

**Department of Veterans Affairs (VA)
Advisory Committee on Minority Veterans
Anchorage, Alaska Site Visit
October 24 – 26, 2006**

Tuesday, October 24, 2006

VA Advisory Committee on Minority Veterans Member Present:

Carson Ross, USA, Chair	Reginald Malebranche, USA, Retired
Nelson N. Angapak, Sr. USA	James H. Mukoyama, Jr., USAR, Retired
Lawrence A. Bastian, Sr., USA	Joe C. Nunez, USAF, Retired
Julia J. Cleckley, USA, Retired	Cathleen C. Wiblemo, USA
Diego E. Hernandez, USN, Retired	Debra L. Wilson, USMC
Kerwin E. Miller, USNR, Retired	

Advisory Committee Members Excused:

Frank A. Cordero, USMC
James T. McLawhorn, Jr., President/CEO Columbia Urban League, SC
Harvey D. Williams, USA, Retired

Ex-Officio Members Present:

None

Advisors Present:

Mr. Max Lewis, Director, VISN 20
Mr. Alex Spector, Director, Alaska VA Healthcare System
Mr. Hal Blair, Acting Associate Director, Alaska VA Healthcare System
Dr. Cynthia Joe, Chief of Staff, Alaska VA
Ms. Linda Boyle, R.N., Associate Director for Nursing and Patient Services, Alaska VA
Ms. Kathleen Johnson, Patient Representative/VHA MVPC, Alaska VA
Ms. Beth Williams, CASE, MSW, OEF/OIF Coordinator
Ms. Nevis Smith Boone, EEO Program Manager
Ms. Yvonne Stevenson, ANP, Women Veterans Health Coordinator
Ms. Judy Thompson, Chief Voluntary Service
Ms. Marcia Hoffman-Devoe, Public Affairs Officer
Ms. Sharon Helman, Acting Director, Roseburg OR VA Medical Center
Mr. Michael Scheibel, Veterans Service Center Manager, Anchorage RO
Ms. Debra Thomas, VBA MVPC
Mr. Douglas Wadsworth, Salt Lake City, VARO

Other Attendees:

Mr. Greg Kaplan, Congressman Don Young's Representative, Anchorage, AK
Mr. Bob Walsh, Senator Lisa Murkowski's Representative, Anchorage, AK
Mr. Tom Hall, U.S. Department of Labor, Juneau, AK
Ms. Leatha Mercurieff, Public Relations Manager, Alaska Native Medical Center

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Mr. Gary Chythlook, Public Relations, Alaska Native Medical Center

Center for Minority Veterans Staff Present:

Lucretia M. McClenney, Director
Renaee J. Allen, Senior Program Analyst

Juanita J. Mullen, Program Analyst
Alejandro Ramos, Program Analyst

The entire site visit package, with attachments, is located in the Center for Minority Veterans office.

Introduction by the Committee members

Mr. Ross, Chairman, presented a short history of the Committee and the Center for Minority Veterans

Alaska VA Healthcare System, Anchorage, Alaska

Speaker: Alex Spector, Director,

Topic: Alaska VA Healthcare System, Anchorage, Alaska

Discussion:

- Welcoming remarks
- Overview of the geographic area of Alaska
 - 586,412 square miles
 - Travel issues
 - Must travel to Anchorage for specialty care
 - Travel pay benefits for eligible veterans
 - Reinstated travel pay benefits October 1, 2006
- National Guard Unit (Bethel) deployed to Iraq
 - Mostly Alaska Natives
- Recruitment (employment)
 - Challenges encountered in recruiting staff
 - No medical school in local area
 - Only nursing school available
 - \$3 million dollars in budget to bring people in
- Medicare rate is higher in Alaska
 - Costs of medical care is 30% higher than the lower 48 states
 - Local doctors are refusing to take Medicare patients/veterans in the community
 - VA has a special medical care plus rate

