

National Indian Health Board



Monday, August 21, 2023

Denis McDonough
Secretary
Department of Veterans Affairs
810 Vermont Ave. NW
Washington, D.C. 20420
Submitted via regulations.gov

Re: Request for Data and Information on Minority Veterans

Dear Secretary McDonough,

On behalf of the [National Indian Health Board](#) (NIHB) and the 574+ federally recognized American Indian and Alaska Native (AI/AN) Tribes we serve, thank you for the opportunity to engage with the department and provide information on AI/AN Veterans. AI/AN veterans have unique healthcare needs and face numerous barriers to accessing healthcare, and we thank you for your continued support in providing exceptional healthcare to AI/AN veterans. The VA, in coordination and collaboration with the Indian Health Service (IHS), has made significant strides in upholding the federal government's trust responsibility. However, NIHB believes the VA can make much more progress towards closing health disparities, addressing barriers to care, and honoring AI/AN veterans and upholding the federal government's Trust responsibility.

AI/AN Veterans and the Trust Responsibility

AI/ANs have served in the United States military in every major armed conflict in the Nation's history and have traditionally served at a higher rate than any other ethnic group in the United States.¹ This includes at least 9,000 Native American men who served the United States in World War One, before this country granted universal citizenship to American Indians and who suffered a casualty rate five times higher than the total force; 42,000 AI/ANs who served in the Vietnam War, representing twenty-five percent of the entire AI/AN population at the time; and over 33,000

¹ Proclamation on National Native American Heritage Month, 86 C.F.R. § 60545 (2021), available at <https://www.whitehouse.gov/briefingroom/presidential-actions/2021/10/29/a-proclamation-on-national-native-american-heritage-month-2021/>.



AI/ANs who have served following September 11, 2001.² Today, more than 145,000 AI/AN veterans live in the United States.³

In return for their military service, the United States promised all veterans, including Native veterans, “exceptional health care that improves their health and well-being.”⁴ This federal government’s responsibility to provide exceptional health care to Native veterans extends beyond that owed to them in return for their military service. The United States also has a well-established trust responsibility to “maintain and improve the health of the Indians.”⁵ The VA in coordination and collaboration with the Indian Health Service (IHS) has made significant strides in upholding the federal government’s trust responsibility. However, NIHB believes there are gaps in the VA’s data collection and analysis needed to close these disparities and uphold the federal government’s Trust responsibility.

AI/AN Veteran Health Disparities

AI/AN veterans experience mental health disparities compared to their counterparts. AI/AN veterans experience posttraumatic stress disorder (PTSD) at a greater rate than all of their counterparts and experience nearly double the rate of PTSD as white Veterans (20.5 percent versus 11.6 percent). AI/AN veterans are more likely to suffer from depression symptoms (18.7 percent versus 15.2 percent) and major depressive disorder (7.9 percent versus 5.8 percent) compared to their white counterparts.⁶

A small but growing body of literature shows that AI/AN people at large also face stark health disparities. AI/AN people continue to die at higher rates than other Americans from chronic liver disease, cirrhosis, diabetes, and respiratory disease.⁷ Life expectancy for AI/AN people is lower than for other Americans. Even before the pandemic, AI/AN life expectancy was much lower than any other racial or ethnic group in the US. In 2019, AI/AN life expectancy was just under 72 years, seven years below their white peers and a decade lower than their Latino counterparts. The COVID-19 pandemic set life expectancies back for all racial groups, but AI/AN people saw the greatest loss in life expectancy. AI/AN life expectancy decreased by 4.5 years, three years more than their white peers and 1.5 years more than Black and Latino people.⁸

AI/AN veterans encounter some physical health disease burdens that mirror the previously described mental health disparities. For example, AI/AN veterans experience more chronic pain and are diagnosed with diabetes at higher rates than white veterans. Further, the risk of having a

² See U.S. Department of Veterans Affairs, American Indian and Alaska Native Veterans, 2017 27-28 (May 2020), <https://www.va.gov/vetdata/docs/SpecialReports/AIAN.pdf>; Tanya Thatcher, James Ring Adams & Anne Bolen, Patriot Nations: Native Americans in Our Nation’s Armed Forces, 17 American Indian Magazine 3 (2016), <https://www.americanindianmagazine.org/story/patriotnations-native-americans-our-nations-armed-forces>.

³ VA Veteran Population Projection Model, 2018: https://www.va.gov/vetdata/veteran_population.asp.

⁴ Veterans Health Administration, About VHA, <https://www.va.gov/health/aboutVHA.asp>.

