THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

August 29, 2008

Mr. James H. Mukoyama, Jr.
Major General (RET), AUS
Chairman
Advisory Committee on Minority Veterans
4009 Tracey Court
Glenview, IL 60025

Dear General Mukoyama, Jr:

Thank you for reporting on the activities of the Advisory Committee on Minority Veterans for 2008.

Based on my review, it is clear the Committee has been engaged in an aggressive effort to collect relevant data and generate feedback from Department of Veterans Affairs (VA) staff. I am also aware of the excellent support this Committee is providing to VA to enhance the services provided to minority veterans. This Committee has been an integral part of VA policy on the services provided to minority veterans for over 12 years.

For ease of reference, our responses to the Committee's recommendations are presented in the order in which the recommendations appeared in its report. VA will provide copies of this report to the appropriate members of the House and Senate Veterans' Affairs Committees. I commend and thank you and your Committee colleagues for extraordinary work.

Sincerely yours,

James B. Peake, M.D.

Enclosures

REPORT OF THE ADVISORY COMMITTEE ON MINORITY VETERANS

Annual Report

JULY 1, 2008

TABLE OF CONTENTS

Subjects		Page
Executive Summary		3
Part I	Observation & Discussion - Washington, DC Meeting	8
Part II	Observation & Discussion - North Carolina Site Visits	11
Part III	Town Hall Meetings	17
Part IV	Additional Meetings	20
Part V	Exit Interview with Local VA Leadership	22
Part VI	Recommendations and VA Responses	26
Appendix A:	Washington, DC Meeting Agenda	42
Appendix B:	North Carolina Site Visit Agenda	46
Appendix C:	Committee Biographies	50

ADVISORY COMMITTEE ON MINORITY VETERANS (ACMV)

EXECUTIVE SUMMARY

Systemic issues that impact minority veterans disproportionately

In the course of its periodic site visits to VA facilities in different parts of the country with large minority populations, the Advisory Committee on Minority Veterans – hereafter referred to as the ACMV or the Committee – has identified the almost universal presence of three specific issues that impact minority veterans disproportionately. These are: (1) insufficient outreach to minority veterans; (2) incomplete data on the race and ethnicity of minority veterans served and; (3) under-representation of minorities at the upper echelons of VA staff.

Previously, the Committee, having noted their adverse systemic severity, highlighted these issues in its Annual Report of 1 July 2007, as well as in its Interim Report of 6 December 2007. While the degrees to which these factors are present obviously vary from site to site, the Committee has found them to be consistently prevalent throughout the VA, rather than manifestations of local conditions amenable to local remedies.

There is no question that VA has the capability and capacity to resolve those issues. The core concern of the ACMV resides with the apparent lack of directed effort to bring about effective resolution of those issues, which significantly contributes to the dilution of programs towards minority veterans, and which has been discussed in previous reports. The apparent need for direct staff actions on recommendations, on follow up, and on monitoring responses, may be indicative of a climate, which gives the appearance of being not responsive to and concerned about minority issues. The net result of the absence of directed staff action will give the unmistakable perception of underwriting the subordination of minority issues.

Issue 1: Insufficient Outreach

The Committee notes that, by definition, minority veterans constitute a lesser percentage of the total population of veterans being served. Accordingly, managers tend to allocate their finite human resources on adjustable statistical ratios in favor of sound sociological analysis. This leads to an oversight that the level of effort required to educate minority veterans about the services available to them, and to encourage them to seek the services, to which they are entitled, is greater than that required for the rest of the population. The complexity of this is profound and in reality validates the justification for the existence of this Committee.

In dealing with the ever present competition for resources, managers attempt to achieve balance by labeling and tasking the Minority Veterans Program Coordinator (MVPC) as a collateral responsibility. That acknowledges the requirement but does not permit anyone to dedicate the time and effort to the task necessary to achieve the level of progress and success required.

Adequate outreach to minority veterans is a key cornerstone of a successful program. In that context, the Committee's position is that the only way of achieving success is for the Secretary to direct VHA, VBA and NCA to designate the MVPCs as full-time positions at the VAMC, VARO and MSN levels.

Issue 2: Incomplete Racial and Ethnic Data

In its site visits the Committee has been struck by the perception among minority veterans that they are not being provided equal services by "the system;" however, the Committee's ability to address such perceptions continues to be hampered by the unavailability of uniform data about the race and ethnicity of the veteran population being served. The VA General Counsel rendered an opinion that the VA had a requirement to gather such data, but its availability varies substantially by geographic area, and significant disparities exist among the three major VA administrations, and VBA will comply if directed to do so.

The Committee recommends that the Secretary establish uniform criteria for the compilation of racial and ethnic data and that he direct that such information be collected by VHA, VBA and NCA in order to generate useful metrics for self-improvement.

Issue 3: Under-Representation of Minorities on Staff

The Committee notes that in general, minorities are underrepresented in the upper levels of VA regional staffs. Many reasons are advanced for this phenomenon, but the committee finds a regional correlation between insufficient outreach to minority veterans and insufficient outreach to minority candidates to fill meaningful staff positions.

There is no doubt that attaining a greater representation of minorities in higher level positions in regional staffs would have a positive impact on the overall racial and ethnic sensitivity of the VA staff as it serves the minority veteran population. In order to achieve that goal, the Committee recommends that the Secretary establish clear goals, and metrics for their achievement, to be used as factors in the performance evaluations of the senior ranking officials in the three VA administrations.

The members of the Advisory Committee on Minority Veterans were unanimous in their opinion that the three issues raised here are central to enhancing the perception and reality of equal service to minority veterans

throughout the country. The Committee believes that these issues can best be addressed as Veterans Affairs policy matters, and to that end the Committee strongly urges the Secretary to accept and implement these recommendations.

Committee identified twenty-two (22) recommendations:

1. Increasing and funding more full-time Minority Veterans Program Coordinator (MVPC) positions in areas where there is a large minority veteran population. Currently four full-time MVPC positions, out of approximately 300, are funded.

2. The ACMV recommends that the Secretary direct VHA, VBA and NCA to designate the Minority Affairs Coordinators as full time positions at the VAMC, VARO and MSN levels; and that funding for those positions be the responsibility and purview of each agency.

3. Improve transition processing for Reserve and National Guard personnel returning from deployments.

4. Increase outreach, responsiveness, and formal consultation with tribal governments and tribal leaders, particularly in the field. This issue has been the subject of several presidential addresses:

- Richard M. Nixon, "1970 Special Message to the Congress on Indian Affairs,"
- Ronald Reagan, "1983 Statement on Indian Policy,"
- George H.W. Bush, "1991 Statement Reaffirming the Government-to-Government Relationship Between the Federal Government and Indian Tribal Governments,"
- William J. Clinton, Executive Memorandum (April 1994), "Government to Government Relations with Native American Tribal Governments," and Executive Order 13175 (November 2000), "Consultation & Coordination with Indian Tribal Government,"
- George W. Bush, Executive Memorandum (September 2004), "Government-to-Government Relationship with Tribal Governments."

5. Creating awareness of policy on immigrant veterans' benefits and helping to fast track them into citizenship, where appropriate.

6. Support Alaska Natives and Native Americans veterans' and their families' needs for burial at homeland locations.

7. The Secretary and Deputy Secretary mandate that all VA leadership officials' performance be evaluated on their implementation of programs designed to reflect their total commitment to increasing the number and mix of

minorities at the senior staff level. Concurrently, that performance bonuses be linked to VA leadership officials' successes in having the work force mirror the population being served and that VA leaders be encouraged to reflect in their performance plans active programs that promote employee diversity.

8. In order to improve and achieve the representation of minorities on senior staff level, the ACMV recommends that the Secretary establish clear goals, and metrics for their achievement, to be used as factors in the performance evaluations of senior ranking officials in the three VA administrations.

9. The Secretary and Deputy Secretary mandate VA leadership officials to utilize all available means – Internships, Mentoring Program, Executive Career Fields Training Program, Leadership VA, SES Candidate Development Program – to promote the career development of VA employees. The ultimate goal is to increase the number of VA minority group employees in leadership positions throughout the VA.

10. VA establish a tracking system for all programs – Internships, Mentoring Program, Executive Career Fields Training Program, Leadership VA, SES Candidate Development Program – to identify total number and mix of candidates; and that such data includes the number of minorities, which are within the purview of the ACMV.

11. VA's internal and advisory committees should include minority members – of equal rank and stature as other members – reflective of the veteran population being served.

12. VA establish and monitor intensive training program for Senior VA leaders, managers, and their staff, on cultural diversities and language competencies within the veteran population being served.

13. VA employs or trains personnel to be conversant in the predominant language or dialect within its sphere of influence and/or operation in order to assure the highest level of customer service.

14. That the VA analyze its reported VA workforce minority employee statistics to ensure that they are consistent with the Office of Personnel Management (OPM) reporting of workforce minority employee statistics, to insure that accurate conclusions concerning VA minority workforce representation can be drawn from the reported VA workforce minority employee statistics.

15. The Secretary directs VHA, VBA, and NCA to collect demographic data throughout the VA, in accordance, with the VA Acting General Counsel Opinion, Subject: WebCIMS 372917 – Collection of Veterans Ethnic and

Racial Demographic Data, dated March 2, 2007, and inform the ACMV, on the status of the demographic data collection, by the next ACMV meeting in Washington, DC.

16. The ACMV recommends that the Secretary establish uniform criteria for the compilation of racial and ethnic data and that he direct that such information be collected by VHA, VBA and NCA in order to generate useful metrics for self-improvement.

17. That the Department of Veterans Affairs expeditiously implements the VA Acting General Counsel Opinion (Opinion), dated March 2, 2007, which requires the VA to collect ethnic and racial demographic data, from the veteran population that it serves, by voluntary self-identification.

18. VHA provide information that reflects if minority veterans are identified with having PTSD or other diagnoses in percentages proportional to their military population.

19. VHA establish joint venture with DOD and academia to establish work centers of excellence for mental health issues addressed by the ACMV.

20. VA shall incorporate relevant ACMV recommendations into the VA-wide Strategic Plan.

21. That the Center for Minority Veterans (CMV) provide information, on the CMV budget, employee resources and accomplishment of CMV performance measures to the ACMV, during the ACMV annual meeting, in Washington, DC.

22. That the Center for Minority Veterans consider the necessity for sponsoring a Minority Veterans National Conference or Summit to provide outreach and veterans' benefits and assistance information to minority veteran conference attendees, and address concerns and issues adversely affecting minority veterans.

PART I. OBSERVATIONS & DISCUSSIONS - WASHINGTON, DC MEETING

The Advisory Committee on Minority Veterans (ACMV)
November 5-8, 2007
Arlington, Virginia

Background

On November 5 - 8, 2007, the Advisory Committee on Minority Veterans (ACMV) met in Arlington, Virginia. The purpose of this meeting was to address the needs of minority veterans served by the VA.

As the ACMV prepares for its 2008 agenda, we are sensitive to the events and timelines, which may dominate the calendar during 2008. Therefore, elected to provide an interim report, which summarizes five major issues – *Outreach, Diversity, Services, Mental Health to minority veterans, and Strategic Plan* – and outlines our recommendations for each issue.

Issues and ensuing recommendations in this report are similar to those recommendations in the Committee's 2007 report.

I. Outreach

The Indian Health Service's presentation was very informative and gave the ACMV an in-depth look at the issues facing Native Americans and Alaska Natives. The challenge of providing services to a rural and isolated veteran population extends beyond the boundaries of Native Americans and Alaska Natives; it affects all veterans living in rural and isolated areas of the Continental United States, and its territories. We recognize and we compliment the Department for its strides in identifying and implementing systems and programs for rural and isolated areas; yet, challenges continue to affect that minority veteran population.

Information presented to the Committee on issues concerning Homeless Veterans, Women Veterans, OEF/OIF, Faith Based Initiatives, and VSOs were very informative. The question and answers portion of each presentation gave us the opportunity to better assess and determine where recommendations need to be focused in order to meet the needs of minority veterans.

Issues concerning VA Cemeteries show a need for diversity outreach in locations such as: Alaska, Hawaii, Puerto Rico and Virgin Islands as well as Native American sites; which serve minority veterans. Additionally, there is no demographical information for identifying minority veterans who are buried at VA Cemeteries.