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- Mental Health services offered at:
 - Fairbanks
 - Reimbursement of care
 - Developed a market based rate paid in previous year with a 10% reimbursement rate which is higher
 - Hold vendor meeting with doctors to reimbursement rate
 - Pay on time
 - Not enough specialty physicians in community
 - Do not provide care for TRICARE, no excess capacity
 - ✓ TRICARE rate (discussing how to get same rate as Alaska Healthcare)
- Travel distances in Alaska impact accessibility and often require one or more modes of transportation
 - Travel by air which is very costly
 - Car (there are only three major roads)
 - Boat
 - Dog sled
- Population in Alaska, 650,000
 - Vet population is the highest per capita of any state in the nation
 - Approximately 17% of population are veterans with 7% being women vets
 - 70,000 veterans (Anchorage, Fairbanks 350 miles away, Kenai 160 miles away)
 - Vet population are younger
 - Fastest growing population is over 65
 - Long term care needs to be addressed in the future
- Specialty care
 - Send veterans to Seattle for specialty care (1,500 miles)
 - 900 trips per year
 - Juneau veterans will continue to go to Seattle because it is the nearest VA Medical Center
- Joint Venture Elmendorf AFB
 - 70 FTE (will expand)
 - Now can do orthopedic surgeries for VA without having to travel to Seattle, Washington
 - Health Records
 - Record systems of VA and DOD are not interoperable
 - Elmendorf AFB uses their electronic system, then scanned to Alaska VA Healthcare system, and then placed in VA electronic system
 - Have over 300,000 documents scanned in the VA system

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- Payment is made when report and consultation are married up with original consult (Elmendorf/private)

- Prescriptions
 - TRICARE benefits, no cost for benefits
 - Versus co-payment for VA
- Alaska VA Healthcare Service Regional Office is a leased building
 - Extended to 2012
 - New VA health care facility will be built on Air Force property (both buildings between Elmendorf AFB and VA will be linked at the new site)
- Fairbanks is 350 miles from Anchorage
 - When employees travel to the lower 48 states for vacation, they stay a minimum of 2 weeks
 - Creates a staffing shortage
- Telehealth System
 - \$38 million dollars allocated for Telehealth
 - Currently only have 55 lines
- Current Staffing
 - Approximately 410 employees
 - Focusing on hiring Alaska Natives
- Alaska Native Tribal Health Care (ANTHC)
 - ANTHC is not a federal system
 - Alaska veterans normally utilize the Native Medical Center

Action: ACMV recommended adding more telehealth lines

Topic: Remarks of the Advisory Committee on Minority Veterans

Discussion:

- Questioned if there were any problems regarding reimbursement
- Brought up the issue of the Territorial Guard. Of this group, there are about 200 members remaining
- Recommended that hiring minorities must be a priority
- Partnership opportunities identified by Mr. Spector with villages/corporations regarding mental health/outreach training in offering of services

Action: Follow-up requested by ACMV (VHA)

- Increase outreach committee's activities
- Enhance recruitment of minority managers (currently 10% are minorities)
 - Two Asian and African American females
 - Identify employee Breakdown of minorities by ethnic groups

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Speaker: Douglas Wadsworth, Director,

Topic: Anchorage/Ft. Harrison/Salt Lake City Regional Office

Discussion:

- VBA/VHA Partnership Efforts
 - Need to partner with Alaska Native Medical Center (ANMC)
 - Mainly focused on Alaska Native Veterans
 - Need to include other minority groups
- Under Secretary for Benefits survey 2003-9 VAMROCS had VA operations being managed by VHA managers, one being Alaska (caused disconnect)
- Anchorage facility was placed under Salt Lake City May 2003
- Alaska is not divided into counties but by corporations which impacts coordination
- Implementing Vocational Rehabilitation and Employment (VR&E) Coordinator
 - Working with community groups
 - Outreach to Alaska Native veterans
 - Remote Chapter 31 counseling
- Future Activities
 - Develop and implement the Tribal Veterans Representative (TVR) Program in Alaska for 2007
- Issues
 - VSO's haven't established strong service officers in the field to outreach to veterans regarding their benefits
 - Alaska Native Medical Center representatives declined to participate in the TVR training program
 - Partnership opportunities lack initiatives to partner with the Native or minority organizations
 - Recruitment sources utilizing internet
 - Rural areas lack internet connection
 - Need to identify how to communicate with groups referencing job announcements
 - Starting salary is significantly lower than what is offered at the Tribal organizations
 - Recommend the VR&E Coordinator initiative be inclusive of all ethnic groups
 - Voc Rehab Counselor needs to ensure veterans enrolled within the program are aware of positions vacant in VA

