

**Washington, DC**

**THE FOURTH ANNUAL REPORT  
OF THE  
ADVISORY COMMITTEE ON MINORITY VETERANS**

**July 1, 1998**

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The Honorable Togo D. West, Jr.  
Secretary of Veterans Affairs  
Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

Dear Secretary West:

The Fourth Annual Report of the Advisory Committee on Minority Veterans is submitted for your review and transmittal to the Congress of the United States pursuant to Chapter 5 § 544(C)(4) (c)(1), Title 38, United States Code. The report represents the overall consensus of the Committee on those issues affecting minority veterans. Many of the issues identified impact the entire veterans' community, but their impact on minority veterans is particularly distressful.

There have been several changes to the Committee since the third annual report. While some members' terms of service have expired, we are fortunate to have new appointees who bring a wealth of knowledge and experience to the Committee. This knowledge and experience was utilized in developing the conclusions and recommendations of this report. Consequently and in view of the fact that our predecessors did such a comprehensive job of identifying problems that plague minority veterans, we elected to use prior reports and recommendations as the basis of our charge. We believe that much remains to be accomplished on these recommendations. We also concluded that our energy could best be used to assist U.S. Department of Veterans Affairs staff in implementing these recommendations. We have reason to believe that there is a great deal of difference between what reports reflect and the actual circumstances in the minority veteran community. We are concerned that the system is not user-friendly.

We have identified several special recommendations that require immediate action in order for VA to achieve its "One VA" concept. These recommendations are:

- ◆ Make the Advisory Committee on Minority Veterans a permanent committee;
- ◆ Significantly increase the staffing and budget of the Center for Minority Veterans;
- ◆ Develop and implement a plan that increases diversity in staffing of VA field operating agencies so they reflect the diversity of the population they serve;
- ◆ Increase minority participation in business and research;
- ◆ Improve access and the delivery of services to veterans living in remote areas; and
- ◆ Conduct sensitivity training for the VA staff at the Headquarters and in the field.

Each recommendation will be discussed in greater detail in the body of the report. We request that you take action on these recommendations with great urgency.

We express our thanks and appreciation to members of the Department of Veterans Affairs and the Center for Minority Veterans for their cooperation and support in assisting us in accomplishing our mission.

Sincerely,

George B. Price  
BG, USA, Ret.

Enclosures

## EXECUTIVE SUMMARY

The fourth annual report from the Advisory Committee on Minority Veterans to the Congress of the United States through the Secretary of Veterans Affairs is submitted in compliance with Chapter 5 § 544(C)(4) (c)(1) Title 38, United States Code. The Committee's charter is to provide advice and consultation on the needs, problems, and concerns of the minority veterans' community, as defined in Public Law 103-446. The definition complicates the problem of developing common solutions to many of the most significant problems confronting minority veterans. This fact notwithstanding, the Committee has addressed some of the problems facing minority veterans, and made recommendations as required by law. We have not identified all of the problems confronting minority veterans, but believe we have a good point of departure for our work.

The Committee had members rotating off due to completion of their terms of service. They were replaced by equally competent and more diverse veterans who bring a wealth of knowledge and experience to the Committee's deliberations and research. The Committee remains organized as it was initially structured, with four subcommittees: Health Care; Compensation and Benefits; Employment and Training; and, Rehabilitation and Outreach. Each subcommittee is responsible for assessing the VA's administration of the programs and services in their respective areas, and reporting their findings and recommendations to the full Committee for action. This technique helps us to operate more efficiently and cover more areas than otherwise would be possible. In all deliberations and discussions, we were mindful of the budget and the constraints funding would impose on our ability to meet and conduct field research. However, within these budget limitations we made a field visit to Texas to assess the implementation of the compensation and benefits program to veterans in the central Texas region. We reviewed and assessed the provision of domiciliary care, substance abuse and post traumatic stress treatment to veterans in the region. We also, analyzed treatment to identify any bias that was depicted based on race. Our overall conclusion is that this area needs intensified management to correct the problems that we found. The minority veterans have a valid complaint concerning inequalities in the administration of veterans' benefits in this area.

After a detailed review of the previous Committee's conclusions and recommendations, we decided that our energy and effort could also best be used monitoring VA's response to the recommendations in the second and third annual reports. The Committee received a report of action taken on the recommendations from the Director of the Center for Minority Veterans.

We also recognized that some agencies are undertaking major reengineering actions and policy changes in order to make them more efficient and responsive to the veterans community. For example, the Veterans Benefits Administration (VBA), in recognition of the serious problems confronting almost every aspect of its operation and delivery of services, developed its "Roadmap To Excellence," a plan that is essentially an action document that proposes solutions to well documented problems. The Committee was provided copies of the plan for review and comment. The Committee proposes to

monitor implementation of this plan to determine if it improves the delivery of services to veterans in general; with emphasis on its impact to minority veterans. An area of special interest will be how VBA will reduce or eliminate the backlog of benefit claims without any real growth in resources.

The Committee is also concerned with the authority given to subordinate activities to plan and execute critical programs without the results or achievement of objectives being part of the evaluation process. In other words, there may be too much autonomy authorized in operations. This coupled with the current personnel system/process tends to leave under-achievers in the system. It also mitigates against VA operating agency staffs mirroring the population in the area in which they are located. This is a very serious problem that needs to be corrected without delay. Data on the level of minority employment is discussed elsewhere in this report. This problem impacts on the agency's efficiency and morale as well as the veterans.

Information provided to the Committee through briefings from the VA staff and Veterans Service Organizations indicates a need for sensitivity training throughout the VA. This training should promote a better understanding of the veterans whom VA serve, and promote, among other things, a culturally-sensitive work place. There is evidence to support the fact that insensitivity may be the root cause of many of the problems relating to the delivery of services to minority veterans. Such instances were cited during our visit to Temple and Waco, Texas.

Our report identifies several problem areas, and the Center for Minority Veterans is working with other VA staff to develop solutions for your approval and implementation. The most critical problems are:

- Alleged patient abuse
- Systematic non-compliance with EEO policies
- Discriminatory practices in the employment and promotion of minorities
- Unreasonable delays in processing claims for minority veterans
- Lack of cultural sensitivity
- Insufficient funding for Advisory Committee on Minority Veterans

Overall, we applaud the Department of Veterans Affairs for recognizing that there are major problems that must be solved. In light of budget constraints, VA's response to programs will require a great deal of innovation. However, we cannot lose sight of the fact that we must improve, in any way possible, the delivery of services to minority veterans, and that minority veterans are a unique part of the population. We pledge our continued support and assistance in VA's efforts to improve the delivery of benefits, programs and services to minority veterans.

One sensitive area that we believe needs to be brought to closure is that concerning the benefits for Philippine veterans. In our view, there service merits full benefits based on the standards for all veterans. We urge you to support efforts to include these benefits in future VA budgets.