II. Diversity

The ACMV appreciates the Department's support of diversity, not only at the senior staff level, but at all levels. The ACMV fully endorses the Department's "goal to have the work force reflect the population being served." However, the lack of diversity in the work force continues to be systemic throughout VA, particularly at the Executive level – GS 13, 14, 15, and SES. Most rationale centers on "inability to attract and recruit minority personnel; non-availability of qualified minority personnel within an area of operation, etc." **This issue has been addressed in past ACMV reports, and as recently as July 2007 with the House Committee on Veterans Affairs, Subcommittee on Health.** Yet, there seems to be no impetus to change or improve the system.

(NOTE: During the ACMV meeting in Arlington, VA, November 5 – 8, 2007 the Office of Diversity Management and EEO Administration, VA, presented data to convey the notion of no real problem with diversity. The ACMV did ask for specific minority data and looks forward to receiving that data and the analysis of the data.)

III. Services

Data collection: Data collection on minority veterans was not standardized throughout VA. The ACMV noted that demographic information on minority veterans was not collected in VBA and NCA. In its March 2, 2007 report **WebCIMS 372917 – Collection of Veterans Ethnic and Racial Demographic Data,** the VA's Acting General Counsel issued its opinion and concluded that the collection of demographic data on minorities did not violate any statutes and, therefore, can and should be done.

During their presentations to the ACMV, the Under-Secretaries for VBA and NCA agreed to put into place the processes to collect demographic data on minority veterans if so directed by the Secretary.

IV. Mental Health

Mental Health – PTSD, Suicide, TBI, and MST presentations. During this particular presentation the Committee was informed that "PTSD, in general, is not an automatic consequence of trauma. All individuals experience trauma at some point in their lives, but a small proportion develop PTSD. However, in the context of combat trauma and repeated, prolonged exposure to trauma, PTSD is a significant possibility and concern." The ACMV is concerned that minority veterans are hesitant to request treatment for PTSD due to the stigma attached with receiving mental health services. Minority veterans often express concern with the possible impact a mental health diagnosis (such as PTSD) may have on future employment. The ACMV is concerned that PTSD among minority veterans may be under diagnosed.

V. Strategic Plan

In coordination with the Secretary or Deputy Secretary designated VA staff and office, the ACMV will identify issues which are relevant for all minority veterans, including women, and submit those issues for incorporation in the VA-wide Strategic Plan.

PART II. OBSERVATIONS & DISCUSSIONS - NORTH CAROLINA SITE VISITS

The Advisory Committee on Minority Veterans (ACMV)
North Carolina – Fayetteville, Salisbury, Winston-Salem – Site Visits
March 31 – April 3, 2008

INTRODUCTION

The Advisory Committee on Minority Veterans' (ACMV) responsibilities includes advising the Secretary and Congress on the administration of VA benefits and services to and for minority veterans. The Committee conducts site visits, conducts town hall meetings, meets with VA officials and Veterans to prescribe and insure that accurate and meaningful recommendations are set forth each year in its annual report to maximize the quality of services to minority veterans.

While the primary purposes were to look at outreach programs and services extended to minority veterans in light of cultural sensitivity and frequency, quality and timeliness of services provided to Veterans, the Committee was exposed to a range of issues, which affected all veterans. The continued appearance of systemic issues and problems noted within the North Carolina VA facilities, and other VA facilities was of concern to the Committee. Those issues and problems have been noted in earlier Committee reports on its visits to VA facilities.

During March 31 – April 3, 2008, the Committee conducted site visits at Fayetteville VA Medical Center, Salisbury National Cemetery, and Winston-Salem Regional Office. The Committee also met with a panel representing the Veterans Services Organizations (VSO) located in and around the Fayetteville area. The Committee held two town hall meetings with veterans in the Fayetteville area and in the Winston-Salem community. The North Carolina Site Visit Agenda is located in Appendix B.

The highlights of the Committee's activities included their visit and tour of the Womack Army Medical Center, Fort Bragg, N.C., and their visit with the Lumbee Tribe of North Carolina. The Committee was invited to a meeting with Tribal Leaders and veterans, and was hosted by the Tribal Chairman at his residence. The Committee expresses its deepest gratitude to the Chairman, Mr. Jimmy Goins, Lumbee Tribe, Tribal Leaders and veterans for their hospitality and graciousness during the visit.

A. SYSTEMIC ISSUES IMPACTING ON MINORITY VETERANS

The members of the Advisory Committee on Minority Veterans are unanimous in their opinion that the three issues raised here are central to

enhancing the perception and reality of equal service to minority veterans throughout the country. We believe that these issues can best be addressed as Veterans Administration policy matters, and to that end we strongly urge the Secretary to accept and implement these recommendations.

ISSUE 1: Under – Representation of Minorities on Staff

The Committee notes that in general, minorities are under-represented in the upper echelons of VA regional staff offices. Many reasons are advanced for this phenomenon but the Committee finds a regional correlation between insufficient outreach to minority veterans and insufficient outreach to minority candidates to fill meaningful staff positions. There is no doubt that attaining a greater representation of minorities in higher level positions in regional staff offices would have a positive impact on the overall racial and ethnic sensitivity of the VA staff as they serve the minority veteran population.

VBA:

A. Winston-Salem Regional Office

The Committee's visit at the Regional Office sustained its observation on the absence of minorities, excluding white females, at the leadership level. It became clear during the Regional Office's presentation that this was not an area of concern. Of note, during the exit brief with the Committee, VA Regional Office staff agreed with the Committee's observations and "promised" to increase the recruitment and hiring of minorities for positions at the leadership level.

The Committee raised issues with the timeline shown for processing disability applications. Data from the Regional Office showed an average of about 137 days from the time the application is received to its' completion. When queried on the availability of individual's health records, the Regional Office stated that, on average, it took approximately 137 days to obtain the records from DoD and begin the evaluation process on veteran's application for disability benefits. This assertion would, in effect, suggest that processing an application for disability benefits takes an average of 280 days, from beginning to "end," rather than 137 days.

The Regional Office attributed the length of time to obtain medical records from the Department of Defense (DoD) and opined that DoD was not responsive to requests for those records. The Committee concluded that, if DoD is the cause of the delay, the issue should be raised at the Joint Committee meetings between the Secretaries of Defense and of Veterans Affairs.

VHA:

B. Fayetteville VA Medical Center

The Committee congratulates Mr. Bruce Triplett, Director of the Fayetteville VA Medical Center (VAMC) for his sensitivities to minority issues and for insuring that minorities were prevalent at and within the executive level. Although the Director's programs were quite notable, there were pockets where the absence of minority veterans was noticeable. For example, Hispanic Americans and Native Americans were not represented in Senior Management positions.

Similarly, Native Americans were not represented at the senior staff level; yet six of the seven employed, occupied "lower level" positions, which did not afford them the opportunity to compete for higher positions. This was exacerbated by the perceived reluctance to interview and hire qualified Native Americans. When advised of those situations, the Director promised to take immediate action to remedy those issues, wherever possible.

NCA:

C. Salisbury National Cemetery

Mr. Gregory Whitney, Director, Director of the Salisbury National Cemetery, provided the Committee an excellent presentation of his role and responsibilities. His management of all activities within his purview was noteworthy. The Committee noted his strides to minimize the emotional stress, and in some situations, relieved family members of the stress that accompanies the myriad of paperwork and activities required for burial. Several letters were testimonies to the Director's sensitivity, administrative prowess, and his understanding of the pain, which accompanies the loss of a loved one. Of significance was the decorum and the military courtesy extended to family members and "guests" at the grave site. A VSO bugler played taps and honored each passing veteran with a moving testimonial rendered by a VA cemetery trained volunteer.

The Salisbury National Cemetery was a shining example for honoring our warriors and our Veteran warriors.

ISSUE 2: Incomplete Racial and Ethnic Data

During its site visits, the Committee has been struck by the perception among minority veterans that they are not being provided equal services by "the system;" however, the Committee's ability to address such perceptions continues

to be hampered by the unavailability of uniform data about the race and ethnicity of the veteran population being served. The Committee understands that the VA General Counsel rendered an opinion that the VA had a requirement to gather such data. Yet, its availability varied substantially by geographic area, and significant disparities existed among the three major VA administrations, with VBA being the most resistant to the gathering of the data.

VBA:

A. Winston – Salem Regional Office

The Regional Office does not collect racial and ethnic data. During the meeting in Washington, DC, November 5 – 8, 2007, the Committee recommended that "The Secretary directs VHA, VBA, and NCA to collect demographic data throughout the VA, in accordance, with the VA Acting General Counsel Opinion, Subject: WebCIMS 372917 – Collection of Veterans Ethnic and Racial Demographic Data, dated March 2, 2007, and report back to the ACMV, on the status of the demographic data collection, at the next ACMV meeting in the National Capital Region (NCR).

VHA:

B. Fayetteville VA Medical Center

Improper classification of Native Americans – Native Americans, who reported for care at the VAMC in Fayetteville, were improperly classified. Review of data by members of the Lumbee Tribe of North Carolina and reports from Native American veterans sustained that those veterans were classified as Caucasians, and not as Native Americans. This improper classification and reporting denies Native Americans their place in our society and is contrary to statutes, policies and regulations governing the classification and reporting of Native Americans, and of minority veterans. **Note:** VHA has committed to correcting these errors

NCA:

C. Salisbury National Cemetery

The Director acknowledged the need for such data and agreed to put in place processes to collect that data.

ISSUE 3: Insufficient Outreach

The Committee recognizes that, by definition, minority veterans constitute a minority of the total population of veterans being served, and acknowledges

that managers will tend to allocate their finite human resources where the greater return is perceived to exist. Therein lays the rub, because the level of effort required to educate minority veterans about the services available to them, and to encourage them to seek the services to which they are entitled, is greater than that required for the rest of the population. The reasons for this are complex and will not be developed here, but that reality is the justification for the existence of this Committee.

Left to their own devices, many managers attempt to balance the competing demands for their human resources by making the Minority Veterans Program Coordinator (MVPC) a collateral responsibility. That acknowledges the requirement but does not permit anyone to dedicate the time to the task necessary to achieve the level of progress required.

In this context, adequate outreach to minority veterans is the cornerstone of success. The Committee is convinced that the only way of achieving it is for the Secretary to direct VHA, VBA and NCA to designate the MVPC as full time positions at the VAMC, VARO and MSN levels.

VBA:

A. Winston – Salem Regional Office

Outreach at all activities was a collateral duty, and not a full-time position. The Regional Office (RO) stated that it had a lack of black women in leadership positions, and that its biggest concerns were Latino women and men. The Committee was unable to substantiate efforts to target and recruit shortfalls in minority staffing.

The Committee acknowledged that the Regional Office had conducted four job fairs at local universities and Fort Bragg, and that its labor force (Relative Civilian Labor Force) favorably compared with the labor force in Greensboro/Winston Salem/High Point area. The RO staff admitted to having no active outreach program to attract, recruit or train American Indians or Latino candidates for its Management Program.

The Committee was impressed with the performance of Ms. Sharon Butler-Norwood, the MVPC at Winston – Salem Regional Office. Her program and efforts were splendid. Her focus was the veteran, and she was doing all possible to reach out to veterans. If she could not complete her tasks or activities during normal duty hours, she used her own personal time to do so. The Committee recognized and complimented her for her breath of the program, attempt at reaching all veterans within her sphere of influence, enthusiasm for the program, and ability to juggle a full-time position with a collateral position. The Committee was concerned (and did express that concern) that her efforts had not been recognized by the senior leadership

at the Regional Office. At the exit brief with the Committee, representatives of the Regional Office agreed with the Committee, and promised to consider funding the position as a full – time position.

VHA:

B. Fayetteville VA Medical Center

The Director agreed to evaluate the need of a full-time position at the Medical Center.

NCA:

C. Salisbury National Cemetery

The Director needs only a part-time MVPC.

PART III. TOWN HALL MEETINGS

DISCUSSION: The Committee held two Town Hall meetings with veterans – the first meeting was held in Fayetteville and the second meeting was held in Winston-Salem, North Carolina.

1. Fayetteville Holiday Inn I-95, Conference Rooms I, II, III

The Committee held a Town Hall meeting with Veterans on Monday, March 31, 2008, from 6:30 p.m. to 8:30 p.m. Attendance suggested an aggressive outreach effort to inform veterans. There were approximately 130 veterans – African American, Native American, Asian American, and Caucasian – in the meeting hall.

