



Senate and House Committees on Veterans' Affairs

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Angela Pratt

Co-Chair, Veterans Committee, National Congress of American Indians

Written Testimony

Introduction

Good morning, Chair Tester, Ranking Member Moran, Chairman Bost, and Ranking Member Takano, and to all the members of the Senate and House Veterans' Affairs Committees.

My name is Angela Pratt. I am a member of the Osage Nation of Oklahoma. I was a member of the Osage Nation Congress from July 2014 to July 2022, and four (4) of those years, I presided as Speaker of the Congress. I am a proud Army Veteran, Hooah. I am a longtime member of the American Legion and have dedicated many years to assisting with Veterans organizations, issues and efforts. In 2021, I was appointed by NCAI President Fawn Sharp to serve as a Co-Chair for the NCAI Veterans Committee. Also in November 2021, I was selected to serve on the first ever Veterans Affairs (VA) Advisory Committee on Tribal and Indian Affairs. It is a pleasure to be here today and I thank you for this opportunity to speak with you.

As I just mentioned, I serve as a Co-Chair of the National Congress of American Indians' (NCAI) Veterans Committee. NCAI, as you may be aware, was founded nearly 80 years ago 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, I want to thank you for this opportunity to provide testimony on issues affecting Native American veterans.

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 continued their service in our Nation's wars long 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, oftentimes the lack of programs, services, and assistance that Native veterans receive upon returning home from serving the United States is truly shocking and this must change.

While there are many issues that impact Native veterans, I want to focus on three areas that are priorities of NCAI and the NCAI Veterans Committee: Housing, Health, and Data.

Native Veterans and Housing

As a general matter, housing infrastructure in Indian Country continues to lag behind the rest of the United States. Over 70 percent of existing housing stock in tribal communities is in need of upgrades and repairs, many of them extensive.¹ In 2017, The U.S. Department of Housing and Urban Development (HUD) reported that, “the lack of housing and infrastructure in Indian Country is severe and widespread, and far exceeds the funding currently provided to tribes.”² The lack of affordable housing contributes to homelessness and overcrowding. Tribal communities experience overcrowded homes at a rate of 16 percent, roughly eight times the national average.³

Despite the service they provide to our country, homelessness and housing insecurity remains a major concern for our Native veterans. At the White House Tribal Nations Summit a few months ago, the White House Council on Native American Affairs Health Committee reported that, “American Indian and Alaska Native Veterans are proportionally over-represented by the population of veterans facing homelessness.” And while data is scarce—something I will return to momentarily—at least one study found that Native veterans made up 19% of all homeless veterans in the study’s sample, making the Native veteran homeless rate almost 10 times their representation in the general population. Another study indicated that Native veterans living in poverty were twice as likely to be homeless than other (non-veteran) Native Americans.

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 ten years ago, and we cannot afford to let this critical legislation go unauthorized any longer. Reauthorizing NAHASDA will also help Native veterans struggling

¹ U.S. Department of Housing and Urban Development, *Fiscal Year 2017 Congressional Justifications*, 11-12, (2016), https://www.hud.gov/sites/documents/FY_2017_CJS_COMBINED.PDF.

² U.S. Commission on Civil Rights, *Broken Promises: Continued Federal Funding Shortfall for Native Americans*, 137, (2018), <https://www.usccr.gov/pubs/2018/12-20-Broken-Promises.pdf>.

³ U.S. Department of Housing and Urban Development, *Housing Needs of American Indians and Alaska Natives in Tribal Areas: A Report From the Assessment of American Indian, Alaska Native, and Native Hawaiian Housing Needs*, (2017), <https://www.huduser.gov/portal/sites/default/files/pdf/HNAIHousingNeeds.pdf>

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-14-001,⁴ “Support for Indian Veterans Housing Rental Assistance Demonstration Program in the Native American Housing and Self-Determination Act Reauthorization” and, accordingly, NCAI urges Congress to pass legislation to address the issues of Native veteran homelessness as soon as possible.

Also in the housing space, NCAI urges Congressional passage of S. 185: the Native American Direct Loan (NADL) Improvement Act of 2023. The Veterans’ Affairs 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 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.

Native Veterans and Health

The health and wellness of tribal communities depends on a network of health, education, and wellness service providers, prevention coordination, and tribally-driven initiatives. Despite the federal government’s trust responsibility to provide health care to American Indians and Alaska Natives, Native people continue to experience the greatest health disparities in the United States when compared to other Americans. Shorter life expectancy and the disease burdens carried by Native people exist because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity, poor social conditions, and decades of historical trauma.

While veterans typically are more vulnerable to health disparities as compared to the general population regardless of race, Native veterans are more likely to lack health insurance, and to have a disability, service-connected or otherwise, than veterans of other races.

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

⁴ Available at:

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

for improving the health of Native veterans is to improve the IHS system which has long been woefully underfunded. And even though advanced appropriations for IHS passed at the end of the 117th Congress—something that NCAI and all of Indian Country applauds—there is more to do. However, while historic, the advance appropriation for IHS is far from perfect and inclusion of advance appropriations each year is not, as of yet, guaranteed. We owe it to our veterans to fight for culturally competent care delivered closer to home. Congress must expand and sustain advance appropriations for the IHS until funds are mandatory for IHS. We owe it to our veterans.

Another mechanism to improving the health care of Native veterans is to improve cultural competency of the health services Native veterans receive. There is a need for ongoing consultation on cultural competency as well as a need for stronger collaboration with IHS and tribally-run healthcare facilities to find ways to expand culturally informed services at all government facilities—particularly, VA facilities. One way to build up cultural competency is to increase access to Tribal Veterans Service Officers (TVSO) and to establish clear and attainable paths for Tribal Veteran Organization (TVO) accreditation.

Finally, it is important to recognize the recently passed American Indian and Alaska Native Veterans Mental Health Act, which was passed by the last Congress and that directs the Secretary of Veterans Affairs to make critical improvements relating to mental health and suicide prevention outreach to minority veterans and American Indian and Alaska Native veterans. And while NCAI hails the passage of this bill and thanks all who worked hard to make it law, we now ask that Congress use its oversight function to ensure that the law is implemented quickly, effectively, and with meaningful tribal consultation.

Native Veterans and Data

While I have highlighted two critical issues—housing and health—impacting Native veterans today, the fact is that data on Native veteran housing, health, and a host of other issues is scarce or, more often than not, non-existent. This lack of data all too often makes Native veterans and their concerns invisible. There is an urgent need for accurate data concerning Native veterans in order to develop meaningful policy solutions that will address Native veterans' day-to-day concerns. This data, which is necessary, must be collected in collaboration with Tribal Nations, must respect privacy concerns, and must be shared with Tribal Nations who are generally in the best position to address the needs of their own community members.

While there is no shortage of places where meaningful data would be helpful, I want to highlight one issue that the NCAI Veterans Committee has been urging more data on for years—Native veteran suicide. American Indians / Alaska Natives (AI/AN) 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 Department of Veterans Affairs (VA) has

acknowledged suicide as a national health crisis that affects all Americans and publishes reports each year on suicide data, it continues to offer limited data specific to AI/AN veterans. When the 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.

Conclusion

I want to conclude by once again thanking this Committee for both holding this hearing and allowing me to bring attention to Native veterans and the challenges they face in their lives. 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.