## FOURTH ANNUAL REPORT THE ADVISORY COMMITTEE ON MINORITY VETERANS

### A. Introduction

1. The Committee, although reorganized, recognizes the importance of maintaining dialogue with those who have previously served on the Committee. Their deliberations, research and findings are crucial to overall improvements in services to minority veterans.
2. The Committee revalidated the strategies outlined in earlier reports and strongly embraces the four goals developed by former Committee members. Furthermore, this Committee developed an additional goal (e), which significantly impacts on VA's ability to truly serve all veterans. The following goals were revalidated/adopted:
  - a. Review and analyze the effects of VA policies, programs and procedures on minority veterans;
  - b. Evaluate the needs of minority veterans;
  - c. Develop an evaluation model to measure the effectiveness and efficiency of VA;
  - d. Submit recommendations to the VA Secretary to improve the delivery of benefits and services to minority veterans; and
  - e. Review and analyze VA's commitment to diversity in the work place, and the manner in which the workforce influences the delivery of VA services to minority veterans.
3. The Committee's subcommittee structure will be used to accomplish the five (5) goals. The following strategies will be employed:
  - a. Evaluation of VA's application of policies, procedures and regulations in the delivery of domiciliary care, substance abuse treatment and post-traumatic stress disorder care to minority veterans;
  - b. Periodic assessment of VA's administration of compensation and pension benefits to minority veterans and their family members; and
  - c. Frequent reviews of work force data for select VA medical facilities and regional offices.

## **B. General Overview**

1. The Committee held two formal meetings during the fiscal year. Both meetings were held in Washington, D.C., at VA Central Office.
2. Eleven new members were recommended to replace members whose terms of service had expired. A list of those members replaced and newly appointed members are shown at Appendix C. The Committee was increased from 15 to 18 members, which allowed for a more diverse group, with representation from all five minority veteran groups listed in Public Law 103-446.
3. Based on budget constraints, only one of the Committee's four subcommittees was able to conduct field site visits and town hall meetings. The Subcommittee on Compensation and Benefits visited VA facilities in Temple and Waco, Texas on June 7-9, 1998. A copy of the Subcommittee report is at Appendix B. Other Subcommittee visits were delayed until fiscal year 1999. However, it is our view that similar situations to that in the Waco/Temple, TX area exist elsewhere in the country.

## **C. Summary of Full Committee Meetings**

### **1. The First Committee Meeting:**

- a. The first meeting of Fiscal Year 1998 was held January 12-14, 1998. Mr. Willie L. Hensley, Director, Center for Minority Veterans, opened the meeting with greetings from the Acting VA Secretary. The eleven new Advisory Committee members were introduced. Acting VA Secretary Togo D. West, Jr. greeted each committee member and addressed the group. He challenged the Committee to ensure that the Nation deliver on its promises to veterans; to point out how VA can best improve what is being done for veterans now and in the future; and to monitor the results of recommendations to ensure that they are being carried out.
- b. The first half of the day of this meeting was devoted to an orientation for new members who received briefings on ethics, committee responsibilities and the Federal Advisory Committee Act (FACA).
- c. The full Committee received briefings from the Under Secretaries for VA Health Administration, Benefits Administration and the Director, National Cemetery System. The Assistant Secretary for Policy and Planning provided an overview on major VA policy initiatives.

- d. The second day of the meeting was devoted to briefings from key VA staff on issues that Advisory Committee members wanted to focus on:
- **The VA Medical Research Services Staff** – Discussed research projects that focused on minority health issues, and research grants for minority universities and colleges.
  - **The Director, Readjustment Counseling Service (RCS)** – Briefed the Committee on Post Traumatic Stress Disorder (PTSD) and how VA Vet Centers are responding to the needs of veterans suffering from PTSD.
  - **Dr. Artie Shelton** – Made a presentation on a joint VA and National Cancer Institute (NCI) research project that would expand cancer treatment trials to minority veterans.
  - **Director, Compensation and Pension (C & P) Services** -- Provided information on VA's efforts to reengineer the C & P process.
  - **Ms. Erica Greenberg-Lewis** – Provided the Committee with an update on the VA loan guaranty program and the Native American Direct Home Loan program.
  - **Director, Veterans Integrated Services Network (VISN) 5** – Discussed the role and goals of the VISN in the delivery of health care to veterans.
  - **Ms. Joan Furey, Director Center for Women Veterans (CWV)** – Spoke about activities in the CWV and the Advisory Committee on Women Veterans.
  
  - **Mr. Anthony Hawkins, Associate Director for the Center for Minority Veterans** - Provided an update on the status of recommendations in the Committee's three previous annual reports.
- e. The Committee elected BG George Price, U.S. Army Ret., as the new Committee Chairman and Mr. Francisco F. Ivarra as the Vice Chairman. After the elections, Mr. Horace Grace updated new Committee members on the goals and objectives established last year by the Advisory Committee. The Committee also discussed the format for its next annual report. The remainder of the day was spent in subcommittee sessions.
- f. The final day of this session focused on subcommittee meetings. The Chairman tasked each subcommittee to develop and submit a report that included a two-year budget and any proposed field trips. In the afternoon, the committee reconvened to receive reports from each subcommittee chairman on their deliberations. Each subcommittee chairperson reported that their subcommittees desired to conduct field visits to VA facilities in order to more closely examine the administration

of VA benefits and services, and to validate the concerns of minority veterans.

## 2. The Second Committee Meeting:

- a. The second meeting of the Committee was convened on April 27-29, 1998. The first day of this meeting was devoted to subcommittee meetings and further updates on the status of recommendations from the previous annual reports. The subcommittees met to work on preparation for the final subcommittee reports and to prepare input for the next annual report. The Committee voted to send a letter to the Secretary expressing their desire that consideration be given to appointing a Native Hawaiian to the vacant VA Medical and Regional Office Center position in Honolulu. The Committee also voted to draft a resolution in support of legislation to provide VA benefits to certain Filipino World War II veterans.
- b. The Assistant Secretary for Labor, Veterans Employment and Training Service, briefed the Committee on collaborative efforts with VA. He provided data on the number of veterans in the labor force. He pointed out that unemployment rates were higher for older minority veterans than for younger veterans. He reported that the Department of Labor (DOL) was advocating granting licensing credit to veterans based on the skills they had acquired through military training. The Committee participated in a panel discussion with representatives from four Veterans Service Organization (VSO) on issues that affect minority veterans. Representatives from the American GI Forum, through a letter to VA Secretary West, indicated that VA had failed to provide equality of opportunity for Hispanic employees in the areas of promotion, training and development for management and executive leadership positions.
- c. The Committee received reports from the four subcommittee chairs.
  - **The Subcommittee on Health Care** -- Reported on issues relating to Native American and Hispanic veterans' health care. The Subcommittee raised concerns about the lack of coordination with Indian Health Services, and the elimination of 21-day inpatient substance abuse programs throughout the VA health care network.
  - **Subcommittee on Compensation and Benefits** -- Reported on concerns with the Under Secretary for Veterans Benefits Administrations' "Roadmap to Excellence." They proposed a field visit to VA facilities in Waco and Temple, Texas (see report of visit at Appendix B) to review allegations of disparate treatment at the VA domiciliary and disparities in PTSD ratings for minority veterans. The Subcommittee recommended that field hearings be

held in the Philippines, and that a community liaison position be established for Native American Indians around the country.

- **Subcommittee on Rehabilitation and Outreach** -- Recommended a visit to Puerto Rico and Alaska to examine the effectiveness of VA's outreach to veterans in these remote locations. Subcommittee members expressed concerns about possible retaliation against VA employees at VA facilities in Seattle following the Committee's visit in 1997.
- **Subcommittee on Employment and Training** -- Submitted thirteen recommendations for inclusion in the annual report. These recommendations are at Attachment 2.