A. Representatives included:

(1) The VA, which was represented by:

Dr. Dave Raney, Communications Officer, VISN 6 Representative
Mr. Bruce Triplett-Director, Fayetteville VAMC
Ms. Norma Byrd, Public Affairs Office
Mr. BJ Parker-Chief, Health Administration
Mr. Jim Belmont-VA/DoD Sharing Agreements
Mr. Jerry Fountain-Wounded Warrior Program
Ms. Nina Tann-VBA
Mr. Daryl Ford- Minority Veterans Program Coordinator
Mr. Eugene Paul- Minority Veterans Program Coordinator
Mr. Greg Whitney- Director, Salisbury National Cemetery

(2) VSO's represented:

DAV
VFW

(3) Lumbee Tribe of North Carolina:

Mr. Jimmy Goins, Tribal Chairman

(4) Other attendees:

Cumberland County Service Officer
Mr. Joe Wright, PVA

B. Veterans' Issues:

CMV staff identified each veteran and his/her related issue. Because of privacy issues, ACMV will not include any information on Veterans and their complaints/issues. CMV staff has collected and catalogued all issues presented at the town halls, and will distribute those, under separate cover, to the respective local VA administration for action.

In general, issues address the following areas:

- Incorrect location given for town hall meeting which limited attendance.
- Mental health.
- Denying access to VAMC. The widow of a Lumbee Tribe Veteran related how her husband, a Vietnam veteran in the Lumberton Hospital, was denied admission at the Fayetteville VAMC and transferred to a local facility.
- Low Intensity Conflicts – Time served during classified missions (counter intelligence agent) and because of sealed records, were unable to file claim or claim was denied.
- Unaware of VA services in North Carolina.
- Rehabilitation training.
- Vocational rehabilitation.
- Eligibility and status of VA claims.
- Assistance in obtaining medical records to apply for benefits.
- Status of legislative actions regarding allotment for Native Americans.
- Improper classification of Native Americans, as Caucasians.

2. <u>Winston-Salem Marriott, Hearn Grand Ballroom</u>

The Committee held a Town Hall meeting with veterans on Wednesday, April 2, 2008, from 6:30 p.m. to 8:30 p.m. At the Regional Office, in Winston-Salem, the limited number of veterans in attendance suggested a tentative and ineffective outreach program to advertise the sessions with the veteran population. The number of veterans in attendance did not exceed six. Of concern was that the numbers of veterans in the same building complex were unaware of the town hall session.

A. Representatives:

(1) <u>The VA, which was represented by:</u>

VA Regional Office staff
Mr. Gregory Whitney, Director & MVPC, Salisbury National Cemetery
Mr. Andy Roberts, MVPC, Salisbury VAMC

Mr. Darrell Ford, MVPC, Fayetteville VAMC

B. Veterans' Issues:

CMV staff identified each veteran and his/her related issue. Because of privacy issues, the Committee will not include any identifying information on veterans. CMV staff has collected and catalogued all issues presented at the town halls, and will distribute those, under separate cover, to the respective administration for action.

In general, issues address the following areas:

- A veteran who served in Desert Shield/Desert Storm had seven surgeries. She shared her frustration that no one could tell her what was wrong. She now has degenerative arthritis in her feet, migraines, and still fighting VA for her compensation.
- A veteran stated he received letters from VA informing him that they are working on his claim but received no information regarding the town hall meeting. His concern was that VA denied his claim for dependency for child even though he is paying child support.
- A Navy veteran, who has worked at the VA for six months, had a shaving profile in the military but was denied disability for a skin condition. If it was a medical issue in the military, how come I am being denied?
- A female veteran wanted to know why she wasn't selected or hired for positions within VA. (Note: The HR representative indicated follow-up action.)
- A veteran requested that the Secretary develop a central location for VA employees to have their claim processed instead of farmed out to neighboring VAROs. As an employee, we cannot call the 1-800 number. Also, establish a toll free number for VA employees with claims to call. Employees have to go to their supervisor to check on the status of their claim.

PART IV. ADDITIONAL MEETINGS

On Monday, March 31, 2008, the Committee met with a panel of Veterans Services Organizations (VSO's) at the Fayetteville VAMC. On Tuesday morning, April 1, the Committee met with the commander and designated staff of Womack Army Medical Center and had the opportunity to tour the medical facility. In the afternoon, the Committee met with Tribal members of the Lumbee Tribe of North Carolina located in Pembroke, North Carolina.

1. Panel of Veterans Services Organizations (VSO's):

The Committee met with Mr. Wally Johnson, Adjutant Executive Officer of Disabled American Veterans (DAV), representing the VSO's in the Fayetteville, North Carolina, area of operation. The DAV's goal is to build better alliance for our Nation's veterans and their families. The DAV consisted of disabled American men and women veterans. Its membership was approximately 1.3 million veterans.

2. Womack Army Medical Center, Fort Bragg, North Carolina:

The Committee's visit and tour of Womack Army Medical Center was informative and emotional. The Committee was impressed by the dedication of all personnel it met during the visit. The Committee extends its gratitude to all staff and to injured warriors for a memorable experience.

Colonel Walton, Commander, presented a very comprehensive brief on the facility. Womack Army Medical Center, Fort Bragg, North Carolina, is the largest Medical Center within the Army Medical Department, with approximately 3000 employees. Under BRAC, Womack Army Medical Center will assume responsibilities for the Health Clinic at Pope Air Force Base.

Lieutenant Colonel Jay Thornton, Commander, Warrior Transition Battalion, provided the Committee a historical perspective on the activation, organization and mission of the Battalion.

3. Lumbee Tribe of North Carolina, Pemberton, North Carolina

The highlight of the Committee's activities was its visit with the Lumbee Tribe of North Carolina. The Committee held a meeting with the Tribal Chairman and various members of the Tribe. After the meeting, the Committee attended an event sponsored by the Lumbee Warriors Association, and which was hosted by the Tribal Chairman at his residence. The Committee expresses its deep gratitude to the Lumbee Tribe of North Carolina for its hospitality, its graciousness, and the events. The Committee also extends its deepest gratitude to the Tribal Chairman and Mrs. Goins for their hospitality, the unique

demonstration of Tribal customs, and the opportunity to interact with members of the Tribe.

A. Representatives:

(1) The VA was represented by:

Mr. Bruce Triplett, Director, VAMC
Ms. Rosalyn Cole, Associate Director, VAMC
Mr. Darrell Ford, Minority Veteran Program Coordinator (MVPC)

(2) The Lumbee Tribe of North Carolina:

Mr. Jimmy Goins, Tribal Chairman
Ms. Natascha Tilson, Director of Elders Services
Ms. Tammy Maynor, Tribal Administrator
Tribal Members
Tribal Veterans
Representatives, Tribal Veteran Services Organizations (VSOs)

B. Veterans Issues

In general, issues address the following areas:

- Improper classification of Native Americans. Native Americans, who reported for care at the VAMC in Fayetteville, were improperly classified. Review of data by members of the Lumbee Tribe and reports from Native American veterans sustained that those veterans were classified as Caucasians, and not as Native Americans. This improper classification and reporting denies Native Americans its place in our society and is contrary to statutes, policies and regulations governing the classification and reporting of Native Americans, and of minority veterans.

- There was a sensing that if this situation existed in North Carolina, it may also be prevalent at other VA facilities. VA must insure that Native Americans are properly classified and reported, and that data on minority veterans is consistent with statutes, policies and regulations.

PART V. EXIT INTERVIEW WITH LOCAL VA LEADERSHIP

1. Holiday Inn I-95 Conference Room Section III, Fayetteville, NC

The ACMV met with key VA staff on April 3, 2008, at the Fayetteville Holiday Inn I-95 Conference Room Section III. The purpose of the meeting was to allow the VA staff to present issues, comments, and recommendations from a staff perspective.

A. Remarks of the Advisory Committee on Minority Veterans:

(1) General

- Most striking was the tenor of Town Hall meeting, Fayetteville, NC. Veterans' presence was striking and showed great determination on the part of the VAMC to encourage maximum attendance.
- There were several VHA issues, which were, for the most part, handled during the meeting
- The majority of issues seem to target VBA and its processes.

(2) Outreach

- Hiring/Staffing diversity/goals:
    - Connect with minority Veterans, and recognize percentage of efforts vis a vis demographics, which is the ACMV's charter.
    - Involve VSO's, churches, community and tribal leaders.
    - Outreach cannot be done on a part-time basis.

(3) ACMV is concerned about the unavailability of valid racial/ethnic data for useful metrics/self-evaluation, as required by the VA General Counsel opinion.

(4) Applauded the expended use of telemedicine and other diagnostic "tests" to improve services provided beneficiaries.

(5) Applauded the cooperation and working relationship between theVAMC and Womack Army Medical Center. Applauded resource sharing agreements with Womack, but questioned reimbursement practices between VA and DOD. VHA staff's comments suggested that VA can, indeed, reimburse DOD.

(6) Took note of the increased functionality of electronic health records. Inquired about the possibility of achieving electronic transfer of what VA needs from DOD, as Veterans flow into VA system.

(7) Questioned the practice of hiring Veterans at the VAMC, Fayetteville, and the Regional Office, Winston-Salem, which, at both locations, did not appear to be followed. The hiring of Veterans was a mandatory edict for all federal agencies.

(8) Personnel accountability – supervisors, subordinates – did not appear to be stringent. Comments suggested that a mid-year performance review was conducted; however, there was minimal evidence – derived from staff's comments – that supervisors and subordinates were being held accountable for and in job performance.

(9) Applauded the Director, VAMC, in his quest to have a diverse staff at all levels of the organization. Recommended that effort be directed at hiring Native Americans. The Director committed to do that.

(10) Questioned the requirement for a "V" device on Air Medal, before accepting Veteran's claims of having participated in combat, and therefore eligible for benefits. This issue was in response to a Veteran's claim that he had been awarded 9 Air Medals, without a "V" device, which disqualified his application for benefits.
The ACMV perceived, and VBA's staff comments suggested, that the Regional Office staff focused on the most demanding interpretations of the rules (CFR) to adjudicate Veteran's claims. The ACMV held the opinion that VBA/RO's focus should be on helping the Veteran make his/her case.

(11) Applauded the MPVC – Ms. Sharon Norwood – for her superb efforts in fulfilling her duties. Ms. Norwood was a part-time MPVC, which required her to spend an inordinate amount of personal time to establish an effective and far-reaching program. Recommended that the RO's MPVC be designated as full-time. RO's staff indicated that they will endeavor to do so.

(12) Applauded the Director, National Cemetery, in his quest to have a fully diverse staff, and in his efforts to manage the emotional trauma felt by parents, loved ones. Suggested that he provide a name and direct phone number, rather than the 800 number, to next-of-kins, when they have the need to contact VBA counselors.

(13) Applauded the VISN's commitment to diversity and to Veterans.

B. VA STAFF's COMMENTS

(1) VISN

- Representative of the VISN Director:
  - Apologized for the Director's inability to attend.
  - Emphasized the collaborative relationship between entities in the VISN.
  - Stated that the VISN is committed to promote diversity at all levels, to welcome Veterans, and to work closely with DOD for seamless transition of military to VA.
  - The VISN does not tolerate absence of courtesy, and needs more customer service orientation.
  - Hiring practices must be improved.
  - MPVC is a part-time position at VISN level.

(2) VAMC

- The Director, Fayetteville VAMC, commented that:
  - Space was an issue at the VAMC.
  - CBOC was programmed to support Veterans of the Lumbee Tribe, and other Veterans located in the area.
  - There were immediate challenges for OEF/OIF; but felt confident that those challenges could be resolved.
  - He was proud of the make-up of his staff and subordinates, reflecting a great mix of personnel, and of diversity at the VAMC. He recognized the need to hire a highly-qualified Native American counselor.
  - He was sensitive to the make-up of the surrounding communities, and would take a hard look at cultural competency of the VAMC staff.
  - There was excellent collaboration and relationship with Womack Army Medical Center.

- He stated that challenges between VA and DoD are addressed at senior leadership levels between the Departments.

- Staff diversity among the senior grades of VA remains a area of focus.

(3) VBA

- Ms. Kimberley Albert represented the Acting Director and commented that:

  - Diversity may be an issue at the RO.

  - MPVC is a collateral duty. However, RO will endeavor to promote to full-time status, using RO's resources.

  - Was disappointed with the attendance at the Town Hall meeting, and agreed that the RO did not endeavor to publicize the meeting to Veterans in and around the area.

