

# National Indian Health Board



July 5, 2022

The Honorable Denis McDonough  
Secretary  
U.S. Department of Veterans Affairs  
810 Vermont Ave NW  
Washington, DC 20420

*Submitted via regulations.gov*

**Re: VA Pilot Program on Graduate Medical Education and Residency**

Dear Secretary McDonough:

On behalf of the National Indian Health Board (NIHB),<sup>1</sup> I write to express our support of the Department of Veterans Affairs (VA) proposed rule, "VA Pilot Program on Graduate Medical Education and Residency" (2900-AR01). We are excited about this pilot program and look forward to providing input on behalf of all federally recognized Tribal nations.

The ongoing physician workforce shortage has disproportionately impacted the ability of American Indian and Alaska Native (AI/AN) people to access quality health care. Health systems all over the country, including those operated by the Indian Health Service (IHS), Tribes, and Tribal organizations, are in desperate need of additional physicians. Graduate medical education (GME) and residency programs, like this proposed pilot program, seek to address this issue by increasing the number of physicians in the United States. According to the proposed rule, the VA would enact the program in all *Covered Facilities*, including facilities operated by an Indian Tribe or Tribal organization, IHS, and federally qualified health centers (FQHCs). These facilities play an integral role in providing health care services to the AI/AN population, so this program could support the Indian healthcare system significantly.

**A Special Duty of Care for AI/AN Veterans**

Rooted in treaties and affirmed by the U.S. Constitution, statutes, Executive Orders, and numerous Supreme Court decisions, the United States has a trust responsibility to provide for the health and well-being of Tribes. The entire federal government, including the VA, is responsible for ensuring AI/AN people have access to quality health care. Furthermore, AI/AN people serve in the Armed Forces at five times the national average and have served in the U.S. military in every major conflict for more than 200 years.<sup>2</sup> Since September 11, 2001, almost 19 percent of all AI/AN people have served, compared to an average of 14 percent of all other demographics.<sup>3</sup> The federal government's responsibility to provide quality healthcare

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<sup>1</sup> Established in 1972, the National Indian Health Board (NIHB) is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives (AI/ANs). Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act (ISDEAA) or continue to also rely on IHS for delivery of some, or even most, of their health care, the NIHB is their advocate.

<sup>2</sup> United Service Organizations (USO), "A History of Military Service: Native Americans in the U.S. Military Yesterday and Today," Nov. 8, 2021. <https://www.uso.org/stories/2914-a-history-of-military-service-native-americans-in-the-u-s-military-yesterday-and-today>.

<sup>3</sup> *Id.*

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to AI/AN veterans comes from their service to this country and the federal government's treaty and trust obligations to AI/AN people.<sup>4</sup>

**Indian Country Faces Chronic Provider Shortages**

"Maintaining a stable clinical workforce capable of providing quality and timely care is critical for IHS to ensure that comprehensive health services are available and accessible to American Indian/Alaska Native people."<sup>5</sup> Chronic underfunding of the Indian health system has contributed to significant vacancy rates for clinical care providers. The result is decreased and diminished health outcomes for AI/AN people, including an overall life expectancy of 5.5 years less than all races in the United States<sup>6</sup> and double digits in some rural reservation communities where access to care – especially for Tribal veterans – is scarce. The pandemic has further strained the American healthcare system, significantly impacting the workforce in many rural and underserved communities, which often include AI/AN communities. Unfortunately, the Indian health system faces considerable challenges in overcoming long-standing struggles to fill physician vacancies despite its efforts to recruit and retain providers in underserved areas.

As with all health care recipients, we want to ensure that our veterans can thrive physically, mentally, spiritually, and psychologically and have access to state-of-the-art resources and culturally competent providers. Elements of excellent health care and timely access to such support contribute to improved health, well-being, quality of life, and engagement with providers the veterans can get to know and trust. AI/AN veterans traumatology is complex and requires a special understanding gained by providers through specialized training. Chronic provider shortages mean these assets are limited. To combat this, and encourage more providers to practice in our Tribal communities, it may be helpful to frame this medical specialty as '*Special Status*' designation for AI/AN veterans' health care in medical training programs. We believe this would do much to help develop veterans' care in Indian Country as a unique area of medicine tied to competencies in culturally competent trauma-informed care, emergency medical, physiology, public health, preventive, and behavioral medicine. Designating '*Special Status*' to Tribal veteran's medicine places this in a unique band similar to Neurology, Pulmonary, Cardiology, or Endocrine specialties, for example, and should attract commensurate compensation. This special designation is only one component to support relief from workforce shortages. Yet more needs to be done through incentivization, as we explain further.

**Prioritizing Indian Country in GME Programs Offers Relief from Workforce Shortages**

New and expanded residency programs are needed to address physician shortages that are most profound in primary care, family physicians, pediatrics, and OB/GYN. We appreciate the intention to prioritize the placement of residents into IHS and Tribal (I/T) facilities to help aid healthcare workforce retention in rural Tribal communities. The program would create additional medical residency positions, enable the VA to fund residency training, and pay for certain costs related to new residency programs. This program would relieve some of the initial capital costs of starting new residency programs, which often restricts such programs from being developed in rural and underserved communities, especially in Indian Country.

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<sup>4</sup> Press Release: "Key Tester Bills Supporting Native American Veterans Signed into Law," United States Senate Committee on Veterans' Affairs, Jan. 8, 2021, <https://www.veterans.senate.gov/newsroom/minority-news/key-tester-bills-supporting-native-american-veterans-signed-into-law>.