#### D. Summary of Subcommittee Reports

##### 1. Health Care Subcommittee:

- a. The Subcommittee on Health Care did not conduct any field site visits during this reporting period. The committee focused much of its attention on reorganizing and learning more about the new VA health care system. In full Advisory Committee deliberation, Mr. Gumersindo Gomez was selected as chairman of the Subcommittee on Health Care.
- b. The Committee reviewed recommendations contained in its third annual report to assess VA's progress in addressing those issues applicable to health care. The Chairman of the Advisory Committee directed the Subcommittee on Compensation and Benefits to assess VA's application of policies, procedures and regulations in the provision of domiciliary care, substance abuse treatment and post-traumatic stress treatment at VA facilities in Waco and Temple, Texas. Findings and recommendations from the visit are at Attachment 1, and are discussed at Appendix B to this report.
- c. The Subcommittee on Health Care deliberated on the provision of health care to veterans in Puerto Rico and determined that a site visit to Puerto Rico was warranted. Although the Center for Minority Veterans indicated that several VA officials had visited Puerto Rico, the Subcommittee deems it necessary to hold town hall meetings in Puerto Rico. They also want to ascertain the equity of funding, especially under the Veterans Equitable Resource Allocation (VERA), to the medical center in Puerto Rico, which serves a large minority veteran population. Informal information and unsubstantiated reports indicate that there are serious problems with resource management and health care treatment in Puerto Rico. The Subcommittee expressed a desire to schedule a trip immediately, but resolved that the cost for the trip should be programmed in the Center's budget for execution in February or March

1999. A full report is attached as Appendix A.

2. Subcommittee on Rehabilitation and Outreach:
  - a. During the January 1998, meeting the Advisory Committee on Minority Veterans validated the need for a Subcommittee on Rehabilitation and Outreach. Mr. Don Loudner was selected to chair the subcommittee. The subcommittee reviewed and revalidated recommendations from the Advisory Committee's third annual report.
  - b. The Subcommittee received a series of briefings on VA's outreach initiatives, and determined that further assessment and field site visits should be conducted during the next fiscal year.
  - c. The Subcommittee expressed concerns about the following issue: that VA had not responded to recommendations in the 3<sup>rd</sup> annual report that addressed outreach to American Indian veterans living on reservations at Pine Ridge and Rosebud, South Dakota (recommendations 60-63).
3. Subcommittee on Compensation and Benefits (Full Subcommittee report attached at Appendix B:
  - a. On June 7-9, 1998, the Advisory Committee on Minority Veterans' Subcommittee on Compensation and Benefits under Manuel Doria's chairmanship visited VA facilities at Temple and Waco, Texas. The purpose of the trip was to assess VA's administration of benefits, programs and services to minority veterans in the central Texas region. The Chairman of the Advisory Committee, also directed the group to assess VA's provision of medical care to minority veterans at the Temple Domiciliary, the Waco Post-Traumatic Stress Center and Waco Substance Abuse Clinic. Town hall meetings were held at the Temple and Waco facilities.
  - b. Subcommittee members met with the Director, Central Texas VA Health Care System to discuss outreach to minority veterans and employment trends in medical centers serving central Texas veterans. Specifically, members were interested in the Director's commitment to a diverse workforce and the manner in which his commitment was reflected in the hiring, training and promotion of minorities at these medical centers. Members collected information on employment trends and hiring practices for each central Texas VA facility.
  - c. Members also met with the team of physicians responsible for domiciliary care, substance abuse treatment and the PTSD program.

They focused on VA's application of policies, procedures and regulations in the administration of care to minority veterans at the domiciliary and the substance abuse and PTSD centers. Discussions with VA staff centered on the effectiveness of the "managed care" concept in a "specialized care" environment. Subcommittee members, and some VA staff, expressed concerns about inadequate staffing of outpatient treatment programs for PTSD and substance abuse, and the release of veterans from residential treatment programs without some form of transitional counseling in a residential setting. Subcommittee members expressed an interest in the number of irregular discharges (discharges of patients before they completed the established treatment program) among minority veterans enrolled in the domiciliary program. The Subcommittee had received unsubstantiated reports that minority veterans were being discharged before completion of the program, while some other veterans remained in the program for 20/30 years.

- d. Approximately 80 veterans attended the town hall meeting in Temple. Veterans expressed concerns about the length of time it takes to process disability claims at the Waco VA Regional Office. They were, however, complementary of the care they were receiving at the Temple Domiciliary.
- e. Subcommittee members also met with the Director, VA Regional Office to discuss delays in the processing of claims. The Director and the Manager, Veterans Service Center, outlined plans for reducing the backlog of some 13,000 cases in the Regional Office by October 1998. The Veterans Service Center Manager indicated that about 19,000 cases were on-hand at the Regional Office. About 20% of the cases are backlogged (a 10% backlog is more acceptable). After the meeting (and in private deliberations), Committee members expressed concerns over the appearance of a claims processing system that is adversarial to minority veterans, with certain adjudicators and rating specialists regularly using their own biases and unsubstantiated judgmental opinions to determine what constitutes a legitimate claim for benefits.
- f. A review of work force data at the Regional Office revealed some grade imbalances and disparities in minority representation. For example, of the 122 claims examiners, 80% are white – and there were no minority supervisors in the section. The Director indicated that he is committed to increasing minority representation in the work force, especially since the pool of Hispanics and American Indians is so great in the region.
- g. The town hall meeting in Waco was also attended by the news media. The chief administrative officer, public affairs officers, and chief of staff

of the Waco VA Medical Center also attended the town hall meeting. Approximately 22 veterans from surrounding counties participated in the forum. Veterans were very complimentary of the PTSD program – they were less favorable about care and treatment at the substance abuse clinic and at the medical center. They expressed confidence in leadership at the facility and stated that they have noted several improvements in care and treatment.

4. Subcommittee on Employment, Training and Rehabilitation:

- a. In a meeting on April 29, 1998, the Subcommittee on Employment, Training and Rehabilitation reviewed information presented by the Assistant Secretary for Veterans Employment and Training, Department of Labor (DOL). Specifically, members focused on the impact of several DOL programs on minority veterans, (i.e. Job Training Partnership Act, Disabled Veterans Outreach Program, Local Veterans Employment Representative, Native American Employment Outreach Programs and Small Business Initiatives).
- b. Members also met with a representative of the Vocational Rehabilitation Office. Members were concerned that VA does not maintain data that reflects the race, ethnicity and gender of veterans using the vocational rehabilitation program.
- c. A copy of the Subcommittee's report is at Appendix A. The Subcommittee's findings and recommendations are listed at Attachments 1 and 2.

**E. Statement of Recommendations**

1. The full Committee recommends the Secretary of Veterans Affairs approve the ten recommendations listed at Attachment 2 of this report.
2. Further, the Committee recommends that the Secretary monitors VA's progress in implementing recommendations in this report, and brings closure to the recommendations contained in the Committee's Third Annual Report.