  - Indicated that timely receipt of medical records from DOD was a major issue. On average, DOD forwards medical records 137 days after submission of the VBA request. The ACMV noted that, with an average processing time – about 137 days – of a Veteran's initial application for benefits, almost 280 days will have elapsed before the Veteran is advised of the status of his/her application. The ACMV questioned the timely processing of a Veteran's application for benefits.

  - RO will provide all data and information requested by the ACMV.

PART VI. RECOMMENDATIONS AND VA RESPONSES

The Committee recommends the following:

Recommendation 1: Promote culturally and geographically relevant outreach programs and efforts throughout the VA by increasing and funding more full-time Minority Veterans Program Coordinator (MVPC) positions in areas where there is a large minority veteran population. Currently four full-time MVPC positions, out of approximately 300, are funded.

VA Response: Concur In Principle

Veteran Benefits Administration has MVPCs assigned to VA Regional Offices (VARO). In October 2007, the Center for Minority Veterans implemented the electronic MVPC Quarterly Report. This report was designed to track ongoing outreach activities in VA that improve minority veterans' awareness and access to VA services. In addition, the MVPCs must develop an operation plan of their strategies and goals to:

(1) address access and participation of minority veterans in VA programs;
(2) train VA employees focusing on sensitivity to the needs of minority veterans;
(3) identify gaps in transition assistance for all service members and veterans;
(4) meet with facility leadership to inform and discuss trends o patterns, correct deficiencies, and address the concerns/issues related to minority veterans.

If a need is demonstrated, it will be assessed by local management.

National Cemetery Administration (NCA) has 77 MVPCs system-wide, with a majority of them serving concurrently as the Director of the national cemetery. MVPCs are also partnering with local medical centers and regional offices. They are steadily increasing their outreach activities in their respective regions. Veterans Benefits Administration (VBA) has MVPCs at each of its 59 regional offices. Local management works with the MVPCs regarding time needed to attend minority veteran events and/or assist minority veterans. Currently, the need for a full-time MVPC position in VBA has not been demonstrated. NCA will designate one MVPC as a full-time position in the VACO Office of Field Programs.

Veterans Health Administration (VHA) has MVPCs throughout its medical facilities. Four of these individuals are in full-time positions. 10N will review the need to have full-time MPVCs.

As stated by the ACMV the complexity of this problem is profound nevertheless not resolvable. The Department of Veterans Affairs (VA) has a very proactive approach to its outreach services.

In 2006, the Department unveiled the Community Prosperity Program (CPP). The chief purpose of CPP is for VA to work directly at the local community level and create a framework for affinity organizations, veterans service organizations, federal, state, and local governments, institutions of higher education, and the private sector to collaborate on mutually supportive programs, education, employment, health for American's veterans and dependents.

In addition to CPP, VA continues to support aggressively the minority community monthly national job fairs and health expos supporting veterans and local community needs. The key during all these events are presentations on the VA's current information regarding veteran benefits and health services.

The Department continues to work with minority groups to assess activities that will improve VA's delivery service through heightening outreach and awareness to the local minority community and veteran interest. VA's appraisal of these national events is that they provide excellent outsources for field facilities on the latest programs and activities supporting local communities and specifically, our Nation's veterans.

The Department continues to explore ways to reach out and expand its awareness and outreach efforts supporting its homeless, PTSD, new GI Bill, Vocational Rehab Services, to name a few.

Recommendation 2: The ACMV recommends that the Secretary direct VHA, VBA and NCA to designate the Minority Veteran Program Coordinators as full time positions at the VAMC, VARO and MSN levels; and that funding for those positions be the responsibility and purview of each agency.

VA Response: See response for Recommendation 1 above.

Recommendation 3: Improve transition processing for Reserve and National Guard personnel returning from deployments.

VA Response: Concur In Principle.
One of VBA's largest areas of outreach is to Reserve and National Guard personnel. VBA has assisted in the national training of Transition Assistance Advisors for the National Guard and regional offices have developed local memorandums of understanding (MOU) with National Guard units. VBA is working on a national MOU with the Army Reserve. In the near future, VBA will begin working on national MOUs with other branches of the Reserve forces.

The VHA Office of Outreach has begun several initiatives to ensure Guard/Reserve members separating from active duty receive information about VA and encourage enrollment for health care. These include:

- Letters are sent to those on the Physical Evaluation Board (PEB) roster to encourage enrollment into VA health care.
- VA participates in Post Deployment Health Readjustment Assessment (PDHRA) events.
- VA staff participates in reintegration programs.
- VA staff continues collaboration with the National Guard/VA Transition Assistance Advisors who are VA trained outreach coordinators in each State.
- VA staff collaborates with Warriors in Transition and those injured in Warrior Transition Units.
- VA staff conducts town hall meetings and training conferences with Guard/Reserve Family Programs.
- VA staff links Army and Marine Point of Contacts (POC) with OEF/OIF Program Managers at VA medical center and VISNs.
- Future initiative: Geo-mapping of home of record for those OEF/OIF veterans living in rural areas to identify those in need of services.

There are many individuals returning from current deployments who are unaware of VA services and benefits and how to access these services. Locating those living in rural areas will allow VA to provide health care services or authorize care through civilian health care resources.

Recommendation 4: Increase outreach, responsiveness, and formal consultation with tribal governments and tribal leaders, particularly in the field. This issue has been the subject of several presidential addresses:

- Richard M. Nixon, "1970 Special Message to the Congress on Indian Affairs,"
- Ronald Reagan, "1983 Statement on Indian Policy,"
- George H.W. Bush, "1991 Statement Reaffirming the Government-to-Government Relationship Between the Federal Government and Indian Tribal Governments,"
- William J. Clinton, Executive Memorandum (April 1994), "Government to Government Relations with Native American Tribal Governments," and Executive Order 13175 (November 2000), "Consultation & Coordination with Indian Tribal Government,"
- George W. Bush, Executive Memorandum (September 2004), "Government-to-Government Relationship with Tribal Governments."

VA Response: Concur

VA's Assistant Secretary for Public and Intergovernmental Affairs is the staff official responsible for managing relations with tribal governments and their leaders.

The Center for Minority Veterans (CMV), and its American Indian/ Alaska Native Liaison (AI/AN), serve as advocates for American Indian veterans. The CMV staff serves as advisors to the Secretary on policy and program initiatives impacting American Indian/Alaska Native veterans' issues.

The NCA Central Office MVPC Liaison attended the Administration on Aging: Office for American Indian, Alaskan Native and Native Hawaiian Programs conference to discuss various issues/concerns affecting the American Indian, Alaskan Native and Native Hawaiian communities. NCA along with VHA and VBA provided information at the conference on the various services and benefits that VA provides. Each administration also participated in a Q&A session and conducted briefings. VA will be participating in this year's conference as well. VBA outreach coordinators will continue to participate in various events to reach Native American veterans such as VA benefits briefings on reservations and meetings with local Native American groups. VHA monitors and encourages Veterans Integrated Service Networks (VISN) to support outreach activities and clinical interventions to improve access for Native Americans (NA) and Alaska Natives to VA medical services. The following lists specific activities reported for fiscal year (FY) 2007, 4th Quarter.

Improving Access

Fourteen of seventeen Networks[2] reported active engagement in The following access-related outreach activities:

- Enrollment Tracking (VISN 1, 2, 3, 11, 16, 18)
- Identifying AI/NA population in service area (VISN 16, 21); OEF/OIF Dual Eligible veterans (VISN 21*)
- Native American Talking Circle contacts (VISN 1)
- VA Post Traumatic Stress Disorder (PTSD) article (# 2) for Tribal newspaper (VISN 18*)
- Needs Assessment Surveys (VISN 3)
- POW WOWs (VISN 18, 3)
- Meetings/conference calls/Liaison work by various VHA program staff with Indian Health Services (IHS) program and Tribal representatives (Ongoing - All reporting VISNs; New contacts VISN 1, 18, 19, 21*)
- Vet Center Outreach (VISN 23)
- VHA Eligibility Educational Workshops & VBA Benefits screenings (VISN 18*, 19, 20)
- VHA/VBA Tribal Representative Program expansion and training (VISN 18*, 20)

- Veteran Service Organization (VSO)/Tribal VSO Training (VISN 23*)
- Credentialing & Training of Indian Health Services MD.s in Computerized Patient Records System (CPRS) (VISN 6)
- Expanded CBOC hours of operation and/or services (VISN 12, 15)
- Community based Outpatient Clinics (CBOC) located near Tribal areas (VISN 11, 16, 18*, 23*)

Clinical Interventions

Seven Networks reported new/ongoing disease-specific or prevention services as components of access improvement initiatives:

- Prescription support MOU with multiple Tribes (VISN 20)
- Compensation &Pension Exams (VISN 11*)
- Health Fairs (VISN 3, 16)
- Mental Health and Mental Telehealth services (VISN 12)
- Traditional Healing/Sweat Lodge (VISN 22)
- AI/AN RN Coordinator Home Visits (VISV 18)

Negotiations/Planning Phase

Four Networks are in the planning/negotiation process of new access initiatives:

- New outreach initiatives to specific Tribes (VISN 21, 22)
- Telepsychiatry (V1)
- Transportation Program (VISN 21, 22, 23)
- VA MD assigned to Tribal Health Clinic (VISN 21)
  2 - 17 VISNs as 4 (V4/5/9/10) of the 21 VISNs are exempt from this monitor.

The Office of Rural Health (ORH) acknowledges the challenge of providing services to rural and highly rural veteran populations, including Native Americans and Alaska Natives. The ORH is working specifically to coordinate delivery of services with VHA program offices and field units to address these needs and to ensure the needs of rural veterans are being considered as program development and implementation takes place. The role of the ORH is to provide policy, guidance, and oversight within VHA to enhance the delivery of care by creating greater access, engaging in research, promulgating best practices and developing sound and effective policies to support the unique needs of enrolled veterans residing in geographically rural areas.

Also, since 2003, VA and the Department of Health and Human Service's Indian Health Service have worked together under a formal agreement that encourages cooperation and resource sharing between the two agencies. Under the agreement, VA and IHS work to improve health care for rural American Indian and Alaska Native Veterans, including those who live in rural and very rural areas.

Several specialized initiatives are underway in the Alaska VA Healthcare System:

- The Alaska VA Healthcare System has conducted a mailing on VA benefits, including health care, to minority veterans. As it has done for the last 5 years, in October the system will have an outreach table at the annual Alaska Federation of Natives conference.

- The primary focus of the Alaska VA Healthcare System's outreach was to prepare rural communities for returning National Guard troops deployed to Kuwait. Clinicians were part of a team making presentations in several communities. The team attended two community "Welcome Home" events in November – in Kenai, Alaska and Ketchikan, Alaska.

- Health care system employees conducted an outreach program for veterans of the wars in Afghanistan and Iraq on post-traumatic stress disorder (PTSD) and a reintegration presentation in December at Manilaq Health Corporation in Kotzebue. The VA Chaplain and the Transition Patient Advocate traveled to Bethel on February 6, 2008 and discussed VA services at a meeting of the Moravian Church Synod. Under an agreement with the Alaska State Department of Military and Veterans Affairs, outreach staff will accompany National Guard staff visiting remote armories in Bethel, Juneau, and Nome.

- VA has current outreach activities including those administered through VHA Program Offices and Field Units. For example, VA currently engages in outreach to American Indian and Alaska Native veterans and has developed the peer-based Tribal Veteran Representative Outreach Program (TVR). This program provides outreach, peer assistance, and information on VA benefits through representatives endorsed or sponsored by recognized Tribal organizations. VA is proud to support this program as it continues to grow. Last year TVR trained a group of representatives to conduct outreach to Native Americans. Similar programs are in place at in other parts of the VA system serving substantial numbers of Native Americans.

The Alaska VA Healthcare System also holds community events that include outreach to minority veterans and other veterans. It will conduct five community forums in 2008, beginning in January. The first forum focused on helping veterans access VA health care and benefits. Topics for future sessions include post-traumatic stress disorder, traumatic brain injury, and suicide prevention.

Recommendation 5: Creating awareness of policy on immigrant veterans' benefits and helping to fast track them into citizenship, where appropriate.

VA Response: Concur In Principle

Assistance with obtaining US citizenship is not within VA's purview. However, information on the naturalization preference for those who served in the U.S. military and are lawful permanent residents is provided in the Federal Benefits for Veterans and Dependents book. The current issue of the Federal Benefits book provides a link to the U. S. Citizenship and Immigration Services (USCIS) Web site which provides information on how to apply for U. S. citizenship.