Action: ACMV will request follow-up (VBA)

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Speaker: Virginia Walker, Director

Topic: Ft. Richardson National Cemetery

Discussion:

- Current budget \$750,000 a year
- Ft. Richardson 1998 -2003 increase of 30%
 - Cost of private burials has increased which has led to increase usage of VA National Cemetery
- GS employees are administrators
 - Have two new hires
- Ft. Richardson National Cemetery is imbedded within the Ft. Richardson Army base
 - Must notify military police 24 hours in advance to arrange entrance at the front gate
 - Have to get a day pass
 - Directory is not electronic but set up in a binder
 - There is potential direct access off Glen Highway, however, to incorporate easier access, it will be costly and increase security challenges
 - For veterans accessing the cemetery, NCA will try to ease the challenge by coordinating with the Army
- Military Honors
 - Every branch of service (DOD) is not consistent and uniform in their support of military honors
 - Only retirees are provided full fledged military honors
 - Other veterans (non-retirees) are only provided two people and a taps recording
- Ft. Richardson performs 200 burials per year, to include columbarium
- NCA does not track race or ethnicity of buried veterans
- Have 48 acres and 6 acres at Sitka
 - Sitka performs 35 burials per year with 30% cremation

Action: ACMV will request follow-up (NCA)

Topic: Remarks of the Advisory Committee on Minority Veterans

Discussion:

- Mr. Mukoyama toured the cemetery but he had to get a cab that was qualified to enter the base. He praised the NCA Staff on the cleanliness and on the ease of locating a specific grave site.
- ACMV requested a copy of the Public Law addressing military honors (CMV, NCA)

Action: ACMV will request follow-up (NCA)

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**Speaker: Dede Stallings, RN,
Topic: MSN CCHT Program Manager**

Discussion:

- Telehealth was implemented October 31, 2005; first enrollees January 31, 2006
- Translate data on LAN line (cellular phones are expensive)
- 66 veterans are currently enrolled in the telehealth system
- No Alaska Natives are enrolled
- Provided a live demonstration of the home telehealth with an actual veteran enrolled in the system

Action: ACMV recommended increasing outreach to Alaska natives (VHA)

**Speaker: Dr. James Fitterling,
Topic: Homeless Veterans Service**

Discussion:

- Domiciliary residents met, gave their respective stories, and explained how this program benefited them as residents to the Committee members.

Action: None

**Speaker: Colonel (Dr.) Elisha T. Powell, IV, Commander
Topic: Elmendorf AFB**

Discussion:

- Gave an overview of the Alaskan environment
 - Most of the state is “extreme rural”
 - Severe weather conditions
- Elmendorf Air Force Base
 - Largest Air Force Installation in Alaska
- Joint Venture (DoD/VA) Hospital
 - Opened May 1999, 433,922 square feet
 - Cost \$191 million and VA contributed \$11 million
 - Built as a 110 staffed bed facility
 - Integrated staff with Air Force managing the hospital
- New VA Clinic
 - New clinic approved by VA CARES process for construction outside Muldoon gate
 - Land use permit granted by HQ USAF
 - Projected 180,243 GSF and current clinic 112,000 GSF
 - Completion expected in FY 2009

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- Current Priorities
 - Timely access to quality healthcare for active duty, guard, reserve, families, retirees, and deserving patriots
 - Expand collaboration with Alaska Veterans Affairs and Alaska Federal Healthcare Partners (AFHCP)
 - AFHCP include DoD, US Coast Guard, Alaska VA Healthcare System & Regional Office, Alaska Indian Health Service, Alaska Native Tribal Health Consortium, and Alaska Native Medical Center
- Toured the Elmendorf DoD/VA Joint Venture Facility