## ATTACHMENT 1

### FINDINGS

1. Veterans reported instances of alleged patient abuse, by staff, at the Waco Medical Center. Feedback from veterans indicates abuse and neglect at the facility.
2. Overall, funding of the PTSD program is considered insufficient and results in reduced rations for patients. The quality and quantity of food is also insufficient. The nightly milk and juice ration has been eliminated and food portions served are comparable to those served to young children in a daycare facility. Medical research has indicated that prescribed medications have a tendency to deplete the effectiveness of vitamins and minerals, thereby creating an additional need to increase patient's nutritional intake. The Temple Medical Center should reconsider the decision to prepare and transport food to the Waco VA Hospital.
3. The shortage of staff and funds have adversely affected the Temple and Waco Medical Centers ability to provide quality care and timely patient services to veterans. Patients currently have to wait 18 months to secure leg braces, and nine months to secure examinations for liver ailments.
4. There appears to be no systematic review of rating decisions to ensure that C & P ratings for minority veterans are not disproportionately lower than non-minority veterans. Indications are that decisions have been inconsistent and based on conservative attitudes; i.e. "this is my tax dollar, and why should I give it to those people." The current claims processing system appears to be adversarial to minority veterans.
5. The VA should establish a standard policy and procedures guide/manual for domiciliary operations. The domiciliary at the Temple VA Hospital needs a policy and procedures manual for veterans. Some minority veterans expressed concern as to why non-minority patients were allowed to remain in the domiciliary for twenty-three years, while others were asked to leave within six months or one year.
6. There appears to be a systematic non-compliance with Equal Employment Opportunity policies, and practice at both the Medical Center and Regional Office in Waco. Minority employee advancement requirements appear to be discriminatory and exclusionary. During the period October 1993, through the present, 352 announcements were posted for vacancies at the Waco Regional Office. Of the 352 announcements, 31 Blacks, 25 Hispanic and 3 other minority employees were selected. This disparity is indicative of repeated comments from VA employees about the lack of minority group members in professional and managerial level positions throughout Department of Veterans Affairs. There also appears to be a shortage of minority doctors and nurses at VA Medical Centers in Temple and Waco.

7. Currently, there are no minority representatives (doctors) on treatment teams at the medical centers in Temple and Waco.
8. Hiring and promoting practices in the Central Texas Health Care System and the Waco Regional Office should be reviewed. While the African-American percentage of the workforce is higher at the Temple VA Medical Center than the National Civilian Labor Force (CLF), the average grade level of employee is the lowest, at 5.1%. The number of Hispanics in the workforce is also very low, compared to the number of Hispanics living in the surrounding area. Also, the average grade for Hispanic employees is low compared to other groups.
9. Minority Veterans Program Coordinators (MVPC) are not allowed sufficient time to perform duties relative to the position. There are no full time coordinators in VBA, and some VHA facilities, throughout VA have yet to appoint even part-time MVPCs.
10. VA should identify “reasonable” and “appropriate” resources required to resolve unreasonable and very long delays in processing and deciding claims. Currently, there are 6,000 pending claims on the floor at the Waco Regional Office -- 20% of these claims are six months old. There are also 13,000 claims in process at the VARO, some are over five years old. The El Paso Medical Center currently has a backlog of 800 C & P examinations. It was indicated that it has taken up to six months for El Paso to complete a C & P examination and forward it to the Waco Regional Office.
11. The PTSD Clinic Team (PCT) program, located within the Central Texas Health Care System, does not have a psychiatrist or psychologist to provide necessary mental health services to patients.
12. A need exists for an outpatient/therapy clinic, for PTSD clients to visit on a daily basis in order to resolve individual problems.
13. The dress code for PTSD patients discourages self-pride and pride in past achievements and is considered “counter-therapeutic” to veterans. The code should be modified to bar only combat/camouflage clothing. Attire such as veteran’s service organizational hats, pins and T-shirts do not fall into that category.
14. There appears to be a great need for outreach programs that focus on PTSD group counseling in rural areas.
15. The in-patient PTSD unit at the Waco VA Hospital and the VA in-patient substance abuse facility should be retained at all cost.
16. Benefits and entitlements awareness training seminars around the country would possibly help improve veterans’ basic knowledge of eligibility and entitlements.
17. Medical doctors, adjudicators, rating specialist and other selected employees could

benefit greatly from cultural sensitivity training. Such training would facilitate more interaction between VA staff and veterans, and enhance, non-veteran employees, especially medical resident's knowledge of issues relative to the veteran populations they serve.

18. A weak in-service training program exists for all VA staff.
19. Based on briefings from the Assistant Secretary of Labor, statistics based on race and ethnicity of veterans is not maintained. As such, it is difficult to assess the effectiveness of DOL's employment, rehabilitation and training programs in serving minority veterans.
20. VA does not maintain records that identify disabled minority veterans being served by the Vocation Rehabilitation Program.

## ATTACHMENT 2

### RECOMMENDATIONS

1. Initiate a review of the funding and operation of PTSD programs, substance abuse programs, and domiciliary care programs throughout VA to determine, among other things, operational sufficiency in meeting the needs of veterans, sufficiency of funding to sustain an effective operation and adequacy of staffing to provide quality care and treatment to veterans. (Refer to findings #1, 2, 3, 5, 11, 12, 13, 14 and 18)
2. Retain in-patient PTSD and substance abuse programs at all cost – these programs serve the needs of minority veterans, who are disproportionately and more severely affected by the traumas of war.
3. Develop standard policies and procedures for domiciliary operations. (Refer to findings 5 & 13)
4. Investigate hiring and promotion practices throughout VA and initiate an aggressive program for correcting grade and position imbalances, especially in areas where there are no minority rating specialist, claim examiners, hearing officers and adjudicators, and low minority representation in senior and senior executive service level positions. The review and investigation should also examine efforts to recruit minority doctors, nurses and other key medical staff personnel. (Refer to findings 6, 7, 8, 11 and 17)
5. Establish procedures for a systematic quality review of rating decisions, to include denials to ensure quality, consistency and compliance with rating guidelines and applicable laws. (Refer to findings 4 & 10)
6. Conduct benefits and entitlement awareness training seminars around the country to improve communications with veterans and their basic knowledge and understanding of eligibility and entitlement guidelines. (Refer to finding 16)
7. Establish operational guidelines for minority veterans program coordinators which include the minimum outreach efforts and standards for performance. Direct facilities, without an MVPC, to appoint one as-soon-as possible. (Refer to finding 9)
8. Establish effective guidelines for investigating discrimination complaints related to medical care under Title VI of the Civil Rights Act of 1964. The current system is flawed and investigations are, in many instances referred back to the facility involved in the allegation for investigation and action. (Refer to finding 1)
9. Establish a more effective liaison with the Department of Labor on issues involving employment, training and vocational rehabilitation of minority veterans. Encourage DOL to track veterans programs by race and ethnicity to ensure minority utilization trends are appropriately addressed. (Refer to finding 19)

10. Include in the VA's FY 2000 budget, \$90,000 for Advisory Committee meetings and site visits.

## APPENDIX A

### ADVISORY COMMITTEE ON MINORITY VETERANS Subcommittee on Employment, Training and Rehabilitation April 29, 1998

#### A. Purpose

This report provides an assessment of the effectiveness of VA's Employment and Training, and Vocational Rehabilitation programs in meeting the needs of minority veterans.

#### B. Discussion

Members of this subcommittee are Chair, Joaquín Hernández, Frank Sogi, Talmadge C. Foster, and Richard LaBarre. The Subcommittee met in January and April 1998. At the January 14, 1998, meeting a speaker from the Department of Labor, Ron Benson, provided a briefing on DOL's veteran's initiatives. On April 27-28, 1998, Chairperson Hernández, Foster, and LaBarre met. The following is a summary of the issues discussed:

##### 1. Employment and Training

- a. Department of Labor/Veterans Employment Training Service (DOL/VETS)
- b. Job Training Partnership Act (JTPA - IV-C)
- c. Dialogue with the Department of Labor Minority Advisory Committee
- d. Review statistics on minority veterans being served by VA and DOL
- e. Disabled Veterans Outreach Program (DVOP)
- f. Local Veterans Employment Representative (LVER)
- g. Director for Employment & Training Service (DVET) (Federal representative in State Department of Labor)
- h. Native American Program (special programs will follow-up)
- i. Office of Small & Disadvantaged Business Utilization (OSDBU)
- j. Memorandum of Understanding (August 1995), establishing goals of getting "Disabled Veterans" employed. (MOU/VA/DOL)

On January 14, 1998, during the afternoon session, Ms. Carol Westerman, Vocational Rehabilitation Office met with subcommittee members to discuss vocational rehabilitation issues. The following is a summary of the issues discussed:

## **2. Vocational Rehabilitation**

- a. Disabled minority veterans served (Chapter 31) can not be identified based on race, ethnicity or gender.
- b. The computerized case management system does not identify disabled minority veterans being served.
- c. There is no system to identify how many minority veterans are serviced through the \$27 million contract-counseling program (counseling, case management, job placement). There is no record of how many contractors may be minority veterans.
- d. The 650 Vocational Rehabilitation Counselors can not be identified based on race, ethnicity or gender.
- e. The definition of “a successful placement “under the Vocational Rehabilitation program.
- f. The implementation of the Transition Assistance Program and Disabled Transition Assistance Program (TAP/DTAP).
- g. Development of a survey to measure satisfaction of minority veterans at VA facilities.