USCIS Web link:
http://www.uscis.gov/military

Minority Veterans Program Coordinators (approximately 300) have been provided this information to make available during outreach activities with veterans in their service areas. This USCIS information includes a fact sheet and the USCI web link.

Recommendation 6: Support Alaska Natives and Native Americans veterans' and their families' needs for burial at homeland locations.

VA Response: Concur
During the first week of April 2008, NCA provided information to the Director for Veterans Services for the State of Alaska regarding the State Cemetery Grants program for a possible state cemetery in the future.

NCA along with VHA and VBA provided the Director for Veterans Services for the State of Alaska information on the various services and benefits that VA has available. Each administration also participated in a Q&A session and conducted briefings. VA will be participating in this year's Office for American Indian, Alaskan Native and Native Hawaiian Program conference as well.

Recommendation 7: The Secretary and Deputy Secretary mandate that all VA leadership officials' performance be evaluated on their implementation of programs designed to reflect their total commitment to increasing the number and mix of minorities at the senior staff level. Concurrently, that performance bonuses be linked to VA leadership officials' successes in having the work force mirror the population being served and that VA leaders be encouraged to reflect in their performance plans active programs that promote employee diversity.

VA Response: Concur In Principle
Senior Executives are evaluated on the implementation of effective affirmative employment programs within their organizations to meet equal employment opportunity and diversity goals, and compliance with merit system principles. Additionally Senior Executives are accountable for ensuring diversity in executive level committees and ensuring that qualified and high potential applicants in all succession and workforce development initiatives reflect the diversity of the local workforce.

Recommendation 8: In order to improve and achieve the representation of minorities on senior staff level, the ACMV recommends that the Secretary establish clear goals, and metrics for their achievement, to be used as factors in the performance evaluations of senior ranking officials in the three VA administrations.

VA Response: Please see response to Recommendation 7.

Recommendation 9: The Secretary and Deputy Secretary mandate VA leadership officials to utilize all available means – Internships, Mentoring Program, Executive Career Fields Training Program, Leadership VA, SES Candidate Development Program – to promote the career development of VA employees. The ultimate goal is to increase the number of VA minority group employees in leadership positions throughout the VA.

VA Response: Concur
The VA Strategic Plan FY 2006-2010 contains, Objective E.1, which states- Recruit, develop, and retain a competent, committed, and diverse workforce that provides high-quality service to veterans and their families. A section under this objective states that VA will "Promote workforce diversity to ensure that our workforce reflects the veteran population we serve."

NCA Human Resource and Education/Training has consistently provided internship programs and career development training opportunities designed to prepare employees presently in lower grades, GS 7 through GS 12, with the knowledge and skills necessary to perform successfully in senior level positions, GS 13 through GS 15. The majority of minorities that occupy the lower grades take full advantage of NCA's career development opportunities. NCA is on target to provide opportunities for all employees, to include, women and minorities in the leadership pipeline, to fill senior level positions as they become available. NCA employees have consistently applied and have been selected for the Leadership VA program on an annual basis and achieved successful completion. NCA is committed to increasing the representation of groups who have lower than expected participation.

In his annual Equal Employment Opportunity (EEO) Policy Statement to all VBA employees, the former Under Secretary for Benefits, declared his personal commitment to meet legal requirements and directives of the STET Commission. "Experience has taught me that the uniqueness of each employee is an asset of incalculable worth. I am firmly committed to creating an environment within VBA that is free of discrimination, where all employees are provided with an opportunity to develop, perform, and advance to their maximum potential without regard to race, national origin, color, gender, age, religion, disability status, or sexual orientation."

VBA's Assistant Director Development (ADD) Program is designed to help high-performing employees in Grades 13, 14 or 15 with management experience and leadership potential to prepare for future Assistant Director positions in Regional Offices. It provides the opportunity to meet VBA's goal of improving the opportunities for advancement of women, minorities, and persons with disabilities in leadership roles. The ADD Program enables participants to prepare for the Assistant Director position through classroom training, e-learning, self-development, individual and group projects, and detailed assignments.

VBA's Leadership Enhancement and Development (LEAD) Program is designed to enhance the leadership potential of high-performing employees in mid-level grades. It also provides an opportunity to meet VBA's goal of improving the opportunities for advancement of women, minorities, and persons with disabilities in leadership roles. The LEAD Program enables participants to develop their leadership skills through classroom training, individual and group projects, and shadowing assignments.

The Loan Guaranty Service (LGS) offers non-supervisory LGS field employees at the GS 9-12 levels an opportunity to participate in the Loan Guaranty Leadership Enrichment Program. This program is designed to identify and develop a diverse cadre of potential future leaders within the LGY program.

The Vocational Rehabilitation and Employment (VR&E) Managerial Enhancement Program (MEP) is designed to identify and enrich a diverse cadre of potential future leaders within the VR&E workforce. The program is designed for non-supervisory VR&E regional office personnel at the GS 11-12 level in the following positions: Vocational Rehabilitation Counselor, Counseling Psychologist, Employment Coordinator, and Management Analyst.

VBA regional office (ROs) and Central Office personnel may participate in three internship programs. The programs include the Hispanic Association of Colleges and Universities (HACU), Minority Access, Inc. (MAI), and the Workforce Recruitment Program (WRP) for Disabled College Students. VBA's primary responsibility in these internship programs is to ensure the development of work plans that incorporate meaningful and challenging work assignments for interns, and to provide high quality and consistent supervision so that the interns' work experiences are rewarding.

In VHA, Executive Career Field (ECF) Part D and Element Three – High Performance Development Model (HPDM) Key Core Competencies (Critical Element) in the Network Directors and Chief Officers' Performance Plans are designed to evaluate VHA executives, and list the actions the Senior Executives have taken personally to effect positive change and improve overall organizational performance in the VHA's HPDM key core competencies.

In the area of organizational stewardship, an executive rated "successful" is sensitive to the needs of individuals and the organization and provides services to both; assumes accountability for self, others, and the organization. The executive demonstrates commitment to people and empowers and trusts others.

VHA has implemented system-wide measures for ensuring compliance with merit promotion principles, affirmative employment, equal opportunity, and diversity goals at all levels of the organization.

VHA has consistently provided career development training opportunities designed to prepare all VA employees with knowledge and skills necessary to perform in higher grades. These programs include the Technical Career Field Program (TCF)-GS-5-9; the Leadership, Effectiveness, Accountability, Development Program (LEAD)-GS-11-13; the Executive Career Field Candidate Development Program (ECFCDP)-GS-13-14/Nurse IV/Physician Tier 2), and Leadership VA (LVA)-GS-13 and higher. The percentages of minority participation for these programs in FY 2006 were: LEAD-27.12 percent; TCF-29.90 percent, ECFCDP-20 percent; and LVA-24.29 percent.

As a part of workforce and succession planning strategies, VHA continues to provide all employees with training based on the High Performance Development Model as well as train a diverse employee population for leadership positions.

Recommendation 10: VA establish a tracking system for all programs – Internships, Mentoring Program, Executive Career Fields Training Program, Leadership VA, SES Candidate Development Program – to identify total number and mix of candidates; and that such data includes the number of minorities, which are within the purview of the ACMV.

VA Response: Concur In Principle
VHA tracks the diversity components (race and gender) for participants in the Executive Career Field Training Program, Leadership VA, and Senior Executive Service (SES) Candidate Development Programs. Tracking the diversity components (race and gender) has allowed VHA to conduct program evaluations more effectively. Through strategic planning, VHA will continue to assess the diversity components in other career and leadership development programs and will ensure proper strategies are formulated and deployed to reduce diversity gaps. Efforts are underway to track diversity components for the VISN LEAD and Graduate Healthcare Administrators Training Programs.

The VA National Database for Interns (VANDI) was implemented in July 2007 in VHA, to track medical interns in various VA recognized programs. It also allows interns to submit resumes and contact information. Tracking the diversity components (race and gender) has allowed VHA to conduct program evaluations more effectively. Through strategic planning, VHA will continue to assess the diversity components in other career and leadership development programs and

will ensure proper strategies are formed to reduce diversity gaps. The VA National Database for Interns (VANDI) is a VA Intranet database that links VA management officials with participants of various internship programs who may be eligible for non-competitive conversion into a Federal appointment. Managers and supervisors are able to browse the database to view potential candidates for employment. VANDI also contains tips on resume writing, performance based interviewing and other pertinent data. NCA and VBA are reviewing the VANDI database for possible utilization.

NCA will work with VA's Diversity Management, EEO office and Human Resources to develop a system that will capture the total number and mix of candidates.

Recommendation 11: VA's internal and advisory committees should include minority members – of equal rank and stature as other members – reflective of the veteran population being served.

VA Response: Concur
The Federal Advisory Committee Act (FACA) requires that memberships are to be fairly balanced in terms of the point of view represented and the functions to be performed. The Department of Veterans Affairs follows the FACA general guidelines. Members of VA's advisory committees are selected based on their individual expertise in the areas related to the respective committee functions and diversity of membership is a consideration when determining the final composition of board membership.

Recommendation 12: VA establish and monitor intensive training program for Senior VA leaders, managers, and their staff, on cultural diversities and language competencies within the veteran population being served.

VA Response: Concur In Principle
VA Learning Management System (LMS) has several elective courses in Cultural Diversity. VA offers these courses tailored to a variety of audiences. They are targeted for VA leaders and managers, new supervisors and experienced supervisors, and all employees.

Courses offered in the VA LMS System:

- A Peacock in the Land of Penguins: A Tale of Diversity and Discovery
- Changing the Corporate Culture - HR0022
- Designing a Diversity Initiative - HR0023
- Diversity in the Future - HR0024
- Getting Past Clashes: Valuing Team Diversity - TEAM0213
- In This Together: An Engaging Look at Harassment and Respect
- Inbound Call Centers: People Management - CUST0213
- Leadership: Valuing Diversity and Culture

- Module 7 - Diversity and Equal Employment Opportunity (EEO) (Nuts and Bolts)
- Native America: Diversity Within Diversity DVD and Discussion Guide
- Other Side of the Window
- Showdown at Generation Gap
- Stakeholder Interests and Cultural Diversity - PROJ0042
- The Manager's Pocket Guide to Generation X
- Wealth, Innovation & Diversity: Putting Our Differences to Work in 21st Century
- Why Diversity Matters - HR0021

Recommendation 13: VA employs or trains personnel to be conversant in the predominant language or dialect within its sphere of influence and/or operation in order to assure the highest level of customer service.

VA Response: Concur In Principle
VA Strategic Goal Two is: "Ensure a smooth transition for veterans from military service to civilian life; the Department has the following performance measure: Improve services through clear and consistent communications with future veterans and their families." VA follows OPM guidelines in the management of, hiring, and training its employees. Language skills are only a condition for employment when they are a critical performance factor, are part of the major duties for the position being advertised, and are included in the specific position description. To ensure that veterans and family members are provided essential services, the Department ensures that translations services are made available and has translated many documents into Spanish.

It is VHA's policy to provide language assistance to all individuals with limited English proficiency (LEP) in order to have meaningful access to services. This is in compliance with Executive Order 13166, Improving Access to Services for Persons with LEP, which provides for improving access to Federally-conducted and Federally-assisted programs and activities for persons who, as a result of national origin, are limited in their English proficiency, and eliminating to the maximum extent possible LEP as an artificial barrier to full and meaning participation by beneficiaries in all Federally-conducted and Federally-assisted programs and activities.

NCA is dedicated to ensuring that its programs and services are accessible to all persons who wish to utilize them. NCA has implemented a telephone language interpreting service at each of the cemeteries nationwide in order to provide the highest level of customer service to individuals with limited English proficiency. It is NCA's policy to provide every reasonable effort to make its programs and services accessible to all people.

Recommendation 14: That the VA analyze its reported VA workforce minority employee statistics to ensure that they are consistent with the Office of

Personnel Management (OPM) reporting of workforce minority employee statistics, to insure that accurate conclusions concerning VA minority workforce representation can be drawn from the reported VA workforce minority employee statistics.