Action: None

Wednesday - October 25, 2006

Speaker: Mr. Paul Sherry, Chief Executive Officer,

Topic: Alaska Tribal Health System and the Alaska Native Tribal Health Consortium

Discussion:

- Provided overview of Alaska Tribal Health System
 - 12 “unaffiliated” tribes provide their own community-based health programs
 - 14 regional health organizations are non-profit, authorized by tribal government resolutions, with Native boards of directors
- Alaska Native Tribal Health Consortium (ANTHC)
 - Formed in late 1997
 - Manages all statewide Indian Health Service programs based in Anchorage, including the Alaska Native Medical Center
 - Is the largest tribal self-governance entity in the U.S. with over 1700 employees
- Levels of Care
 - Village-based services: 550 community health aide/practitioners working in 180 village clinics
 - Work with public health nurses/doctors
- Health Facility Construction
 - 75 health clinics have been replaced/upgraded since 2001 with support of the Denali Commission
 - Another 75 clinics are slated for replacement/upgrades over the next 5 years

Action: None

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Speaker: Christopher Mandregan, Jr., Director,

Topic: Alaska Area Native Health Service (DHHS/HIS)

Discussion:

- Mission of Indian Health Service
 - Raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level
- Agency Authorizing Legislation
 - Snyder Act
 - Indian Health Care Improvement Act
 - Treaties and Case Law (Tribes are domestic sovereign nations)
 - Indian Self Determination & Education Assistance Act (Government to Government Relationship with 231 federally recognized tribes)
- Agency Initiatives
 - Increase access to care
 - Eliminate disparities in health
- IHS Director's Initiatives
 - Health Promotion/Disease Prevention, Chronic Disease Management, and Behavioral Health
- Tribal Self Determination
 - Conduct their own health needs assessments
 - Tribes have broadened the scope and depth of services offerings beyond that which a federal agency can provide
 - Authority to reprogram and redesign
 - IHS role
 - Concentrate on functions that cannot be done by tribes
 - 6 regional hospitals located in communities of Barrow, Bethel, Dillingham, Kotzebue, Nome, and Sitka
 - 28 tribal health centers/other health facilities
 - Work with 40 contractual arrangements to provide health service to 125,000 Alaskan Native people

Action: None

Speaker: Susan Childers, Interim Hospital Administrator

Topic: Alaska Native Medical Center

Discussion:

- 371,458 outpatient visits in 200
- ANMC is the only Level II Trauma Center in the state of Alaska
- ENT Clinic fully integrated the use of telemedicine
- Telemedicine is used in dermatology and radiology

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- Challenges
 - Increase in costs and in the number of Alaska Natives/American Indians eligible for services

Action: None

Speaker: Douglas Eby, MD, MPH, VP

Topic: South Central Foundation, Primary Care

Discussion:

- 22 years of history
- Manage and own 20 medical primary care systems (privately owned)
- 1,300 staff
- 45,000 clients including 10,000 in over 50 remote villages

Action: ACMV will request follow-up (VHA)

Topic: Remarks of the Advisory Committee on Minority Veterans

Discussion:

- Due to Alaska Natives participation in war, the Committee asked Dr. Eby's opinion on PTSD and family in relation to "human to human"
 - Alaska Natives need more emotional and spiritual counseling instead of medical and integration of tribal doctors
 - Family warrior wellness healing approach to depression and violence
- Suggested that grant money be allocated to non-VA program in Alaska for mental health
- Funding: Payer of last resort VA and Native Medical Center this has increased difficulty in receiving reimbursement of cost for care provided to Native American veterans.