## **C. Conclusion**

The Department of Labor has offered assistance in assessing data for further analysis of the veterans’ employment and training services.

## **D. Items for future discussion**

1. The need for VA to determine the number of minority veterans in special programs managed by the Department of Labor.
2. Whether to invite the Department of Labor’s Advisory Committee on Veterans Employment and Training to brief the VA Subcommittee on Employment, Training, and Rehabilitation on issues regarding minority veterans programs.
3. How to improve VA and Department of Labor efforts to ensure that minority veterans are using DOL programs.

4. How VA and DOL can improve the effectiveness of various employment, rehabilitation and training programs in serving the needs of minority veterans.
5. The need for VA to develop a database that identifies disabled minority veterans being served by VA Vocational Rehabilitation Program (Chapter 31).
6. Whether DOL should enhance the computerized case management system to identify disabled minority veterans served.
7. How to ensure that the Secretary of Veterans Affairs, in cooperation with the Secretary of Labor, ensure the Veterans Employment Training Services (VETS) and Employment Training Administration (ETA) include minority veterans in their discussions concerning "priority of service" for veterans.
8. Should the Secretary of Veterans Affairs, in cooperation with the Secretary of Labor ensure that the Employment Training Administration (ETA) routinely ask all users of kiosks and other self-service employment centers, "Are you a man or woman who served in the military?" and also their cultural identity.
9. The details for a Subcommittee request that the Secretary of Veterans Affairs allocate \$5,000 for site visits to assess issues relative to employment, training and vocational rehabilitation of minority veterans.
10. Whether the Center's budget for FY 99 should include \$10,000.00 for a Subcommittee fact finding site visits.

## 11. APPENDIX B

### U.S. DEPARTMENT OF VETERANS AFFAIRS ADVISORY COMMITTEE ON MINORITY VETERANS REPORT ON BENEFITS AND COMPENSATION SITE VISIT TO WACO AND TEMPLE, TEXAS JUNE 7-10, 1998

#### **OVERVIEW:**

The Subcommittee on Benefits and Compensation visited Waco and Temple, Texas on June 7-10, 1998, in order to investigate allegations of discrimination towards minority veterans both internal and external to the Department of Veterans Affairs.

The Subcommittee on Benefits and Compensation consisted of the following individuals:

- Willie Hensley, Director, Center for Minority Veterans, Washington, DC
- Manuel Doria, Chairman, California
- Antonio Davila, Member, Delaware
- Cleveland Jordan, Member, South Carolina
- Horace Grace, Member, Texas

On Monday, June 8, 1998, members of the Subcommittee accompanied by the Waco and Temple Minority Veterans Program Coordinators, visited the Veterans Affairs Medical Center (VAMC) in Temple, Texas. There, a meeting was held with the Director of the VAMC, to reiterate our purpose for the visit and discuss issues of concern. Other meetings occurred with the Director of the Posttraumatic Stress Disorder (PTSD) Clinic and members of the Clinic's Veterans Advisory Committee. A subsequent meeting was held with the Chief of the PTSD Domiciliary Care Unit; Director of the PTSD Unit; Director of Mental Health; Chief of Psychiatry; Medical Director of the Substance Abuse Program; and the Director of the PTSD Unit in Waco, Texas.

On Monday afternoon, the Subcommittee held a Veterans Forum at the Temple Medical Center. A rating specialist from the VA Regional Office (VARO) assisted in answering concerns from 65 veterans in attendance. After the Forum, a walk through of the Domiciliary Care Unit occurred.

On Tuesday, June 9, 1998, the Subcommittee visited the VARO in Waco, Texas and met with its Director. Additional meetings were held with the Manager of the Veterans Service Center (VSC); Assistant Manager of the VSC; and Decision Review Officers.

Later that morning, the Subcommittee visited the office of Congressman Chet Edwards and met with the District Office Director and other members of the Congressman's staff.

On Tuesday afternoon, a second Veterans Forum was held at the Waco Medical Center in which an estimated 50 veterans attended. After the Forum, the Subcommittee toured the PTSD Center facility. There, a meeting was held with veterans currently receiving services from the center.

## **DISCUSSION:**

Based on the series of meetings held over two days with VA management and veterans, the following issues surfaced: **(Issues are not listed in order of importance)**

- a. Cultural sensitivity training should be periodically required for medical doctors, adjudicators, rating specialists, and employees. This would result in more effective interaction between VA staff and veterans.
- b. Compensation and Pension (C&P) ratings for minority veterans are comparatively lower and not equal when contrasted to non-minority veterans. Decisions have been inconsistent and based on conservative attitudes; i.e., “this is my tax dollar, and why should I give it to those people.” The claims processing system appears to be adversarial to minority veterans, with certain adjudicators and rating specialists regularly substituting their own biases and unsubstantiated judgmental opinions on what is a legitimate claim for benefits. These actions lead to “illegal” reductions in compensation ratings. The regional office staff needs to know their veterans and become more sensitive to their needs.
- c. Unreasonable and very long delays occur in processing and resolving claims. Currently there are 6,000 pending claims on the floor with over 20% that are six months old. There are also 13,000 claims in process at the VARO with a number of claims exceeding five years. El Paso currently has a backlog of 800 C&P exams pending. It was indicated that it has taken up to six months for El Paso claims to reach the Waco VARO.
- d. Benefits and entitlements awareness training seminars are necessary for veterans to acquire a basic knowledge of such.
- e. VA’s non-compliance with Equal Employment Opportunity policy and internal minority employee advancement requirements are discriminatory and exclusionary. During the period October 1993 through the present, 453 announcements were posted. Of the 453 announcements, 31 Black, 25 Hispanic, and 3 other minority employees were selected. This disparity is indicative of repeated comments concerning the inability and unavailability of minority group members applying for professional and managerial level positions within the Department of Veterans Affairs. An extensive outreach effort to recruit

minority personnel and veterans is warranted in order to eliminate existing internal and external recruiting practices.