VA Response: Concur

Data Coverage and Definitions - On-board Federal employment statistics used in this report are dated September 30, 2007. All data are produced from the U.S. Office of Personnel Management's (OPM) Central Personnel Data File (CPDF). The Federal Workforce (FW) referred to in this report is not the entire FW, but rather only permanent employees in those non-postal Federal Executive Branch agencies participating in the CPDF. This report covers workers in all pay plans including General Schedule and Related (GSR) pay plans, Non-GSR pay plans, blue-collar pay plans, and employees at Senior Pay levels. In the 2006 survey, there were 865 employee records coded multiracial; these records were excluded from the 2006 report. When prorated to the several minority groups, the impact of exclusion was minimal. Effective with this year's FEORP report, employee records coded as NOT Hispanic/Latino and multiracial are included in minority group totals. All references made to the General Schedule pay plan in this report are to General Schedule and Related (GSR) pay plans. Only those agencies with 500 or more permanent employees are displayed in this report.

- Senior Pay level employment includes employees in the Senior Executive Service (SES), Senior Foreign Service, and other employees earning salaries above grade 15, step 10 of the General Schedule, but excludes those employees under the Executive Schedule (pay plan EX).

- Civilian Labor Force (CLF) percentages for each minority group presented in this report are derived from the Bureau of Labor Statistics' Annual Current Population Survey (CPS). The CPS data cover non-institutionalized individuals 16 years of age or older, employed or unemployed, U.S. citizens and non-U.S. citizens.

- Relevant Civilian Labor Force (RCLF) is the Civilian Labor Force (CLF) data that are directly comparable (or relevant) to the occupational population being considered in the FW. For example, we would compare Black engineers employed in the Federal workforce with Black engineers reported in the RCLF. In this report, the RCLF varies from agency to agency because of the differing occupational mix within each agency. The RCLF is the benchmark used to measure individual Federal agencies' minority representation relative to the CLF. The RCLF is unique to each agency because it includes civilian labor force employment only for the occupations found within each agency. Unlike the nationwide CLF percentages, which OPM estimates annually using the Bureau of Labor Statistics' Current Population Survey, the RCLF percentages use decennial Census data, the only source of occupation data

by race and national origin. The FY 2007 FEORP report uses RCLF data derived from the 2000 Census.

- Underrepresentation, as defined in 5 CFR, section 720.202, means a situation in which the number of women or members of a minority group within a category of civil service employment constitutes a lower percentage of the total number of employees within the employment category than the percentage of women or the minority group constitutes within the civilian labor force of the United States.

- Occupational categories discussed in this report are white-collar and blue-collar. The white-collar category contains Professional, Administrative, Technical, Clerical or "Other" white-collar occupations. Professional occupations typically require a baccalaureate or professional degree and, along with Administrative occupations, are the usual sources for selections to senior management and executive positions. Positions in Technical, Clerical, Other, and blue-collar occupations usually are limited to lower grades with limited opportunity for promotion to management levels. Advancement in these occupations often depends on individual attainment of further education or advanced skills. Employment data in this report are presented by occupational category and grade groups to provide a more informative profile.

Recommendation 15: The Secretary directs VHA, VBA, and NCA to collect demographic data throughout the VA, in accordance, with the VA Acting General Counsel Opinion, Subject: WebCIMS 372917 – Collection of Veterans Ethnic and Racial Demographic Data, dated March 2, 2007, and inform the ACMV, on the status of the demographic data collection, by the next ACMV meeting in Washington, DC.

VA Response: Concur in Principle
VHA collects veterans' racial and ethnic information on a voluntary basis, and has done so since 2002. Research on racial and ethnic disparities in health care is a priority of VHA's Office of Research and Development, Health Services Research and Development Service. Current research focuses on identifying disparities in care, understanding possible reasons for disparities and developing interventions to reduce disparities. The Center for Health Equity Research and Promotion, of which VA is a stakeholder, is based in Philadelphia and Pittsburgh.

VA General Counsel has reviewed its earlier opinion concerning the VA responsibility to collect race and ethnicity data. The General Counsel opinion provided on June 18, 2008 stated the following in reference to VBA and NCA: The collection of race and ethnicity data by VBA and NCA need not be accomplished by requesting the information from all applicants for benefits or all beneficiaries. This information may be collected by any means designed to yield statistically valid results, including appropriate survey instruments.

Recommendation 16: The ACMV recommends that the Secretary establish uniform criteria for the compilation of racial and ethnic data and that he direct that such information be collected by VHA, VBA and NCA in order to generate useful metrics for self-improvement.

VA Response:

Please see response to Recommendation 15.

Recommendation 17: That the Department of Veterans Affairs expeditiously implements the VA Acting General Counsel Opinion (Opinion), dated March 2, 2007, which requires the VA to collect ethnic and racial demographic data, from the veteran population that it serves, by voluntary self-identification.

VA Response: See response to Recommendation 15.

Recommendation 18: VHA provide information that reflects if minority veterans are identified with having PTSD or other diagnoses in percentages proportional to their military population.

VA Response: Concur In Principle
The VHA Office of Mental Health Services agrees that this is an important question and would be willing to work with the Center for Minority Veterans on strategies to obtain such data. VHA does not have a data source to provide this information currently, since the field on the electronic medical record to indicate race is often not completed and veterans cannot be required to provide this information. Options to explore include:

- Working with the Public Health and Environmental Hazards Strategic Health Care Group, to see whether it has accurate racial data from the Department of Defense on OEF/OIF veterans to examine that subset of the veteran population in relation to this question.
- Working with the National Center for PTSD, the Mental Illness Research Education and Clinical Centers, and the Centers of Excellence on Mental Health and PTSD to develop pilot studies and research proposals to address this issue.
- Considering other avenues to explore this issue, as well.

The Office of Mental Health Services does not have the authority to create a center of excellence for mental health issues. However, the Office of Mental Health Services, along with other components of Patient Care Services, has been working already with the Center of Excellence being established by the Department of Defense, with planned collaboration by VHA and by the Uniformed Services University of Health Services. This collaboration fits well with the concept described by the ACMV.

Recommendation 19: VHA establish joint venture with DOD and academia to establish work centers of excellence for mental health issues addressed by the ACMV.

VA Response: See Recommendation 18.

Recommendation 20: VA shall incorporate relevant ACMV recommendations into the VA-wide Strategic Plan. In coordination with the Secretary or Deputy Secretary designated VA staff and office, the ACMV will identify issues which are relevant for all minority veterans, including women, and submit those issues for incorporation in the VA-wide Strategic Plan.

VA Response: Concur
VA's Office of Policy and Planning (OPP) will incorporate all issues that are relevant for minority veterans, including women, in the next version of the *VA Strategic Plan*, whenever issued. OPP will work with the Center for Minority Veterans to ensure that they are aware of all of the current issues affecting minority veterans. In addition, OPP will make sure that the CMV is represented on the Strategic Planning Working Group – the informal staff-level working that makes recommendations to the Strategic Management Council on what should be included in the *VA Strategic Plan*.

Recommendation 21: That the Center for Minority Veterans (CMV) provide information, on the CMV budget, employee resources and accomplishment of CMV performance measures to the ACMV, during the ACMV annual meeting, in Washington, DC.

VA Response: Concur
VA will provide the Committee a review of the CMV budget and a comprehensive review of CMV operations at the Committee meeting planned for April 2009.

Recommendation 22: That the Center for Minority Veterans consider the necessity for sponsoring a Minority Veterans National Conference or Summit to provide outreach and veterans' benefits and assistance information to minority veteran conference attendees, and address concerns and issues adversely affecting minority veterans.

VA Response: Concur

VA's Administrations, VA Learning University/Employee Education System and other appropriate staff offices will work with CMV subject matter experts to determine the feasibility of having a Minority Veterans educational summit, as well as assist with logistics, development of curricula, and other matters. VA currently supports CMV's biennial Minority Veterans Program Coordinators

(MVPC) conference financially and through the efforts of the VA Central Office (VACO) Minority Veterans Liaisons and the MVPCs.

The CMV will present the Committee a review of the possible format, logistical requirements, and anticipated merits of conducting a Minority Veterans National Conference or Summit at the Committee meeting planned for April 2009.

APPENDIX A: WASHINGTON, DC MEETING AGENDA

AGENDA
Advisory Committee on Minority Veterans
Hyatt Arlington, 1325 Wilson Blvd., Arlington, VA, 22209
November 5 - 8, 2007

Sunday, November 4, 2007 (Travel Day)

Monday, November 5, 2007- Salon C Conference Room

07:30 a.m.	Coffee
08:00 a.m.	Open Meeting: Chairman James Mukoyama Opening remarks/Introductions/Review Agenda
09:30 a.m.	Break
09:45 a.m.	Center for Minority Veterans Overview/Update (Budget, Resources, Accomplishments, Summit) Director, Deputy Director, and CMV Staff
10:45 a.m.	Break
11:00 a.m.	Ethics Briefing Mr. Jonathan Gurland, Attorney, Office of General Counsel
11:30 a.m.	VA Strategic Plan Overview Mr. Curt Marshall, Director, Strategic Planning Service
12:00 p.m.	Lunch (on your own)
1:30 p.m.	Prepare for Acting Secretary's Visit
2:00 p.m.	Remarks: The Honorable Gordon Mansfield Acting Secretary of Veterans Affairs
	Presentation of Certificates of Appointment Chairman James H. Mukoyama, Jr. Mr. Furnie Lambert, Jr. — Mr. John W. Jelks Mr. Alexander Chan — Ms. Shoshana Johnson Dr. Doris Browne — Dr. Irene Zoppi
	Group Photo
4:00 p.m.	Wrap-up
4:30 p.m.	Adjourn

AGENDA
Advisory Committee on Minority Veterans
Hyatt Arlington, 1325 Wilson Blvd., Arlington, VA. 22209
November 5 - 8, 2007

Tuesday, November 6, 2007- Salon C Conference Room

07:30 a.m.	Coffee
08:00 a.m.	Open Meeting: Chairman James Mukoyama Opening Remarks/Review Agenda
09:00 a.m.	Research & Development Overview/Update Dr. Joel Kupersmith, Chief Research & Development Officer
09:45 a.m.	Break
10:00 a.m.	VHA Overview/Update (Roles, Responsibilities, Current Initiatives) The Honorable Michael Kussman Deputy Under Secretary for Health
11:00 a.m.	Mental Health Initiatives Dr. Antonette Zeiss Deputy Chief Consultant, Office of Mental Health Services
12:00 p.m.	Lunch (on your own)
1:00 p.m.	Homeless Program Overview/Update Mr. Pete Dougherty, Director, Homeless Program Office
2:00 p.m.	Center for Women Veterans Overview/Update Dr. Irene Trowell-Harris, Director
3:00 p.m.	Break
3:15 p.m.	Statistics of Minority VA Employees Update Mr. Scot Evans, Program Analyst Ms. Brenda Martin, EEO Specialist
4:00 p.m.	Wrap-Up
4:30 p.m.	Adjourn

AGENDA
Advisory Committee on Minority Veterans
Hyatt Arlington, 1325 Wilson Blvd., Arlington, VA. 22209
November 5 - 8, 2007

Wednesday, November 7, 2007- Salon C Conference Room

07:30 a.m.	Coffee
08:00 a.m.	Open Meeting: Chairman James Mukoyama Open Remarks/Review Agenda
09:00 a.m.	VBA Overview/Update (Roles, Responsibilities, Current Initiatives) The Honorable Daniel Cooper, Under Secretary for Benefits
10:00 a.m.	Break
10:15 a.m.	OEF/OIF Panel Ms. Kristin Day, Acting Chief Consultant Mr. Ronald Thomas, Deputy Assistant Secretary for Policy Ms. Karen Malebranche, Executive Director
12:00 p.m.	Lunch (on your own)
1:00 p.m.	Faith-Based Overview/Update Mr. Darin Selnick, Director Faith-Based & Community Initiatives
2:00 p.m.	NCA Overview/Update (Roles, Responsibilities, Current Initiatives) The Honorable William F. Tuerk Under Secretary for Memorial Affairs
3:00 p.m.	Break
3:15 p.m.	Small and Disadvantaged Business Overview/Update Scott Denniston, Director Office of Small and Disadvantaged Business Utilization
4:15 p.m.	Wrap-up
4:30 p.m.	Adjourn

AGENDA
Advisory Committee on Minority Veterans
Hyatt Arlington, 1325 Wilson Blvd., Arlington, VA. 22209
November 5 - 8, 2007