Action: ACMV will request follow-up (VHA)

Speaker: Stewart Ferguson, Ph.D., Director

Topic: Alaska Federal Health Care Access Network (AFHCAN)

Discussion:

- Alaska
 - 75% Alaskan communities unconnected by a road to a hospital
 - 25 of these communities have no airport
 - Air Fares within Alaska ranges from \$900 to \$1000 one way
- Health Professional Shortage Areas in Alaska
 - 59% of the state's residents are underserved
 - 49% of all physicians in Alaska are primary care physicians (2002 data)
 - Shortages in many specialties

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- Telemedicine
 - 3 types (live VTC consult, home health, store & forward)
- Alaska Federal Health Care Access Network
 - AFHCAN's 248 sites (11% accessible by roads/70% require small plane or helicopter access)
 - 43 Autonomous organizations
 - 3 Federal Agencies
- AFHCAN Telehealth
 - 8 Years running
 - 10,000 cases per year
 - On every Coast Guard cutter
 - 6th grade reading level
 - One in every clinic in Alaska
- Major Concerns
 - Rapid growth in PTSD in the coming years
 - Increase of alcohol use
 - 2% a year from Congress (cost increase is at 8%)

Action: ACMV will request follow-up (VHA)

Speaker: Mr. Robert Irwin, Team Leader,

Topic: Anchorage Vet Center

Discussion:

- Vet centers are staffed by multidisciplinary teams (Team Leader, Office Manager, 3 counselors)
- Anchorage Vet Center, founded in 1979 and moved to current location in 1984
- Lonnie Prairie Chicken, Native American Readjustment Counselor Technician
 - Conducts aggressive outreach to veterans and their families at remote villages throughout Alaska by traveling along with the National Guard during military exercises
 - Started a Veterans Traditional Talking Circle in 2004 for all veterans to attend and to this date, is a very successful program

Action: None

Topic: Veteran Service Organization (VSO) Panel

Discussion:

- Jerry Beale, Alaska State Veterans Coordinator
 - He's been in Alaska since 1988 and retired from the Air Force in 1997
 - There are 70,000 veterans in Alaska
 - There's a shortage of fuel, water, food, and jobs within the villages
 - VA cannot go everywhere in Alaska due to areas not accessible

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- Creates challenges for VA to provide care throughout Alaska
 - Joint agreement to have service officers go out throughout Alaska
 - Service Officers are employed by major VSO's and reimbursement is made through Mr. Beale's office
- Mel Shepard, State Commander, Veterans of Foreign Wars
- Joseph Simms, Senior Vice Commander, Veterans of Foreign Wars
 - Getting to veterans in some rural areas is impossible
 - Depends greatly on postal service to provide feedback to reach veterans
 - OIF/OEF returnees a big concern – they will need counseling
- Leon Bertram, Department Service Officer, American Legion
 - Within Alaska, access to veterans is very different (flights to/from rural areas are 1 ½ hours minimum)
 - Juneau is like a CBOC
 - Works out of vet center offices throughout the state
 - 35 post service officers forward information to service officers
 - Accessing healthcare system is difficult for some veterans
 - Southern part of Alaska experiencing challenges getting veterans to healthcare due to:
 - Lack of highways
 - Flights to medical care is approximately 600 miles (villages depend on this mode of transportation)
- Benno H. Cleveland, State Commander, Military Order of the Purple Heart
 - There are 232 Alaska Native Villages and a majority of these villages cannot be accessed by roads
 - Formed a Commander's meeting in Fairbanks
 - Veterans organizations are having a hard time floating financially
 - Veterans organizations need to work together to help out the veterans
 - High PTSD issues for both the veterans and their families
 - VA has challenges in providing entitled benefits to Alaskan Natives veterans
 - Language/cultural barriers exist (in interfacing with VA)
 - Veterans have difficulty in receiving counseling through VA
- Brian S. Wilson, Department Service Officer, Disabled American Vets
 - Lack of access to care
 - Travel issues
 - Suggests that the closer we get care to the villages, the better off the veterans will be
- Tim Kimbrough, Commander, AMVETS Department of Alaska
 - Logistics are immense (coordinating with people living in villages)
 - Roads are impassable in winter

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- More people maybe necessary in covering OEF/OIF veterans when they return in order to provide mental health services to OEF/OIF veterans
- John Kelley, Service Officer, VFW
 - Biggest issue is access to health care for veterans
 - Need to get health care into the communities that are located outside the Anchorage area
 - In Juneau, health care is a major issue
 - Difficulty in scheduling veterans for VA appointments living in rural areas/villages
 - Due to unpredictability in weather, veterans may miss appointments
 - Need the assistance of the State of Alaska in the process to help VA with the burden in providing healthcare/transportation to veterans
 - Getting legislation passed for funding is a challenge

