



# NATIONAL CONGRESS OF AMERICAN INDIANS

## Testimony of Jefferson Keel, President of the National Congress of American Indians To the Senate Committee on Veterans' Affairs Regarding Veterans Administration and Indian Health Service Cooperation

November 10, 2009

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Thank you for the opportunity for the National Congress of American Indians to provide testimony regarding American Indian and Alaska Native veterans and health care services provided by the Department of Veterans Affairs and the Indian Health Service.

In addition to thanking Chairman Akaka and Ranking Member Burr for the opportunity to present testimony, I want to acknowledge and thank Senator Tester for requesting today's hearing and for his leadership on the Rural Veterans Health Care Improvement Act, which includes provisions for Native American veterans' health care, through this Committee.

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 and that they have served in higher proportion than any other ethnic group. You also may be aware that the lack of health care to these veterans upon returning home is appalling, considering what they have done in protecting our homelands.

With the advent of the Afghanistan and Iraq wars, the number of veterans returning with injuries and disabilities, physically and emotionally, has significantly increased. And as we have learned from past wars and conflicts, the need for treatment of these warriors may not be revealed for several years after these courageous men and women return home.

The primary health care provider to tribal communities, including American Indian and Alaska Native veterans, is the Indian Health Service, which has always been woefully underfunded. Many veterans have sought health care from Veterans Health Administration hospitals because that is an option and a right. In an attempt to stretch their health care dollars, both IHS and VA hospitals have denied services to veterans, insisting they had to go to the other agency for treatment. These proud veterans, who in some instances used their last dollars to travel long distances to either facility, deserve better treatment.

As a tribal leader and veteran, I thought the days of transferring responsibility from one agency to the other were over when a Memoranda of Understanding between the IHS and Veterans Health Administration was signed in 2003. It is my understanding that the issue is still with us and it is my hope that this hearing will be a step forward in finally resolving this situation to prevent more veterans from additional suffering or worse.

There are far too many reports of inconsistency in delivery of health care to American Indian and Alaska Native veterans. NCAI staff members have been informed of concerns about delays in scheduling appointments as well as the cancellation of appointments without notice by both the Indian Health Service and Veterans Administration hospitals. We have been made aware of the backlog of delivery of basic services including dispensing eyeglasses and hearing aids. Many veterans also have shared their complaints that they believe their health problems have not been addressed because they met with medical staff who rushed them through medical exams and sent them away quickly without diagnosing problems or providing proper treatment including medication.

There are some things that are under the purview of this Committee that might help to alleviate the problems. The Veterans Health Administration has authority to create Tribal Veterans Service Offices in tribal communities, which would provide a resource for local veterans to be informed of their best options for health, housing, and other benefits and what additional resources are available for specific assistance.

I am hoping that there will be additional resources available that veterans will be able to draw from, including the reauthorization of the Indian Health Care Improvement Act that is before Congress. But any money appropriated for services authorized under the Indian Health Care Improvement Act is desperately needed for the overall population of tribal communities, and even though veterans may benefit, there still is a need for increased VA health care funding.

Remoteness of IHS and VA health facilities will always be a problem. Native veterans are likely to have scarce financial resources to expend on travel to IHS or VA hospitals. The VA, perhaps in cooperation with the Department of Transportation, should be able to work with tribal governments to facilitate transportation from tribal community hubs to Veterans Health Administration hospitals, which can, in some instances, be over 200 miles roundtrip, and for Alaska Native veterans, much, much further.

In providing services to Native American veterans, it is a basic requirement that the two agencies' systems for data exchange and communication are compatible. One of the agreements in the 2003 VA-IHS MOU was to "[d]evelop national sharing agreements, as appropriate, in healthcare information technology to include electronic medical records systems, provider order entry of prescriptions, bar code medication, telemedicine, and other medical technologies ..."

We are aware that the IHS received \$85 million under the American Recovery and Reinvestment Act for Health Information Technology. We would hope that a portion of this funding – to be used for electronic health record development and deployment, personal health record development, telehealth and network infrastructure, and other purposes – would benefit Native veterans through improved data exchange and patient tracking. We would also like the Committee to consider requesting that the IHS make some Recovery Act health IT dollars available to tribally-administered health programs, perhaps including Tribal Veterans Service Offices, in addition to internal IHS records management and infrastructure development.

Members of the Committee can also assist American Indian and Alaska Native veterans by supporting current legislation. The Indian Veterans Housing Opportunity Act of 2009 (H.R. 3553) has been introduced by Representative Ann Kirkpatrick (D-AZ), which will help disabled Native American veterans and their survivors by providing eligibility for housing assistance to which they are currently denied because they are receiving veterans disability and survivor benefits. I ask that you support this critical legislation.

The National Congress of American Indians (NCAI) passed a resolution (SD-02-079) in 2002 at their Annual Convention, calling for the development of a report on the health status of American Indian and Alaska Native veterans. Today's hearing is a significant step in pointing out that both the VA and IHS have roles and responsibilities in the treatment and care of Native veterans. We all know that Native peoples are subject to more studies than anyone in the country, but perhaps a report of the nature called for in the NCAI resolution would not be an infringement or intrusion on privacy when weighed with the potential outcome and value of such a survey. I am offering the assistance of the NCAI in supporting this effort and am sure that the NCAI Veterans Committee would lend its assistance.

Because of the government to government relationship, nearly all agencies have instituted an Indian affairs desk tasked with outreach and communication to tribal governments and organizations. The NCAI has always supported implementation of tribal affairs offices because they enhance and advance program delivery and implement policies that better serve tribal governments and communities. The Veterans Administration currently has a Native American who serves as a tribal contact in the Office of Minority Affairs. We strongly urge the VA to expand this position and move it out from the Office of Minority Affairs and establish an Office of Tribal Affairs staffed by American Indian and Alaska Native personnel who report directly to the VA Secretary. The creation of an Office of Tribal Affairs with VA also complies with the Memorandum of November 5, 2009 on Tribal Consultation issued by President Obama.

Thank you again on behalf of the National Congress of American Indians for taking the time to conduct this hearing and to provide this opportunity to hear from our organization, veterans and other supporters in calling for comprehensive delivery of the best health care available for the honorable men and women who deserve no less than the best.