

# ADVISORY COMMITTEE ON MINORITY VETERANS



**Annual Report**

**2014**

This page has been intentionally left blank.

## TABLE OF CONTENTS

<u>Subjects</u>	<u>Page</u>
Letter from the Advisory Committee Chair	4
<u>Part I</u> Executive Summary	6
<u>Part II</u> Summary of 2014 Recommendations	8
<u>Part III</u> ACMV 2014 Recommendations, Rationales, and VA Responses	9
<u>Part IV</u> Agenda Washington, DC Departmental Briefings	21
<u>Part V</u> Agenda New York City Site Visit	24
<u>Part VI</u> Town Hall Meeting New York, New York	27
<u>Part VII</u> Exit Briefing with James J. Peters VAMC, New York VA Regional Office, Long Island National Cemetery, and Calverton National Cemetery	28
Appendix A: Action Plans Follow Up: 2013 Action Plans Update (As of July 2014)	30
Appendix B: Action Plans Follow Up: 2012 Action Plans Update (As of July 2014)	33
Appendix C: Action Plans Follow Up: 2011 Action Plans Update (As of July 2014)	36
Appendix D: Advisory Committee Biographies	38

August 7, 2014

The Honorable Robert A. McDonald  
Secretary, Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, D.C. 20420

Dear Secretary McDonald:

I am deeply honored to serve as your Chair of the Advisory Committee for Minority Veterans (ACMV). The enclosed 2014 Annual Report includes six recommendations which reflect key challenges identified by the committee through briefings received at the VA Central Office; a site visit to New York City-area VA facilities; and feedback from a minority veterans' town hall meeting.

The ACMV's 2014 report includes challenges on the unique needs of minority veterans which provide a great opportunity for improvement of the delivery of benefits and services to minority veterans and their families. We want to share a summary of our findings for improvement of care and services to our minority veterans.

**Access** - You will note in our 2014 report that many of the locations of our past Committee site visits had the highest wait times in their Veterans Integrated Service Networks (VISNs). This was especially true for veterans in the insular areas and other highly rural areas. Minority veterans in these locations experience challenges accessing VA health care and disability claims assistance. The lack of sufficiently trained veterans service representative and accredited VA outreach resources constrains a veteran's ability to access a knowledge-base to effectively and efficiently initiate and process a disability claim. Thereby unnecessarily exacerbating the already backlogged disability claim appeal process. This is further complicated by an eBenefits system which veterans and their advocates can neither understand nor manipulate. We encourage you to consider the possibility of expanding call center capabilities to provide especially older veterans a live person to address questions on benefits issues.

**Cultural Competency** - A more diverse veterans' patient population highlights the need to have VA providers, especially in psychiatric care, culturally competent.

**Health Disparities** - With the recent establishment of VHA Office of Health Equity (OHE), the Department is encouraged to provide this new office funding above personnel costs to support projects that align with achieving OHE mission and goals.

Diversity – We encourage the Department to utilize the opportunity to recruit minorities to senior leadership positions and to promote that diversity in Department leadership in the 21<sup>st</sup> Century.

The ACMV respectfully requests that responses from VHA, VBA, NCA, and VA proponent staff include specific data and recommendations at the next ACMV conference which is tentatively scheduled on October, 2014 in Washington, DC.

I extend the Committee's special thanks to the staff of the Center for Minority Veterans for their continued outstanding support of the ACMV. We appreciate the Department's confidence and trust in ACMV's efforts to provide recommendations in the 2014 Annual Report which may only serve to enhance the opportunity of the Department to address the needs of minority veterans.

In summary, the members of the ACMV are grateful for the opportunity to serve the VA as well as our nation's minority veterans and their families. We look forward to continuing that service while strengthening programs and values of the VA under your leadership.

We are very proud to serve all of our veterans of this institution with strong values.

Sincerely,

A handwritten signature in black ink that reads "Oscar Hilman" with a long horizontal flourish extending to the right.

Oscar Hilman  
BG, USA (Ret.)  
Chair, Advisory Committee on  
Minority Veterans

## **Part I. Executive Summary**

The 2014 Report of the Advisory Committee on Minority Veterans (ACMV) provides the Committee's observations, recommendations, and rationales that address the effectiveness of the Department of Veterans Affairs' (VA) delivery of benefits and services to minority Veterans. The report also provides Departmental responses and action plans to address the 2014 ACMV recommendations, and a summary of the progress made on action plans from the 2011, 2012, and 2013 ACMV reports.