- f. definite need exists for more minority doctors, nurses, and VA staff (African-American and Hispanic) which is representative of the minority population in the area served. This would assist in lessening the tension among the minority groups.
- g. Insufficient time is allocated to the Minority Veterans Program Coordinators to perform the duties necessary for effective interaction with staff and veterans.
- h. A weak in-service training program exists for all VA staff.
- i. Currently there exists no minority representation in treatment teams at the medical centers.
- j. In order to have a formal and effective process of interaction and representation at the director's level, sufficient staff (minority and other) is necessary in the PTSD / Substance Abuse Unit.
- k. A need exists for an outpatient/therapy clinic, for PTSD clients to visit on a daily basis in order to resolve individual problems.
- l. Closer and more effective coordination is necessary at the program management level, in order to develop a system that addresses inpatient-resident-outpatient issues.
- m. All services offered at the medical centers must be equal for both male and female veterans. Both staff and patients should be made aware of equality issues pertaining to female veterans.
- n. The PTSD Clinic Team (PCT) program, located within the Central Texas Health Care System, is in immediate need of employing a psychiatrist or psychologist to provide the necessary mental health services to patients. Both the inpatient PTSD program and the inpatient Substance Abuse program should be retained at all cost.
- o. Overall funding of the PTSD program is insufficient and results in reduced allocations for rations in the areas of quality and quantity for patients. The nightly milk and juice ration has been eliminated and the food portions served are comparable to those served to young children in a daycare facility. Medical research has indicated that prescribed medications have a tendency to deplete the effectiveness of vitamins and minerals, thereby creating an additional need to increase patient's

nutritional intake. Temple Medical Center should reconsider the decision of preparing food and transporting it to the Waco VA Hospital.

- p. The dress code for PTSD patients discourages pride in self and in past achievements by being considered “counter-therapeutic” to the veteran. The code should be modified to only address combat/camouflage clothing. Attire such as veteran’s service organizational hats, pins, and T-shirts do not fall into that category. Other staff members and supervisors refer to staff members that support veterans as “militant”.
- q. The alleged issue of patient abuse, to include physical abuse of veterans by staff members, at the Waco Medical Center, needs immediate attention. Feedback from veterans indicates abuse, neglect and intolerance to the needs of patients.
- r. Outreach programs need to be established in rural areas in order to provide veterans access to services offered by the Department of Veterans Affairs.
- s. Prioritizing and timeliness in addressing and meeting medical needs of patients is questionable; i.e. patients should not have to wait 18 months to secure needed leg braces for mobility or wait nine months to secure an examination for a liver ailment.
- t. The domiciliary at the Temple VA Hospital needs to establish an equal policy and procedure manual for all veterans. Some patients were allowed to remain in residence for extended periods of time (decades) while others were asked to leave within a year.

While we have outlined the problem areas, we would like to emphasize that there are many proactive individuals who consistently work under stressful conditions to overcome obstacles and accomplish the “overt” mission of the Department of Veterans Affairs.

### **RECOMMENDATIONS:**

The findings of the Subcommittee on Benefits and Compensation substantiate a Prima Facie dilemma well rooted in ethnological intolerance, and one that prohibits the effective delivery of services to minority veterans. Our recommendation is to require that the Department of Veterans Affairs further investigate the visited sites in order to eradicate vestiges of intolerance, manifested injustices, exclusionary tactics and practices.

That the Subcommittee on Benefits and Compensation schedule a minimum of two visits per fiscal year to ascertain the impact of VA policy and services on minority veterans throughout these United States and its territories.

## **CONCLUSION:**

The Subcommittee's visit to Texas was a "Ray of Hope" for minority veterans as well as majority veterans that attended our Forums. Numerous e-mail communiqués indicate support of the efforts made by the Center for Minority Veterans and the Minority Veterans Advisory Committee. It will benefit the Department of Veterans Affairs to fiscally increase its support of the Center for Minority Veterans. The Department of Veterans Affairs must implement the necessary changes to both internal and external policies that are currently resulting in discriminatory practices and exclusion of minority veterans to benefits, services and employment.

## APPENDIX C

### ADVISORY COMMITTEE ON MINORITY VETERANS BIOGRAPHICAL SKETCHES (Newly Appointed)

1. **Cavanaugh, Shirley** Pacific Island – Japanese American

Ms. Cavanaugh has extensive experience in community relations, media relations, governmental relations, special events and employee communications. She is currently serving as the Communications Director, Office of the President, Hawaii State Senate. She was appointed to the Hawaii Governor's Advisory Board on Veterans Services from 1993 to 1997 and served as the Board's chairperson from 1995 to 1997. She served in the US Air Force from 1967 to 1990, retiring as a Lieutenant Colonel.

2. **Davila, Antonio** Hispanic American

Mr. Davila has served as the Executive Director, Delaware Commission of Veterans Affairs since 1991. He is currently the National President of the National Association of State Directors of Veterans Affairs. He has experience as an EEO specialist in the Worcester Public Schools, Worcester, MA. He taught English, History and Spanish in several school systems and institutions of higher education. He is a U. S. Air Force veteran who served on active duty from 1964-1968. He has also served in the Massachusetts Army NG (1977-1980), and the USAR (1980 to present). He is a member of the American Legion, Benevolent and Protective Order of Elks, Association of the United States Army and Reserve Officers Association.

3. **Doria, Manuel T.** Filipino American

Mr. Doria enlisted in the United States Navy in the Philippines, and retired as a Lieutenant with 23 years of honorable service. He is a graduate of National University in San Diego with Masters Degrees in Business Administration and Public Administration. He was the President of the Philippine-American Community of San Diego County. In San Diego, he coordinated the Veterans Forum of Congressmen Bob Filner, Lane Evans, Sonny Montgomery and Secretary of Veterans Affairs, Jesse Brown. Currently, he is the Special Assistant to Congressman Bob Filner of California.

4. **Foster, Talmadge C.** African American

Mr. Foster is an Army veteran who served in the military from 1952 to 1955 and 1960 to 1969. He organized, planned, and administered the Alabama Veterans Leadership Program (AVLP). AVLP is a non-profit organization that recruits, counsels, trains, and

supervises unemployed veterans and provides job placement and referral services. He has served as a member of the Alabama State Board of Veterans Affairs.

**5. Gomez, Gumersindo** Hispanic American

Mr. Gomez is a community activist, Counseling Psychologist, and veteran's advocate. He is currently the Executive Director of the Puerto Rican Veterans' Assoc. of Massachusetts, Inc. He has worked in the VA Vet Center program and Spanish American Union as a caseworker. Mr. Gomez served twenty years in the US Army retiring at the rank of First Sergeant.

**6. Hernandez, Joaquin** Hispanic American

Mr. Hernandez is a disabled Vietnam Veteran who served honorably in the United States Marines from 1968 to 1970. He has twenty-seven years of senior level academic administrative and teaching experience in higher educational institutions. He currently serves as Affirmative Action/Staff Development Manager, San Diego Community College District. In 1973, he served as the Director, Office of Veterans Affairs at the University of Northern Colorado at Greeley.

**7. Ivarra, Francisco F.** Hispanic American

Mr. Ivarra is a disabled combat Vietnam veteran who was in the US Army, serving from 1968 – 1970. He has extensive experience as a consultant on diversity and, has held numerous positions as an instructor and administrator in the community college and university systems. He has an M.A. in Sociology from Western Washington University. He is currently the National Vice Commander for the American GI Forum, serves on the Governor's Veterans Affairs Committee and is the Administrative Facilitator for the Seattle VARO Minority Veterans Coordinating Committee. \*

**8. Jacobs, Mark** Native Alaskan - Tlinget

Mr. Jacobs is a World War II Navy veteran and a full-blooded Tlinget Indian. He was born in Sitka, Alaska. He currently serves on the Veterans Affairs Committee of the National Congress of American Indian. He is a life member of the American Legion.