Thursday, November 8, 2007- Salon C Conference Room

07:30 a.m.	Coffee
08:00 a.m.	Open Meeting: Chairman James Mukoyama Opening Remarks/Review Agenda
09:00a.m.	IHS/VA Collaboration Overview/Update Mr. Leo J. Nolan, Senior Policy Analyst, External Affairs Ms. Linda Lutes, Executive Assistant
10:00 a.m.	Break
10:15 a.m.	Work on the November Washington DC Meeting Minutes of the Advisory Committee on Minority Veterans
12:00 p.m.	Lunch (on your own)
1:00 p.m.	Finalize the November Washington DC Meeting Minutes of the Advisory Committee on Minority Veterans
2:00 p.m.	Finalize the November Washington DC Meeting Minutes of the Advisory Committee on Minority Veterans
2:30 p.m.	Break
2:45 p.m.	Administrative Paperwork (Travel Voucher, Honorariums)
3:30 p.m.	Wrap-up
4:00 p.m.	Adjourn

Friday, November 9, 2007 (Travel Day)

APPENDIX B: NORTH CAROLINA SITE VISIT AGENDA

AGENDA
Department of Veterans Affairs (VA)
Advisory Committee on Minority Veterans
Fayetteville/Winston-Salem, North Carolina
March 31 – April 3, 2008

Sunday - March 30, 2008 – Travel Day

Monday – March 31, 2008	**Activities**
08:00 a.m. – 08:15 a.m.	Assemble/Board Bus
08:15 a.m. – 09:00 a.m.	**Depart** Holiday Inn I-95 1944 Cedar Creek Rd, Fayetteville, NC Mode of Transportation: **Bus service**
09:00 a.m. – 10:15 a.m.	VHA Briefing/Presentations Fayetteville VAMC 2300 Ramsey Street Mr. Bruce Triplett Director, Fayetteville VA Medical Center
10:15 a.m. – 10:30 a.m.	Break
10:30 a.m. – 12:00 p.m.	VHA Briefing/Presentations cont'd.
12:00 p.m. – 1:00 p.m.	Lunch (catered - $8.50 from mbrs)
1:00 p.m. – 2:45 p.m.	VHA Briefing/Presentations cont'd.
2:45 p.m. – 3:00 p.m.	Break
3:00 p.m. – 4:15 p.m.	VSO Panel (VAMC Auditorium)
4:15 p.m. – 4:30 p.m.	Assemble/Board Bus
4:30 p.m. – 5:00 p.m.	Return to Holiday Inn I-95
5:00 p.m. – 6:00 p.m.	Dinner (on own)
6:00 p.m. – 6:30 p.m.	Prepare/Assemble for Town Hall Meeting

6:30 p.m. – 8:30 p.m.	Town Hall Meeting Holiday Inn I-95 Section I, II, & III
9:00 p.m.	Committee Adjourns

Tuesday – April 1, 2008	**Activities**
07:45 a.m. – 08:00 a.m.	Assemble/Board Bus
08:00 a.m. – 09:00 a.m.	**Depart** Holiday Inn I-95 1944 Cedar Creek Rd, Fayetteville, NC Mode of Transportation: **Bus service**
09:00 a.m. – 10:15 a.m.	Briefing/Presentations/Tour Womack Army Medical Center Building 4-2817, Ft. Bragg
10:15 a.m. – 10:30 a.m.	Break
10:30 a.m. – 12:00 p.m.	Briefing/Presentations/Tour cont'd Womack Army Medical Center
12:00 p.m. – 1:00 p.m.	Lunch (on own) Womack Army Medical Center
1:00 p.m. – 1:15 p.m.	Assemble/Board Bus
1:15 p.m. – 2:30 p.m.	Depart for Lumbee Tribe of N. Carolina
2:30 p.m. – 3:45 p.m.	Tribal Representatives Meeting 2709 Union Chapel Rd., Pembroke, NC
3:45 p.m. – 4:00 p.m.	Depart for Tribal Chairman's Residence Chairman Jimmy Goins Lumbee Tribe of North Carolina
4:00 p.m. – 5:30 p.m.	Dinner (Pig Roast) Sponsored by Lumbee Warriors Assoc. Lumbee Tribe of North Carolina
5:30 p.m. – 6:30 p.m.	Return Holiday Inn I-95
6:30 p.m.	Committee Adjourns

Wednesday – April 2, 2008	**Activities**
07:00 a.m. – 07:15 a.m.	Assemble/Board Bus
07:15 a.m. – 10:45 a.m.	**Depart** Holiday Inn I-95 1944 Cedar Creek Rd, Fayetteville, NC Mode of Transportation: **Bus Service**
10:45 a.m. – 11:30 p.m.	Tour/Briefing Salisbury National Cemetery 501 Statesville Blvd, Salisbury, NC Mr. Gregory Whitney Director, Salisbury National Cemetery
11:30 p.m. – 12:30 p.m.	Lunch (collect $ from mbrs) Salisbury VAMC Canteen (deli trays)
12:30 p.m. – 12:45 p.m.	Assemble/Board Bus
12:45 p.m. – 2:00 p.m.	Depart for Winston-Salem
2:00 p.m. – 4:00 p.m.	Briefing/Tour Winston-Salem Regional Office Federal Bldg., 251N. Main Street Mr. John Montgomery III, Director
4:00 p.m. – 4:30 p.m.	Assemble/Board Bus Depart for Winston-Salem Marriott 460 N. Cherry St., Winston-Salem, NC
4:30 p.m. – 6:00 p.m.	Dinner (on your own) Restaurant Winston-Salem Marriott
6:00 p.m. – 6:30 p.m.	Set-Up/Assemble for Town Hall Meeting
6:30 p.m. – 8:30 p.m.	Town Hall Meeting (Hearn Grand Ballroom) Winston-Salem Marriott
8:30 p.m. – 9:00 p.m.	Assemble/Board Bus
9:00 p.m. – 12:00 a.m.	Depart/Return to Fayetteville, NC Holiday Inn I-95

Thursday – April 3, 2008 – Holiday Inn I-95, Fayetteville

10:00 a.m. – 11:00 a.m.	Assemble/Prepare for Exit Briefing Holiday Inn I-95 Conference Room: Section III 1944 Cedar Creek Rd, Fayetteville, NC
11:00 a.m. – 12:00 p.m.	VA Leadership Exit Briefing
12:00 p.m. – 1:00 p.m.	Lunch (on own)
1:00 p.m. – 2:30 p.m.	Committee Report
2:30 p.m. – 2:45 p.m.	Break
2:45 p.m. – 4:00 p.m.	Committee Report
4:00 p.m. – 5:00 p.m.	Administrative Paperwork
5:00 p.m.	Committee Adjourns

Friday, April 4, 2008 – Travel Day

APPENDIX C: COMMITTEE BIOGRAPHIES

Advisory Committee on Minority Veterans
Biographical Information
2007

Nelson N. Angapak, Sr. **Alaska Native**

Mr. Nelson Angapak is an Alaskan Native who served in the U. S. Army and was honorably discharged on 10 June 1971 as an Army Specialist Five. Mr. Angapak has more than 25 years of Alaska Native Land Claims Settlement Act (ANCSA) land and natural resources management experience. In his current role as Executive Vice President of the Alaska Federation of Natives (AFN), he lobbies Congress on ANCSA amendments, monitors land and natural resources legislation in Congress and state legislatures, coordinates AFN Land and Legislative Committees, and is in charge of AFN in absence of the President.

Mr. Angapak holds a Masters Degree in Urban Studies from Antioch College/West, 1976-1978 and a Bachelors Degree in Mathematics and History, Fort Lewis College, 1965-1970. He also holds a degree in Theology, Golden Gate Theological Seminary, 2002. He is fluent in Yupik, and has served on the Boards of the Calista Native Corporation, Alaska National Bank of the North, Tuntutuliak Land, Ltd, Linfield College, and First Native Baptist Church, Alaska Baptist Family Services. He has been an advocate for Alaska Native veterans' issues for over 30 years. Mr. Angapak currently resides in Anchorage, Alaska.

Doris Browne, M.D., M.P.H. **African American**

Dr. Doris Browne, retired from the US Army with 27 years of service at the rank of Colonel. She is currently the Senior Scientific Officer of the Breast and Gynecologic Cancer Research Group, Division of Cancer Prevention, National Cancer Institute, in Bethesda, Maryland. She is President and CEO of Browne and Associates, Incorporated, Washington, D.C. Dr. Browne is affiliated with the Tougaloo College Board of Trustees, a former member of the American Red Cross National Capital Chapter, Intercultural Cancer Council Governing Board, Leadership Washington, and Trinity Episcopal Church. Dr. Browne holds a M.D. degree from Georgetown University School of Medicine (1979); M.P.H. in Health Education from University of California at Los Angeles School of Public Health; and a B.S. in Biology, Cum Laude from Tougaloo College. She resides in Washington, D.C.

Alexander Y. Chan **Asian American**

Mr. Chan has devoted 32 years of service to the federal government between the FCC, the IRS, U. S. Customs, U.S. Comptroller of the Currency and the U. S. Navy. Currently, he is a Senior Enforcement Director in the Enforcement Bureau of the FCC, leading the Digital TV Transition Project. Prior to that, Mr. Chan was a Special Internal Revenue Agent Team Leader with the IRS for 11 years. He has served in the U. S. Navy as an Inventory Specialist and holds a BA degree from the City University of New York and a MA from Long Island University in New York.

He served as President of the Federal Asian Pacific American Council (FAPAC) from 2001-2003. FAPAC, which represents over 100 federal agencies, is the only federal organization that represents the special interests of Asian Pacific American government employees. As a result of his presidency, FAPAC became the premier APA Government employees' organization and generated 5 times more revenue during his presidency.

Previously, Mr. Chan had served two terms as FAPAC's Executive Secretary. From his position at the Federal Communications Commission, he also served as the FCC Coordinator for the White House Initiative on Asian Americans and Pacific Islanders. The White House Initiative on Asian Americans and Pacific Islanders was established by the Executive Order 13125 to increase participation of Asian Americans and Pacific Islanders in all Federal Programs and improve the data collecting, maintaining and presenting Asian Americans and Pacific Islanders. Mr. Chan has also found the opportunity to serve in a variety of other leadership roles, including working as Vice President, HQ of the National Treasury Employees Union (NTEU), FCC chapter. He is also an alumnus and a FBI Citizens Academy Graduate in Quantico, VA.

Before turning to public service, Mr. Chan spent 5 years working with venture capital firms and entrepreneurs, including Wells Fargo Bank, Travel Network, Inc., Alexander Chan and Associates, LLP. Additionally, he has served on the boards of several companies and non-profit organizations.

Mr. Chan has taught seminars on community advocacy and Financial Independence Training at many communities and non-profit communities, and has received numerous awards, including multiple Outstanding Performance Awards from the Department of Defense, Internal Revenue Service, Federal Communications Commission, State of Maryland and Commonwealth of Virginia.

Mr. Chan is a tennis player, basketball player and a voting and civil rights advocate. Mr. Chan resides in the Commonwealth of Virginia.

Brigadier General Julia J. Cleckley, USA (Retired) African American

BG (Ret) Cleckley served in numerous positions during her military career including Reserve Officer Training Corps (ROTC) Professor of Military Science at Hampton University , Hampton , VA and as the Army National Guard Advisor at Fort Eustis , VA. In 1987, she was assigned to the National Guard Bureau, Military Personnel Management Branch and went on to manage over 44,000 federally recognized officer promotions for the Army National Guard. She also served on the Department of the Army Staff at the Pentagon. BG (Ret) Cleckley served as the Special Assistant to the Director, Army National Guard from July 2002 thru September 2004. As Special Assistant for Human Resource Readiness, she assisted the Director with human resources programs and policies that affected over 350,000 Army National Guard citizen Soldiers. BG (Ret) Cleckley is currently Director of Armed Forces Education with University Alliance. She resides in the Washington, D.C. area.

Vice Admiral Diego E. Hernández, USN (Retired) Puerto Rican

VADM Hernández is a native of San Juan, Puerto Rico. He attended Illinois Institute of Technology with a Navy ROTC scholarship. Upon graduation he was commissioned an Ensign and underwent flight training. He was designated a Naval Aviator in August 1956. VADM Hernández served at sea in a variety of assignments in carrier based fighter squadrons and flew two combat tours in Vietnam. He also served as Aide and Flag Lieutenant to Commander, Carrier Division 14. At sea, he was commander of a fighter squadron, a carrier air wing, and a fleet oiler. VADM Hernández commanded the aircraft carrier USS John F. Kennedy, a carrier group and was Commander, Third Fleet. His last assignment on active duty was as Deputy Commander in Chief U.S. Space Command, dual hatted as Vice Commander, North American Aerospace Defense Command. VADM Hernández was presented a Lifetime Achievement Award by the National Puerto Rican Coalition in 1987 and was named the distinguished graduate of his class by Illinois Institute of Technology in 1988. Since leaving active duty VADM Hernández has been active as a management consultant to private and public companies, and serves on several boards. He resides in Miami, Florida.