The ACMV fulfilled its requirement to conduct a minimum of two meetings this year in accordance with Public Law 103-446, and the VA Charter on the Advisory Committee on Minority Veterans dated March 27, 2014. The ACMV met on December 9-11, 2013, at VA Central Office (VACO), and conducted a site visit in the New York City, metropolitan area from April 29 - May 1, 2014. During the meeting at VACO, the ACMV received briefings from Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), National Cemetery Administration (NCA), and select staff offices. Ex Officio members from the Department of Health and Human Services (HHS), Department of Defense (DoD), and Department of Interior (DOI) provided briefings on their respective missions and services provided to minority Veterans during the VACO meeting. During the New York City site visit, the ACMV received briefings and facility tours at the James J. Peters VA Medical Center (Peters VAMC), the New York VA Regional Office (VARO), the Long Island and Calverton National Cemeteries, and the Yonkers Community Clinic. During the afternoon of April 30, 2014, the ACMV and representatives from the Peters VAMC, Long Island National Cemetery, and New York VARO responded to questions from minority Veterans and provided updates on current VA initiatives during a town hall meeting.

During this past year, the ACMV reviewed information received during our meetings with VA officials, conducted document reviews, and communicated directly with minority Veterans. The Committee strongly believes that the six 2014 recommendations will significantly enhance VA's ability to strategically address the needs of minority Veterans. These recommendations and rationales address the following issues:

- Enhancing Targeted Outreach by Minority Veterans Program Coordinators (MVPC).
- Conducting cultural competency training for mental health providers (re-submission).
- Updating the VA Schedule for Rating Disabilities to recognize the unique medical conditions that impact minority Veterans.
- Displaying the flags of the District of Columbia and Insular Areas at National Cemeteries.
- Providing the VHA Office of Health Equity (OHE) funding above personnel costs to support projects that align with achieving OHE mission and goals.

- Conducting an assessment of the impact the prolonged clinic wait times have had on access to care by minority Veterans at selected facilities with large minority Veteran populations.

**Part II. Summary of 2014 Recommendations**

**Recommendation #1:** That the VA establish a standard that requires the Minority Veterans Program Coordinators (MVPCs) Program in catchment areas that are geographically-extended over 200 miles, to assign the appropriate percentage of duties to an employee(s) in VHA and VBA facilities outside of the respective host VA Regional Office (VARO) and VA Medical Center (VAMC) locations.

**Recommendation #2:** That the VA implement a cultural competency training program for all mental health providers and Veterans Service Representatives by the end of Fiscal year 2015.

**Recommendation #3:** That the VA update the Schedule for Rating Disabilities (Part 4, Title 38 Code of Federal Regulations) to accommodate medical research on symptomatology of certain medical conditions which have particular application to minority Veterans of differing cultures.

**Recommendation #4:** That the VA direct all VA National Cemeteries to prominently display the District of Columbia and insular flags of all United States territories as they do flags from the 50 states.

**Recommendation #5:** Recommend that VHA provide the Office of Health Equity (OHE) with a budget that allocates adequate funding to support projects that align with achieving OHE mission and goals.

**Recommendation #6:** Recommend that the Veterans Health Administration conduct an assessment of the impact that prolonged clinic wait times have had on access to care by minority Veterans at selected facilities with large minority Veteran populations.



### Part III. ACMV 2014 Recommendations, Rationales, and VA Responses

**Recommendation #1: That the VA establish a standard that requires the Minority Veterans Program Coordinators (MVPCs) Program in catchment areas that are geographically-extended over 200 miles, to assign the appropriate percentage of duties to an employee(s) in VHA and VBA facilities outside of the respective host VA Regional Office (VARO) and VA Medical Center (VAMC) locations.**

**Rationale:** Having noted the time and distance challenges for MVPCs to meet outreach demands in the Hines VAMC catchment area, the Advisory Committee on Minority Veterans (ACMV) included in their 2013 Annual Report a recommendation that the VA establish a standard that requires MVPCs in catchment areas of different population sizes to dedicate a certain percentage of duty hours to targeted outreach. While it is not apparent that the VA has yet established such national standards, the 2014 ACMV site visit to the Peters VAMC indicates the individual VAMCs, with the appropriate leadership priorities, have locally established such standards.