**9. Loudner, Don**

Native American - Sioux

Mr. Loudner is a 7/8 degree Hunkpati Sioux. He served in the United States Army during the Korean conflict (1950 to 1952) and has 32 years of service in the Army Reserves as a Chief Warrant Officer (CW4). He has worked at the Bureau of Indian Affairs as the Agency Superintendent at the Yankton Sioux Indian Reservation, and served three years as the Commissioner of Indian Affairs for South Dakota. He is currently a Commissioner on the South Dakota State Veterans Affairs Commission.

**10. Metoxen, Gary**

Native American - Oneida

Mr. Metoxen is a career Navy veteran. He currently serves as the Chairman of the Veterans Affairs Committee of the National Congress of American Indians. He is also the Director of the Oneida Nation's Veterans Affairs Office.

**11. Price, George B.**

African American

Mr. Price is a retired Army Brigadier General with over 27 years of Military service. After retirement from the active military, he worked in the Telecommunications Industry, providing technical engineering services, and consulting services to clients. He is currently the personal manager of Opera Diva, Leontyne Price. He has served as a board member for Boy Scouts of America, Women's Vietnam Veterans Memorial, Vietnam Veterans Memorial Fund and the ROCKS, Incorporated, a minority non-profit organization comprised of active duty and former military officers. He is a member of the American Legion, VFW, VVA, 9<sup>th</sup> & 10<sup>th</sup> CAV Association of Harlem Education Activities Fund (HEAF). \*\*

**ADVISORY COMMITTEE ON MINORITY VETERANS  
BIOGRAPHICAL SKETCHES  
(Re-appointed)**

**12. Bowles, Joyce G.** African American

Ms. Bowles is an African American female, Vietnam Army nurse recommended by Mr. Gene Brickhouse. She is a Ph.D. in Health Education, is a Professor of Nursing at Bowie State University, is active in many professional organizations, and has extensive experience in academia.

**13. Cooper, David E.K.** Native Hawaiian

Mr. Cooper is a Pacific Island American and Native Hawaiian male, Vietnam Infantry combat veteran recommended by Senator Daniel K. Akaka. He is a retired Brigadier General who currently is CEO of Hana Environmental Engineering, Inc. and President, Pacific American Foundation, a national 501-© (3) organization with offices in Washington, DC, and Honolulu, HI. He has broad and extensive qualifications in academia, corporate, military, and community establishments. He resides in Alexandria, VA.

**14. Grace, Horace R.** African American

Mr. Grace is an African American male, Vietnam Army veteran recommended by Representative Chet Edwards. He is a businessman and community leader in Central Texas and has served on several State level advisory boards. He is CEO of the largest privately owned commercial and residential landscaping firm in Killeen, TX.

**15. Jordan, Cleveland** African American

Mr. Jordan is an African American male, peacetime disabled Army veteran is a former National Commander of Disabled American Veterans and National Service Officer. He was acting chief of the DC Office of Veterans Affairs and retired as a Program Analyst with the District Government, Commission on Social Services. He resides in South Carolina.

16. **LaBarre, Richard D.**                      Caucasian

Mr. LaBarre is a Caucasian male, Vietnam Army veteran living in South Carolina who founded the first VVA chapter in South Carolina. He was the Chairman of the South Carolina Joint Veterans Council. He currently serves as the Executive Director, Vietnam Veterans of the Carolina's and a National Board member of the Vietnam Veterans of America (VVA).

17. **Sogi, Francis Y.**                              Asian American

Mr. Sogi is an Asian American male, WWII veteran recommended by Senator Daniel K. Akaka. He is a Life Partner of Kelley, Drye & Warren, an international law firm, living in New York, and a national spokesman for the Asian American community. He is Chairman Emeritus of the Japanese American National Museum, the first national ethnic museum of its kind, in Los Angeles. He is a member of veterans' organizations and a member of the Board of Governors of the National Japanese American Memorial Foundation that will establish a memorial in Washington, DC.

18. **Willis, LaVonne**                              African American

Mr. Willis is an African American male, Vietnam Air Force combat veteran recommended by the Director, Department of Military Affairs, PA. He is the Director of the Utah Department of Veterans Affairs a specialist in employment and transition assistance programs.

\* Denotes Vice Chairman

\*\* Denotes Chairman

## APPENDIX D

### VA'S RESPONSE TO ADVISORY COMMITTEE RECOMMENDATIONS

- 1. Initiate a review of the funding and operation of PTSD programs, substance abuse programs, and domiciliary care programs throughout VA to determine, among other things, operational sufficiency in meeting the needs of veterans, sufficiency of funding to sustain an effective operation and adequacy of staffing to provide quality care and treatment to veterans. (Refer to findings 1, 2, 3, 5, 11, 12, 13, 14 and 18)**

VA Response:

VA has an ongoing program evaluation of its PTSD programs. Veterans Health Administration's Mental Health Strategic Healthcare Group (MSHHG) is responsible for ensuring that evaluations are conducted by the Northeast Program Evaluation Center (NEPEC), located at the VA Medical Center, West Haven, CT. These evaluations include information on staffing, funding and assessments of treatment outcomes. The adequacy of domiciliary care programs is also evaluated by NEPEC. MSHHG programs for addictive disorders are similarly reviewed by the Program Evaluation Center, located at the Palo Alto VA Health Care System. All program evaluations include data on numbers of minority veterans served. Evaluation results are provided to the Veterans Integrated Service Network (VISN) leadership. In addition, the Joint Commission on the Accreditation of Health Care Organizations (JCAHO) routinely surveys the adequacy of VA medical center and domiciliary care program operations and facilities for accreditation purposes. Domiciliary care program operations and facilities are also surveyed by the Commission on the Accreditation of Rehabilitation Facilities (CARF).

- 2. Retain in-patient PTSD and substance abuse programs at all cost — these programs serve the needs of minority veterans, who are disproportionately and more severely affected by the traumas of war. (Refer to findings #11 and 15)**

VA Response:

VA appreciates support for the continuation of inpatient programs for patients with PTSD and for those with addictive disorders. The need for a continuum of care for veterans with PTSD and addictive disorders, including specialized inpatient, residential, outpatient and community based care is part of the Mental Health Strategic Health Care Group's policy as expressed in VA's Practice Guidelines on PTSD and on Addictive Disorders. It is essential that VA retain capability to serve those veterans with PTSD and/or addictive disorders whose clinical needs require inpatient/residential care. There are some patients whose severity and/or complexity of illness requires such care at some times in their clinical course if they are to be successfully treated. We are concerned that in a few facilities, specialized inpatient/residential PTSD or Addictive disorders programs

have apparently been eliminated at times without adequate alternative programs being made available. This issue was presented by VHA's Committee on Severely Chronically Mentally Ill Veterans and is currently under review. There is a study on development of utilization management criteria for Evaluation and Brief Treatment PTSD Units and PTSD Residential Rehabilitation Programs being carried out by the VISN 20 MIRECC. We anticipate this will strengthen awareness of the utility of these services.

**3. Develop standard policies and procedures for domiciliary operations. (Refer to findings 5 & 13)**

VA Response:

Non-concur. System-wide standard policies and procedures relating to the operation of Domiciliary Care Programs are outlined in VA Manual M-5, Part IV, December 6, 1990.

**4. Investigate hiring and promotion practices throughout VA and initiate an aggressive program for correcting grade and position imbalances, especially in areas where there are no minority rating specialist, claim examiners, hearing officers and adjudicators, and low minority representation in senior executive service level positions. The review and investigation should also examine efforts to recruit minority doctors, nurses and other key medical staff personnel. (Refer to findings 6, 7, 8, 11 and 17)**

VA Response:

Each VA Regional Office is required to conduct an annual workforce analysis in connection with the submission of their Annual Affirmative Employment Reports and Update for Minorities and Women. The workforce analysis compares the employment levels of minorities and women in Regional Offices to their representation in the respective civilian labor force areas. In many instances, the percentages of minorities and women in VA Regional Offices meet or exceed their percentages in the civilian labor force and in some instances, the percentages of minorities and women falls below those in the civilian work force. Other issues covered in the Regional Office Affirmative Employment Program Work Force Analyses include recruitment and hiring, rates of promotion, training and development and separations.