<sup>5</sup> GAO Report to Congressional Requesters, "IHS: Agency Faces Ongoing Challenges Filling Provider Vacancies," Aug. 2018, <https://www.gao.gov/assets/gao-18-580.pdf>.

<sup>6</sup> *Id.*

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Recruitment and retention of faculty are often challenging at I/T facilities due to several factors, including rurality and location, so the attention to this struggle is appreciated. In order to support Tribes in attracting high quality providers, it would be helpful for the VA to create a Tribal allocation to support provider accommodation. Considering the cost of living has skyrocketed and inflation is high, even rents have escalated considerably throughout the country, especially in areas like the Pacific Northwest, where many Tribal citizens reside. Any Tribal allocation should consider *all* costs and training support budgets to be determined in line with a complete analysis of the actual costs to bring a medical student through such a program, from start to finish.

**Recommendations:**

**1. NIHB recommends that the VA engage early and often with the VA TAC and in formal Tribal Consultation when necessary or requested by Tribes**

We urge the VA to engage the VA Tribal Advisory Committee (TAC) in developing this part of the program. The TAC provides Tribal leaders and AI/AN veterans a platform to advise and inform the Secretary on improving programs and services to better serve AI/AN veterans who deserve quality health care services. The VA can gain a wealth of knowledge from the TAC regarding how to address the needs of AI/AN veterans nationwide. While not a replacement for formal Tribal consultation, the TAC can provide invaluable guidance and technical assistance while developing the programs and policies. Subsequently, any policy development should culminate in formal consultation with Tribes when necessary or when requested by Tribal leadership.

The VA TAC is comprised of experienced Tribal leaders from across the nation who are also honored veterans, including myself and NIHB Vice-Chairperson and NIHB Portland Area Representative Nickolaus Lewis. As veterans and as leaders of the NIHB Board, we hold a unique knowledge of both health issues and VA concerns, allowing us to provide valuable input on this program. Along with the other members of the TAC, we can work to convey to the VA the unique challenges AI/AN veterans face and propose the solutions that will address them. **We ask that the VA engage the TAC to develop and implement this GME program and to determine what will be reimbursed and the mechanism of the reimbursement offered to I/T facilities that may participate in this program.**

We strongly encourage the VA to use its discretion to allow facilities the flexibility to use this reimbursement opportunity to cover a wide range of necessities in setting up these programs, including additional costs beyond the resident stipend and benefit, such as incremental costs for additional resident slots, and for a wide range of necessities in setting up and operating residency programs.

**2. NIHB recommends that the VA reserve resident positions for IHS and Tribal facilities**

We urge the VA to exercise its discretion and allocate ten percent of the program opportunities for Indian health care facilities. This is justified by the most acute need and worst of the worst health outcomes persisting in Indian Country as evidenced in the Broken Promises Report.<sup>7</sup> AI/ANs are the only segment of Americans with a federal right to health care per the treaty and trust obligation, yet suffer some of the worst workforce shortages. Both IHS and Tribal facilities have encountered challenges navigating sustainable funding sources for residency programs. Our system faces chronic provider shortages. Adding

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<sup>7</sup> U.S. Commission on Civil Rights. *Broken Promises: Continuing Federal Funding Shortfall for Native Americans*. December 2018. <https://www.usccr.gov/files/pubs/2018/12-20-Broken-Promises.pdf>.

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resident positions through the pilot program would help alleviate that shortage and serve as a vehicle for providing young doctors with exposure to unique work experience in Indian Country. In our experience, residents who train in Indian Country are more likely to choose to practice there in the long term. **We ask that a minimum of ten percent of resident positions created by this program be reserved for IHS and Tribal healthcare facilities.**

As stated in the proposed rule, the VA will not be soliciting the interest of covered facilities through a public funding announcement or public application. A Tribal allocation is essential since I/T facilities will not be able to apply directly to participate. Without a dedicated Tribal allocation, the proposed method of choosing facilities for program participation may pose a significant barrier to I/T facilities, as it depends upon the recommendation of VA health care facilities. Many healthcare providers and administrators, including many in the VA, lack familiarity with the Indian health system and may overlook the critical needs and unique opportunities presented by I/T facilities in their area. A ten percent Tribal allocation will ensure that the pilot program can meet its goal of prioritizing the needs in Indian Country.

**3. NIHB recommends that the VA support existing and expand new Tribal residency programs**

There are Tribal residency programs already in existence that would greatly benefit from the support of the VA through this pilot program. **We encourage the VA to engage with those programs, learn from their successes and failures, and work with them to develop systems and processes that will inform similar residency programs moving forward.** The VA should reimburse the costs associated with setting up these programs. This would free up resources for the Tribal programs to advance and better serve our AI/AN veterans. This is further supported under the HHS Secretary's discretion to establish new residency programs in rural and underserved areas where no residency training programs exist.<sup>8</sup>

**Conclusion**

The National Indian Health Board looks forward to supporting the VA in implementing this program and others like it. We hope that the VA and the Administration continue prioritizing programs and policies that promote increased access to quality health care for all. Finally, we appreciate the VA's acknowledgment that the pilot program should prioritize IHS and Tribal facilities. If we can incentivize providers in such programs to come and work for I/T facilities, we can look forward to a tangible improvement in the health and welfare of our people. We appreciate your consideration of the above comments and look forward to further engaging with the agency.

Sincerely,



William Smith, *Valdez Native Tribe*  
Chairman  
National Indian Health Board

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<sup>8</sup> Balanced Budget Act of 1997, Pub. L. No. 105-33 § 4623, 111 Stat. 251, 478 (1997).