VA Handbook 0801 dictates that MVPCs must maintain contact with minority communities. Despite establishing local targeted outreach standards, and given continuing VA budget constraints on travel and per diem, MVPCs with geographically-extended catchment areas (as in New York State) cannot adequately provide targeted outreach to distant locations in those catchment areas.

The ACMV Subcommittee on VA Benefits review of annualized 2013 MVPCs results and projected 2014 MVPCs results for two quarters indicates a decrease in MVPCs activities and average hours of MVPC outreach per month despite oral feedback from individual minority Veterans and widespread perception from the minority Veterans community at-large there is an increased demand for such services regardless of the catchment area size or geographic extension. For example, in 2013 there were a reported number of 4,094 activities nationally in the VBA. For the first two quarters of 2014, there were only 1,494 'activities' nationally in the VBA; extrapolated over the duration of 2014, that would result in approximately 2,928 activities nationally in the VBA or a 28% decrease in MVPC 'activities' in the VBA from 2013 to 2014 which is not the correct direction for inclusiveness through MVPC outreach that the VA should seek to achieve.

The ACMV Subcommittee on VA Benefits review of MVPCs results for 2013 and 2014 showed that the average number of MVPCs outreach hours per month in the VBA in 2013 was 19 hours. Using a conservative formula of twenty-two business days of eight hours per day equates to 196 monthly MVPCs hours dedicated to MVPC outreach which is less than 10% of MVPC business time dedicated to minority Veterans' outreach when the demand for such outreach appears to be much greater. In 2014, the percent of MVPC outreach hours has to date, decreased to 8.6%. The 2014 Quarterly MVPCs Reports consistently document insufficient MVPCs time and funding for effective minority Veterans outreach.

The assignment of a percentage of duty time for targeted outreach to VA employees in outlying VA facilities (like a VA Community Based Outpatient Clinic in up-state New York) may better able supplement the already demanding assigned MVPCs who have limited travel and per diem budgets and still meet the intent of the goals for targeted outreach in VA Handbook 0801.

**VA Responses:**

**NCA Response:** Concur

On July 17, 2014, NCA Equal Employment Opportunity (EEO) Office conducted an outreach communications plan meeting. Attending parties included the NCA MVPC Liaison, the NCA EEO Director, the NCA Outreach Coordinator, and a representative from the Center for Minority Veterans. Items discussed during the meeting included: providing NCA MVPCs with a listing of other MVPCs in their catchment areas as a method to increase outreach opportunities to Minority Veterans and to improve the efficient usage of Departmental outreach resources, and providing NCA MVPCs with quarterly outreach opportunities listings to increase the level of outreach to minority Veterans. Other discussion points included having MVPCs from the different Administrations form outreach teams to develop outreach strategies and share materials to disseminate at outreach events. Finally, MVPCs will be required to include collaboration with VHA and VBA counterparts on the operations plans included with MVPC Quarterly Reports.

**Actions to implement:**

<b>NCA Action Plan</b>						
Recommendation #1:						
<b>Steps to Implement</b>	<b>Lead Office</b>	<b>Other Offices</b>	<b>Tasks</b>	<b>Due Date</b>	<b>Current Status</b>	<b>Contact Person</b>
Develop a regional POC listing of VHA and VBA MVPCs for distribution to NCA MVPC to assist in collaboration on outreach to extend outreach capability in their catchment areas.	NCA EEO Office	N/A	Develop a POC list, and verify and distribute list to NCA MVPCs  Implement requirement that NCA MVPCs include outreach collaborations with other MVPCs on the operations plans submitted with MVPC Quarterly Reports.  Provide quarterly outreach opportunity listings and updates to NCA MVPCs.	FY 2015	In Progress	N/A

**VBA Response:** Non Concur

VBA's MVPCs conduct outreach to targeted minority populations as part of their collateral duties. VBA does not have full-time MVPCs or out-based MVPCs and could not feasibly perform an established percentage of outreach in catchment areas that are geographically extended over 200 miles. In FY 2013, VBA conducted 4,094 minority events/activities within 2,768 hours to 87,620 minority Veterans. This data reflects VBA's total outreach to minority Veterans, since it includes outreach performed by employees other than MVPCs. During the first seven months of FY 2014, VBA conducted more limited outreach, which is partially attributed to the Federal government shutdown and subsequent furlough of VBA employees from October 7-17, 2013, and the "Spring Surge" in April 2014, where VBA employees placed special emphasis on disability claims processing to support meeting the Agency Priority Goal of reducing the claims backlog. The third quarter of the fiscal year is normally VBA's busiest outreach quarter, since it includes supporting the conventions of major Veterans Service Organizations with minority Veteran populations. VBA's outreach efforts cannot be fully assessed by only viewing the first two quarters of data.