With regards to the Advisory Committee's finding #6, the number of positions filled at the Waco Regional Office during the five year period between 1993 and 1998 was 352. For the same period, the number of African Americans hired was 35, the number Hispanics hired was 28 and other minority employees hired were 4. Based on these figures, the percentage of minorities compares favorably with civilian labor force (CLF) data for the Waco metropolitan (recruitment) area. The employment comparisons are as follows:

Ethnicity	WACO	Civilian Labor Force
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		(CLF)
Black	10%	10%
Hispanics	8%	8%
Overall	19%	22%

The Waco Regional Office will continue to use every opportunity to target external recruitment efforts to attract quality minority job candidates.

VBA has implemented a new succession planning initiative, entitled "Opportunity 98" under which selected VA regional offices have been authorized to hire entry level Veterans Service Representatives (VSRs), experienced vocational rehabilitation counselors and employment specialists. One hundred positions will be filled in FY 1998. The action plan for filling these positions, which has been communicated to the participating regional offices, emphasizes outreach strategies to attract a diverse applicant pool to complement the existing work force. VBA has made use of the Outstanding Scholar Program in its external recruitment efforts to fill the VSR positions. We have targeted colleges and universities that have predominate or sizable minority student populations as a prime recruitment source. To date, minority men and women comprise 30 percent of the positions filled under this initiative.

VBA will continue to address any imbalance between the number of minorities and non-minorities in targeted positions such as rating specialists, claims examiners, hearing officers and adjudicators, as well as in senior level positions.

- 5. Establish procedures for a systematic quality review of rating decisions, to include denials, to ensure quality, consistency and compliance with rating guidelines and applicable laws. (Refer to findings 4 & 10)**

VA Response:

Training packages on rating procedures are nearing completion. Additionally, a quality review program, entitled: Systematic Technical Accuracy Review (STAR)," has been implemented. Both of these initiatives should contribute to an improvement in the overall quality of our decisions and our ability to assess and correct problems in the application of rating principles and guidelines.

With regard to the Committee's finding # 10, which pertains specifically to the Waco Regional Office, the station Director has indicated that the regional office has always followed the policy of being "liberal" in granting as much as possible (to veterans) within the law. No substantiated evidence has been presented by the Advisory Committee to support the claim that there are "illegal" reductions in ratings or inconsistencies in rating that are the result of biases against minority veterans. If specific information substantiating this allegation is made available, VBA will conduct an immediate investigation.

- 6. Conduct benefits and entitlement awareness training seminars around the country to improve communications with veterans and their basic knowledge and understanding of eligibility and entitlement guidelines. (Refer to finding 16)**

VA Response:

Outreach efforts are important part of customer service. Access to VA benefits information and claims assistance is critical to ensuring that potential VA beneficiaries receive the benefits they have earned. Veterans benefits counselors and field examiners routinely provide information briefings on veterans benefits at service organization events, community job and health fairs and at homeless stand-downs. Outreach is also provided to Native American veterans on Indian reservations.

VBA continually reviews the scope of its outreach services to assess its success in reaching veterans and their families. VBA has also initiated teleconferencing as a new method to reaching a greater number of current and potential beneficiaries.

- 7. Establish operational guidelines for minority veterans' program coordinators, which include the minimum outreach efforts, and standards for performance. Direct facilities, without an MVPC, to appoint one as-soon-as possible. (Refer to finding 9)**

VA Response:

Minimal Operational Standards (MOS) will be established for Minority Veteran Program Coordinators (MVPCs) in FY 1999. MVPCs will be required to report on their efforts to meet MOS during the submission of annual reports. Those facilities without MVPCs will be directed to appoint coordinators before the end of calendar year 1999. Also, the position description for MVPC that outlines their duties and responsibilities will be reviewed and updated in FY 1999.

8. **Establish effective guidelines for investigating discrimination complaints related to medical care under Title VI of the Civil Rights Act of 1964. The current system is flawed and investigations are, in many instances referred back to the facility involved in the allegation for investigation and action. (Refer to finding 6)**

VA Response:

I am directing the review of the employment situation at the Central Texas Health Care System that you have described in the report. As to the recommendation that the entire VA system be investigated, such an initiative would be premature at this time.

The Committee report stated that "Veterans reported instances of patient abuse, by staff at the Waco Medical Center. Although, no specific instances were cited in the report, any allegations of patient abuse should be reported immediately to the appropriate facility officials, the Office of the Medical Inspector or the Inspector General, Office of Healthcare Inspections. Even though the report does not substantiate this serious allegation, it is always our intent to investigate every specific allegation of patient abuse and neglect.

9. **Establish a more effective liaison with the Department of Labor on issues involving employment, training and vocational rehabilitation of minority veterans. Encourage DOL to track veterans programs by race and ethnicity to ensure minority utilization trends are appropriate addressed. (Refer to finding 19)**

VA Response:

The effectiveness of VA's Vocational Rehabilitation and Counseling (VR&C) program liaison activity with the Department of Labor's (DOL) Veterans Employment and Training Service (VETS) has improved dramatically since both Departments signed the Memorandum of Understanding in August 1995. As such, delivery of service within the Vocational Rehabilitation program has improved for all veteran participants, including minority veterans. By way of example, 5,361 graduates of the Vocational Rehabilitation

program were referred in fiscal year 1996 to DOL's Local Veteran Employment Representatives (LVERs) and Disabled Veteran Outreach Program Specialists (DVOPs) for employment services. Of the 7,395 veterans who were declared rehabilitated by VA in FY 96, 1,343 veterans (18.2%) were assisted by LVERs and DVOPs. In fiscal year 1997, VA referred 8,452 vocational rehabilitation graduates to DOL representatives, 50% increase from the previous year. DVOPs and LVERs assisted 3,411 of the 8,693 veterans declared rehabilitated. This represented an increase of 154% over the previous year.

To further fine-tune the ongoing partnership between VA and DOL, we have just recently completed the first of six joint training seminars for staffs of our respective Departments. The training program is the outgrowth of a joint VA/DOL task force and touches upon a broad array of rehabilitation topics such as communication and sensitivity, which we recognize as being relevant to the diverse population we serve today.

The recommendation relative to DOL tracking activities has been referred to that Department for response. The Center for Minority Veterans will monitor DOL's response and provide the reply to the Committee.

**10. Include in the VA's FY 2000 budget, \$90,000 for Advisory Committee meetings and site visits.**

VA Response:

The Center for Minority Veterans included in its FY 2000 budget \$62,000 for Advisory Committee travel requirements and honoraria. If additional funds are identified, they will be made available for any unfunded Advisory Committee requirements.

**Other Issue:**

The Committee recommends that the Secretary monitor VA's progress in implementing recommendations contained in the Committee's Third Annual Report. (Page 9 & 11)

VA Response:

The Center for Minority Veterans monitors the status of all outstanding recommendations. The Director reports the status of these recommendations to the Advisory Committee during its meetings. Recommendations relating to outreach to American Indian veterans at Pine Ridge and Rosebud reservations have been satisfactorily addressed by the Veterans Health Administration.