John W. Jelks **African American**

John W. Jelks retired from the Air Force after 20 years of service at the rank of Senior Master Sergeant. He earned seven Air Force citations and one Department of Defense award for meritorious service. Mr. Jelks is currently the Installation Management Program Officer with NGA, Property & Emergency Management (SIOM). He has a Bachelor of Science Degree in Workforce,

Education, & Development from Southern Illinois University. He is an active member of the National Defense Transportation Association, Southern Illinois University Alumni Association, and Blacks In Government. Mr. Jelks is also a lifetime member of DAV, a member of AMVETS, American Legion, and The Retired Enlisted Association. He resides in Dale City, Virginia.

Shoshana N. Johnson **Black Hispanic American**

Shoshana Nyree Johnson was born in the Republic of Panama to Panamanian parents Claude and Eunice 31 years ago. Johnson lives in El Paso, Texas with her daughter Janelle, her sisters, Nikki and Erika, and two nieces. Johnson was a JROTC cadet in 1991, and an Andress High School graduate. She attended the University of Texas at El Paso, and later joined the US Army in September 1998. She completed the US Army Basic Training Course at Ft. Jackson, South Carolina, and the Advance Individual Training, at Ft. Lee, Virginia. A second-generation Army Veteran, Johnson's first military assignment was at Ft. Carson, Colorado. In February, 2003, at her second military assignment at Ft. Bliss, Texas, Johnson received orders to deploy to Iraq and to carry through her duties as a Food Service Specialist, (92G) with the 507th Maintenance Company, 552 Battalion 11th Brigade. On March 23, during Operation Iraqi Freedom, Johnson was in a convoy that was ambushed in the city of an-Nasiriyah. Johnson received a bullet wound to her ankle, causing injuries to both legs. She and 5 other members of the 507th Maintenance Company were captured and taken Prisoners of War. The ambush and its aftermath made world news headlines. House raids conducted by US Marines in the city of Samarra, Iraq, resulted in the successful rescue of seven POWs on the morning of April 13. Six days later, Johnson, together with six former POWs, came back to a heroes welcome in the US with a cheering crowd of over 3,000 people. Specialist Johnson retired from the Army on a Temporary Disability Honorable Discharge on December 12, 2003. US Army officials identified Johnson as the first female POW of Operation Iraqi Freedom, and the first black female POW in US war history. Since her return to the United States, Specialist Johnson has received numerous awards, and recognition for her courage, valor, and service to the United States. Ms. Johnson also has done numerous speaking engagements across the country discussing her experience as a POW in Iraq.

Furnie Lambert, Jr. **American Indian, Lumbee Tribe**

Furnie Lambert, Jr. retired as Master Gunnery Sergeant from the Marine Corps with 28 years of service. He is a member of the Lumbee Tribe of North Carolina. Mr. Lambert currently serves as the Chairman of Veterans Affairs Committee for the Lumbee Tribe of North Carolina. He is an active member of VFW Post 2843,

American Legion Post #117, and is the Chairman of the Lumbee Warriors Association. He graduated from Prospect High School in Maxton, North Carolina and attended Robeson Community College. Mr. Lambert resides in Maxton, North Carolina

---

Colonel Reginald Malebranche **Haitian American**

Col. Malebranche held several major staff positions during his military career to include Inspector General, US Army Health Services Command; Commander, 5th Medical Battalion, 5th Infantry Division (Mech.); and Commander and Operations Officer, Silas B. Hays Army Hospital. Col. Malebranche has over thirty-five years of expertise in Policy, Planning and Program Management and Manpower program analysis and evaluation. He has extensive experience in leadership, business development, project/program management, resources management and organization design, in the private as well as the federal sectors. Col. Malebranche resides in Alexandria, Virginia.

James T. McLawhorn, Jr. **African American**

Mr. McLawhorn has developed innovative programs to improve the quality of life for thousands of disadvantaged persons in the Midlands of South Carolina. He also serves as a catalyst to improve race relations and diversity in the community. He spearheaded the establishment of the South Carolina Race Relations Commission. He has provided more than twenty years of leadership in social policy planning and human service development. Mr. McLawhorn was a Housing and Transportation Planner and an Assistant Director for Employment and Training for the city of Charlotte, North Carolina. He also taught social planning as an Adjunct Instructor at the University of North Carolina. Mr. McLawhorn is presently the President and Chief Executive Officer of the Columbia Urban League in Columbia, South Carolina. He has held this position since 1979. Mr. McLawhorn has been extensively recognized for his social activism. Awards received include: United Black Fund Chairman's Award, 2005; Wil Lou Gray Award for Youth Leadership, 2003; Trailblazer Award, Alpha Kappa Alpha South Atlantic Region, 2000; National Urban League President of the Decade, 1999; National Urban League Whitney M. Young, Jr. Leadership Award in Race Relations, 1996.

Kerwin E. Miller **African American**

Mr. Miller serves as the first Director of the new District of Columbia Office of Veterans Affairs, a position he has held since November 2001 when he was appointed by Mayor Anthony A. Williams. Mr. Miller was responsible for establishing the new office within the Executive Office of the Mayor. As the Director, he oversees the management and daily operation of the office which provides advocacy support and benefits assistance and information to veterans, their dependents, and their survivors concerning federal and District laws and regulations affecting veterans' benefits and claims.

Mr. Miller is a retired Commander in the U.S. Naval Reserve, who completed twenty-eight years of honorable active duty and reserve naval service. He earned a Bachelor's of Science Degree in Political Science from the U.S. Naval Academy in 1975. He graduated Cum Laude from the Howard University School of Law in Washington, D.C. and received a Juris Doctor Degree in 1985. He went on to earn a Masters of Law Degree from the George Washington University National Law Center in 1989.

Mr. Miller is a member of the Washington, D.C., New Jersey and Pennsylvania Bars and the Bar Association of the District of Columbia. He is also admitted to practice before the United States Court of Appeals for Veterans Claims.

Mr. Miller is a life member of the United States Naval Academy Alumni Association and a member of the Kappa Alpha Psi, International Family. He is an active member of the National Association of Black Veterans and the American Legion. Mr. Miller resides in Ward Five in northeast Washington, D.C.

Major General James H. Mukoyama, Jr., **Japanese American**
(Chairman)

Major General Mukoyama is retired from the Army Reserve after more than thirty years of dedicated service in both the active Army and Army Reserve. He culminated his career as the Deputy Commanding General of the U.S. Army Training and Doctrine Command at Fort Monroe, Virginia. During his five years on active duty, General Mukoyama served as a platoon leader in the Republic of Korea and as an infantry company commander in the 9th Division in Vietnam.

In September of 1970, General Mukoyama left active duty and joined the Army Reserve. General Mukoyama was the youngest general officer in the entire U.S. Army when he was promoted at age 42 to Brigadier General in 1987, and subsequently the youngest Major General when he received his second star three years later. In 1989, General Mukoyama became the first Asian American in the history of the United States to command an Army division. His 70th Training Division, located in Michigan and Indiana, was the first Army Reserve

Training Division ever to be mobilized at Fort Benning, Georgia, when it was called upon to participate in Operation DESERT STORM in January 1991.

General Mukoyama is the Executive Vice President and Chief Compliance Officer of Regal Securities, Inc. in Chicago, Illinois. He holds a B.A. in English from the University of Illinois and a M.A. in the Teaching of Social Studies from the University of Illinois. He is active in numerous veteran and community organizations. General Mukoyama lives in Glenview, Illinois.

Lieutenant Colonel Joe C. Nuñez, USAF, (Retired) **Mexican American**

Lt. Colonel (Ret) Nuñez is an Air Force veteran with 21 years of active duty service. His duty assignments included tours in Japan, Thailand and Puerto Rico. He was also assigned to the Office of the Secretary of the Air Force in the Pentagon where he performed the duties of Congressional Liaison Officer. Lt. Colonel (Ret) Nuñez's education credentials include a MAE degree from Inter-American University of Puerto Rico and a B.A. from the University of Northern Colorado. He is also an honor graduate of the Japanese Language Institute, Yale University. Lt. Colonel (Ret) Nuñez was appointed to his current position as Regional Director Region VIII, U.S. Department of Health and Human Services on December 31, 2001. From January 1999 until December 2001 he served in the Colorado House of Representatives where he was the Vice Chairman of the Military and Veterans Affairs Committee. Additionally he served as member of the Appropriations, Education, and Transportation Committees. He resides in Littleton, Colorado with his family.

Ms. Debra L. (American Horse) Wilson **Lakota Sioux**

Ms. Wilson is a Lakota Sioux; her family name is American Horse. She is a former Marine who was honorably discharged in August 1982 at the rank of Staff Sergeant, E-6. Her family has a long tradition of service to the country. Her father, brothers, sister, nephew and husband all served in the United States Marine Corps. Ms. Wilson's duty stations included Headquarters Women Marine Company, Arlington, Virginia. She was assigned to the Dress Blue Detail at the White House, Commandant's House, Pentagon and Iwo Jima Memorial. She was then assigned to Camp Zukeran 3rd Marine Division, 2nd Battalion, Okinawa, Japan. While stationed to the 3rd Marine Division, Ms. Wilson attended Administrative Chief School. She was subsequently assigned to Recruiter School in San Diego, California. Of interest, she was the only woman in the class. Her subsequent duty station was as a recruiter 1st Marine Corps District, Buffalo New York. Ms. Wilson served under the command of then Major Peter Pace, now Chairman of the Joint Chiefs of Staff. Ms. Wilson's awards include:

Pace, now Chairman of the Joint Chiefs of Staff. Ms. Wilson's awards include: Marine of the Quarter, two Good Conduct Medals and a Meritorious Unit Commendation. Ms. Wilson worked in a variety of assignments at the Department of Veterans Affairs. She has been a Vocational Rehabilitation and Education Coach; Veteran's Claims Examiner; Public Affairs Officer and a management analyst in Equal Employment Opportunity for the Director of the VA Regional Office in Muskogee, Oklahoma. In that capacity she served as the program manager for the regional office's special emphasis programs to include: Minority Veterans Program Coordinator, Women Veterans Coordinator; Oklahoma State Veterans Program, Veteran Service Officers Liaison, EEO Program Manager, and Native American Program Coordinator. Ms. Wilson was also a program analyst in the Center for Minority Veterans and served as the American Indian Veteran Liaison for the Center. Ms. Wilson currently works for the Cherokee Nation Gaming Commission in Tahlequah, Oklahoma as their compliance officer. She continues to outreach to Cherokee Veterans throughout Cherokee nation by assisting them with their claims, providing information on their benefits. Ms. Wilson resides in Tahlequah, Oklahoma.

Irene M. Zoppi **Hispanic American**

Lieutenant Colonel Irene Zoppi, USAR is an Adjunct Professor at the College of Notre Dame, Strayer University, and the Command General Staff College, where she teaches education, culture and language, leadership & acculturation, business, and tactical-operational-strategic courses at undergraduate, graduate, and military senior rank levels. Dr. Zoppi is a Lieutenant Colonel in the U.S. Army (Reserve) with expertise in the military intelligence, civil affairs, and public affairs fields with a current TS-SCI clearance. She holds a Ph.D. in Education Policy, Planning, and Administration from the University of Maryland; a Master's in Business Administration from Johns Hopkins University; and Bachelor of Arts in Modern Languages from the University of Puerto Rico. Dr. Zoppi is a Gulf War Veteran with 20 years of service both in the U.S. Army -Active and Reserve, from which she retires this year. She began as a Private First Class in 1985, later became a commissioned officer, served in intelligence and in civil and pubic affairs, and graduated from some of the military's most significant leadership courses: Combined Arms Staff Service Course and Command & General Staff College. She serves as a Fellow for the Consortium Research Fellow Program at the U.S. Army Research Institute for the Behavioral and Social Sciences, where she provides technical and analytical research support to the Leader Development Research Unit. Dr. Zoppi resides in Crofton, Maryland.