjoOvRXjFkXWvg_A_NC-14-007.pdf

³ Available at: <https://www.govinfo.gov/content/pkg/CHRG-111shrg53369/html/CHRG-111shrg53369.htm>

NCAI stands by this recommendation and urges the continued exploration of alternative options, such as telehealth services, to ensure that all Native veterans are being reached.

Improve Quality of VA Services

Another reason Native veterans use the VA health care system disproportionately less than other veteran groups likely has to do with the lack of service that is often available to patients at VHA facilities. Thirteen years ago in NCAI's testimony, we highlighted that there were "far too many reports of inconsistency in delivery of health care to American Indian and Alaska Native veterans" and discussed concerns related to delays in scheduling appointments as well as the cancellation of appointments without notice by VA hospitals. At that time, NCAI also highlighted the backlog of basic services including dispensing eyeglasses and hearing aids, and noted that many veterans felt their health problems are not being addressed adequately by a system that rushes them through the process without diagnosing all the problems or providing realistic treatment regimens. NCAI's staff continues to hear similar complaints to this day. And, anecdotally, in August of this year, NPR ran a story on Justin Dupree, a Native veteran who did five overseas tours of duty.⁴ In that story, Mr. Dupree indicated that it took him six months just to get an appointment scheduled for the therapy he needed. For the men and women who served our country, those kinds of wait times and lack of access to critical health services cannot be tolerated. Whether the solution comes from more funding to VA to improve its capacity, more outreach to tribal communities to improve service delivery, or additional government-to-government consultation to explore innovative ways the VA could partner with Tribal Nations to administer services to veterans, something must be done.

Improve Cultural Competency at the Department of Veterans Affairs

In that same NPR article, Mr. Dupree went on to say that once he finally did get his appointment, his therapist was neither Native nor a veteran and, for those reasons, the session did not go well and Mr. Dupree, ultimately, stopped seeking treatment because he no longer felt comfortable doing so. This story is often repeated through Indian Country and the poor level of cultural competency within the VHA is another barrier to Natives trying to access services.

We are hopeful that the recently created Tribal Advisory Committee within the VA will assist with some of these issues, and applaud the efforts made to both create that entity under law and to fill its seats.

⁴ Quil Lawrence, "One Native veteran's new mission: Fill in the gaps of VA care on his reservation", NPR (August 24, 2022), available at: <https://www.npr.org/2022/08/24/1118761468/native-american-veterans-health-care-military-service>

That said, more needs to be done to address cultural competency. NCAI's Veterans Committee provides a forum for discussing issues that impact AI/AN veterans and helps develop NCAI policy priorities to improve the lives of veterans across Indian Country. Participants in the NCAI Veterans Committee continue to highlight cultural competency issues across the Department of Veterans Affairs (VA) system. This directly impacts the provision of healthcare and can affect how veterans' claims are processed and whether they are approved. For example, many forms and questionnaires do not address cultural contexts or risks; additionally, as a result of incurring traumatic brain injuries, some Native veterans struggle with second-language retention and require services to be administered in their Native languages instead of English; and finally, there is a dearth of Native professionals and individuals with adequate understanding of tribal communities to truly allow individuals with health concerns to be open, honest, and trusting of the system—something that is essential to achieving positive outcomes for those in need.

Given the importance of cultural competency, the NCAI Veterans Committee has expressed the need to increase access to Tribal Veterans Service Organizations (TVSOs) to assist AI/AN veterans with benefits claims and accessing other VA services. Similarly, more government-to-government consultation between the VA and Tribal Nations can also generate new methods for improving cultural competency across health services.

Grant a Federal Charter to Native American Indian Veterans, Inc.

And finally, nearly 20 years ago, NCAI passed Resolution #FTV-04-010,⁵ “Endorsement of the National American Indian Veterans, Inc. and Requesting the US Congress to Grant NAIIV, Inc. a Federal Charter”. The National American Indian Veterans (NAIV), Inc. is a strong advocate on behalf of all American Indian, Alaska Native, and Native Hawaiian Veterans without regard to whether they served during times of peace, conflicts and wars and, among other things, will greatly assist in the exchange of information, ideas, and cultural knowledge between Native people and the federal government. NCAI applauds the decision of the U.S. Senate just two weeks ago to pass S.1725, which seeks to grant a Congressional charter for the National American Indian Veterans, Inc. organization, and we now call on the House and the President to take the steps necessary to pass and sign this bill into law.

Address Other Issues Affecting Veterans

Before I close my remarks, I also want to briefly highlight three other issues impacting Native veterans that NCAI has adopted resolutions on and is advocating be addressed:

⁵ Available at:
https://www.ncai.org/attachments/Resolution_LPJKXXbuNGOuAprOLnkfuRGmVyGwsmTMWozXTzYykZBXmvCbCCU_fil04-010.pdf

1. Address Housing for Veterans

Despite the service they provide to our country, homelessness and housing insecurity remains a major concern for our Native veterans. A simple but critically important step to combat this issue is to reauthorize and make permanent the Native American Housing Assistance and Self-Determination Act (NAHASDA). NAHASDA reorganized the system of housing assistance provided to Native Americans through the Department of Housing and Urban Development (HUD) by eliminating several separate programs of assistance and replacing them with a block grant program. This block grant program has successfully been used by Tribal Nations across the country to focus on the specific housing needs in their own communities.