⁵ 25 U.S.C. § 1601(1).

⁶ Veterans Health Administration, Office of Health Equity, American Indian/Alaska Native Veterans Fact Sheet, https://www.va.gov/HEALTH/EQUITY/docs/American_Indian_Heritage_Month_Fact_Sheet.pdf

⁷ Indian Health Service, Disparities, <https://www.ihs.gov/newsroom/factsheets/disparities/>.

⁸ Goldman, N., & Andrasfay, T. (2022). Life Expectancy Loss among Native Americans During the COVID-19 Pandemic. medRxiv : the preprint server for health sciences, 2022.03.15.22272448. <https://doi.org/10.1101/2022.03.15.22272448>.

pregnancy complicated by diabetes is two times higher in AI/AN veterans than in their peers.⁹ However, an accurate picture of AI/AN veteran health remains to be accurately and thoroughly described.

Unfortunately, most healthcare studies documenting veterans' health, including VA analyses, do not include AI/AN veterans in their analysis, resulting in a limited understanding of AI/AN veteran health. VA publications on AI/AN veteran health disparities are often infrequent, leaving gaps in the federal government's knowledge of the true health of our veterans. Many published fact sheets, studies, and policy papers present dated data or data gathered before the COVID-19 pandemic, which the VA has not updated since. While NIHB thanks the VA for its solicitation of data and information surrounding the health of minority veterans, including AI/AN veterans, we believe the VA must take more of a leadership role in being a drive of AI/AN veteran data collection, aggregation, and analysis.

Closing AI/AN Veteran Health Gaps

AI/AN veterans are integral to US society, yet an absence of data and inclusion in studies and reports blinds our ability to close persistent health disparities. For example, in 2020, the VA published a report highlighting the “comprehensive statistics on AI/AN veteran” health. However, the report uses health data from 2017 and only offers an overview of service-connected disability rates among AI/AN veterans. Missing from the report are overviews and analyses of mental health disparities. Other physical health disparities like increased rates of heart, chronic liver, and lower respiratory diseases, and diabetes mellitus, all leading causes of premature AI/AN death rates, were not included.¹⁰

Future VA efforts to address health disparities and advance health equity must include AI/AN veteran populations to address past oversights. There is a need for accurate and timely data collection among AI/AN veterans. Doing so will help capture the actual need and help better drive more extensive programmatic efforts in ensuring the VA provides exceptional care to all AI/AN veterans.

Efforts toward advancing health equity in Indian Country require partnerships with Tribes, Tribal organizations, Tribal Epidemiology Centers (TECs), and Area Indian Health Boards (AIHBs) while respecting Tribal sovereignty. Closing AI/AN veteran health gaps through better data collection and analysis will require continued partnership and a thorough understanding of the historical injustices and longstanding structural inequities that led to the dire health inequity now experienced by AI/AN veterans. The systemic inequities that give rise to AI/AN veteran health inequities are rooted in the long history of harmful federal Indian policies. Acknowledging the federal government's role in creating these health inequities is a necessary first step for any federal health equity initiative to be effective. With a complete understanding of the drivers of inequities and the sequelae, federal agencies, in collaboration with Tribes and Tribal organizations, can more

⁹ Veterans Health Administration, Office of Health Equity, American Indian/Alaska Native Veterans Fact Sheet, [/https://www.va.gov/HEALTHY/docs/American_Indian_Heritage_Month_Fact_Sheet.pdf](https://www.va.gov/HEALTHY/docs/American_Indian_Heritage_Month_Fact_Sheet.pdf).

¹⁰ Department of Veterans Affairs, American Indian and Alaska Native Veterans: 2017, <https://www.va.gov/vetdata/docs/SpecialReports/AIAN.pdf>

effectively design effective interventions to address the root causes of health inequities and make long-term, systemic changes to advance AI/AN veteran health equity.

Conclusion

Thank you for the opportunity to provide feedback and recommendations on the VA's request for data and information on minority veterans. The VA must address the overall lack of data and scientific study of AI/AN veterans to advance our veterans' health properly. All efforts to better access the AI/AN veteran population must be rooted in understanding historical injustices inflicted upon our communities and collaborative in nature. Our Tribes and Tribal organizations know how to serve our veterans best. We look forward to your continued partnership in improving access to healthcare for AI/AN veterans.

Sincerely,

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

CC: James Albine, Director, Center for Minority Veterans, Department of Veterans Affairs;
Luvenia Potts, Regulation Development coordinator, Office of Regulation Policy &
Management, Office of the General Counsel, Department of Veterans Affairs