Action: ACMV will request follow-up (VHA)

Topic: Remarks of the Advisory Committee for Minority Veterans to the VSO Panel

Discussion:

- Inquired about what the state of Alaska is doing to help VA pay the travel costs
- Health care is critical
- Inquired about what percentage of the 70,000 veterans are not being reached
 - Approximately ½ of the 70,000 veterans are minority veterans

Action: ACMV will request follow-up (VHA)

Topic: VSO's thoughts on what issues the Veterans will identify at the Town Hall Meeting

Discussion:

- Access to healthcare in rural areas
- Vocational Rehabilitation
- Do not have a full operational veterans hospital in Alaska in order to treat cancer
- Specialty care is not available, even in civilian hospitals
 - Doctors in rural areas can only diagnose and then the patients are sent down south for treatment
 - The original doctor loses money
- Concerns regarding Tri-care

Action: ACMV will request follow-up (VHA)

Topic: Veterans Affairs response to the comments of the VSO Panel

Discussion:

- Has nothing to do with Tricare
- No contract providers in Fairbanks area

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- Purchase care/fee basis (a long time ago, did not have VA providers)
 - Purchase care later brought into the VA system once the services became available
- VA clinic is located on Ft. Wainwright, Fairbanks, Alaska
- Missed appointments due to weather
 - Are check marks in veterans records as missed appointments
 - To get another appointment, veterans had to go through the Director
 - Veterans with three no shows were dropped from the system
 - VA has made a lot of improvements with missed appointments

Action: None

Topic: Town Hall Meeting ACMV and Alaska Veterans

Discussion:

- Conducted on October 25, 2006 at the Downtown Marriott Hotel, Anchorage, Alaska from 6:30 pm. to 8:30 pm

Action: Questions were documented and given to appropriate VA representatives for follow-up action

Topic: Exit Interview with Key Leadership

VA Staff present:

Mr. Doug Wadsworth, Director, Alaska Regional Office
Mr. Alex Spector, Director, Alaskan VA Healthcare System
Mr. Max Lewis, VISN 20 Director
Mr. Chris, Scheibel, VBA, Service Center Manager
Ms. Sharon Helman, Associate Director, Portland, OR
Ms. Marcia Hoffman-DeVoe

Guest:

Jerry Beale, State Veterans Coordinator

Discussion:

- Use of telemedicine in rural areas
 - VHA cannot utilize telemedicine due to the specialty care and need for specialists
- Sending psychiatrists to the villages
 - Unable to accomplish due to the shortage of these positions and staff
 - Addressed the recruitment of psychiatrists but VHA is considering utilizing the Public Health System to place in this specialty position
- Lack of cooperative relationship between VSO's and veterans addressed
- Recommended having a supermarket of benefits fair between VSO and VA with the veterans about their benefits
- Recommended VA conduct more forums with veterans

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- Flags
 - NCA recommended utilizing the Post Office to assist in issuing flags
 - Post Offices are not trained in completing the application and the issuance of flags or replacement flags
 - 12 VSO's (9 in Anchorage, 3 outside) not able to assist in getting flags to villages
- Cultural burial rights and ceremonies
 - It's allowed but not in the open during other on going ceremonies and must abide by the rules of the military post
 - There are national standards and policies as to how cemeteries are operated in reference to ceremonies conducted in internment of veterans
 - No grave site service due to safety reasons (committal service)
- Lack of Alaska Natives employed at VA Regional Office
 - Applications are coming in from urban areas
 - ACMV recommended utilizing the VOC Rehab graduates
 - Currently there are 7/8 people in Voc Rehab and they have 2 people running this office,
 - The lack of personnel to run program
 - Announcing new chief but will take 3 months to transition
 - Included incentive bonuses to relocate to Alaska
 - Provide opportunity to announce vacancies
 - RO will host interns/work study programs
 - ACMV recommended Alaska Regional Office go to IHS to provide outreach

Action: ACMV will request follow-up (VHA, VBA, NCA)