However, NAHASDA expired nine years ago, and we cannot afford to let this critical legislation go unauthorized any longer. NCAI urges the members of this Committee to support S. 2264: The NAHASDA Reauthorization Act of 2021. This legislation has been reported out of the Senate Committee on Indian Affairs, marking the most progress any NAHASDA Reauthorization bill has made since 2013. Additionally, many of the provisions in S. 2264 are included in the Senate Transportation, and Housing and Urban Development (THUD) Appropriations Bill, and we strongly urge this Committee and other members of Congress to support these efforts.

Reauthorizing NAHASDA will also help Native veterans struggling with homelessness by improving the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program. The program has been a nationwide success because it combines rental assistance, case management, and clinical services for at-risk and homeless veterans. Unfortunately, this program is not fully available to Native veterans living on tribal lands.

NCAI has a standing resolution supporting this legislation: Resolution #ECWS-14-001,⁶ “Support for Indian Veterans Housing Rental Assistance Demonstration Program in the Native American Housing and Self-Determination Act Reauthorization” and, accordingly, NCAI urges this Committee to pass legislation to address the issues of Native veteran homelessness as soon as possible.

Also in the housing space, NCAI urges the passage of S. 4505: the VA Native American Direct Loan Improvement (NADL) Act. The VA’s NADL program has only provided 190 loans to Native Americans nationwide over the past 10 years. This legislation would help to increase the number of NADL-administered loans by allowing veterans to refinance existing non-VA mortgages utilizing the NADL product, and would also allow veterans

⁶ Available at:

https://www.ncai.org/attachments/Resolution_rGJmzKMOpmPXCODBFDEimNAVXIDwbXbVyXGHmPeVbMNxICXSRjF_ECWS-14-001%20resolution.pdf

who have built homes with other sources of construction financing (e.g. a Native CDFI loan) to still use NADL as permanent financing. It also provides grant funding for Native CDFIs, Tribal Nations, Tribally Designated Housing Entities (TDHEs), and nonprofits to assist with outreach, homebuyer education, and other technical assistance to Native veterans seeking homeownership financing.

2. Collect Data on Native Veteran Suicide

AI/ANs experience high rates of depression and psychological distress, which contributes to Native people having one of the highest suicide rates of any group in the United States. While the VA acknowledges suicide as a national health crisis that affects all Americans and publishes reports each year on suicide data, it continues to omit data specific to AI/AN veterans. When VA does disaggregate suicide data by race/ethnicity, AI/AN veterans fall under the category of “other.” Capturing data specific to AI/AN veteran suicide is essential for developing effective policy and initiatives to generate improved outcomes. Therefore, NCAI urges Congress and the Administration to work to develop policies and procedures that ensure the collection of AI/AN veteran suicide data so that federal and tribal policy makers have the necessary information to address the suicide crisis among AI/AN veterans.

3. Restore Pay to Native Veterans

For decades, Native service members had state income tax withheld from their military paychecks despite being exempt based on the Soldiers and Sailors Civil Relief Act (Section 514). Nearly twenty years ago, Senator Tom Udall introduced the American Indian Veterans Pay Restoration Act, which would address the 26 states that had illegally taxed service members for as long as 24 years. In 2013, NCAI passed resolution #REN-13-075,⁷ “In Support of Legislation to Address the Improper State Taxation of Reservation-Domiciled Service Members” and now, we are once again asking that steps be taken to right this historical wrong. The VA, Department of Justice, Internal Revenue Service, and Congress should work together to remedy this egregious taking of Native service-member pay.

Conclusion

I want to conclude by once again thanking this Committee for both holding this hearing and taking the critical step of discussing Native veteran issues—without dialogue, we all know there can be no change.

⁷ Available at:

https://www.ncai.org/attachments/Resolution_uNFXzhIbcGHDDUzPFgAdnhxOdjchOqKmaarlOCoMrxjjKCIFssD_REN-13-075%20final.pdf

I also want to take a moment and acknowledge that when the U.S. government does engage in meaningful dialogue and consultation with Tribal Nations, solutions can be found. We don't need to look any further than the Native American Veteran Parity in Access to Care Today (PACT) Act, which was signed into law nearly two years ago. This piece of legislation has improved accessibility to Veterans Health Administration services by eliminating copayments for our American Indian and Alaska Native veterans; and, we are grateful to Senator Tester for his leadership on getting the Native American Veteran PACT Act passed—it is a valuable demonstration of what can be accomplished for our Native veterans when we all focus and work together.

Our Native veterans—like all veterans—have given up their time, their health, and in many cases their lives to protect this country. For those who have served and are still with us, it is imperative that we give them everything they need to thrive. Thank you again for this opportunity to speak, and I look forward to addressing any questions you may have.