**VHA Response:** Concur-in-principle

VHA concurs-in-principle with the Committee's recommendation. MVPCs in catchment areas that are geographically-extended have unique challenges in conducting outreach because of the size of the catchment area. VHA fully supports VA Handbook 0801, which requires a VAMC Director to provide MVPCs with sufficient time to perform their duties, including outreach; however, the position of MVPC generally is a collateral duty, and VAMC Directors must ensure that MVPCs fulfill their primary duties and responsibilities. Nonetheless, VAMC Directors strive to provide adequate time for MVPCs to conduct meaningful outreach to minority Veterans.

Currently, VAMC Directors do not assign a specific percentage of an MVPC's duties to conduct outreach. In addition to outreach, MVPC duties may include attending meetings, attending town halls, distributing printed materials, providing health care benefits counseling, and providing guidance to a VAMC Director regarding marketing to minority Veterans. Thus, VAMC Directors require flexibility to determine the amount of time and resources MVPCs require to conduct outreach to maintain a balance of duties and responsibilities of the MVPC.

VAMC Directors and MVPCs meet periodically to discuss outreach duties, how outreach will be conducted, and the resources needed to conduct the outreach. Dictating a percentage of time that must be devoted to outreach efforts could interfere with the VAMC Director's responsibility to manage staffing needs and ensure the safety and effective operation of his or her facility in providing quality health care to Veterans. VAMC Directors will continue to closely monitor MVPC outreach results and, when possible, make needed adjustments to increase outreach activities, especially in large catchment areas.

**Recommendation #2: That the VA implement a cultural competency training program for all mental health providers and Veterans service representatives by the end of Fiscal year 2015.**

**Rationale:** The Advisory Committee on Minority Veterans made a similar recommendation in 2013 for mandatory cultural competency for mental health professionals. Veterans Health Administration's response was: "Concur-in-Principle-VHA mental health providers generally receive cultural competency training as a requirement of their accredited graduate education programs in mental health disciplines. As such, additional cultural competence training as a mandatory requirement by the end of FY 2015 for the VHA mental health providers is not necessary."

As mandatory cultural competency training has not yet been established for mental health providers; as mental health providers treatment records are an integral part of many Veterans benefits and services (to include service-connection for disabilities); as cultural competency training for mental health providers which is unique to the medical conditions of minority Veterans is not included in training modules of VA mental health providers graduate school training; and as the need for such a program was validated during the ACMV 2014 on-site visit to the Peters VA Medical Center, the Advisory Committee on Minority Veterans respectfully submits its current 2014 recommendation for reconsideration for the following reasons.

- As codified by the Office of Minority Health, U.S. Department of Health and Human Services, research is replete with documentation which shows that minority Veterans often choose not to access VA mental health services or may become a 'no-show' for a mental health appointment or may 'drop-out' of an on-going therapy treatment protocol due to ineffective provider communication (insensitivity, mistrust, cultural misunderstanding).
- Scholarly research conducted or reviewed by such organizations as the Office of Rural Health, U.S. Department of Veterans Affairs and the Institute on Diversity in Health Management have consistently shown the value of cultural competency training, especially for mental health providers serving the minority population. Such training would prove to enhance communications as well as the processing of benefits and services for minority Veterans which are often inextricably connected to mental health conditions in Veterans. The establishment of mandatory cultural competency training for mental health providers may similarly prove to enhance medical treatment plans for minority Veterans as well as to improve access and retention rates for mental health benefits and services for minority Veterans.
- Cultural competence programs have proliferated in U.S. medical schools in response to increasing national diversity, as well as mandates from accrediting bodies. Although such training programs share common goals of improving physician-patient communication and reducing health disparities, they often differ in their content, emphasis, setting, and duration. Moreover, training in cross-cultural medicine may be absent from students' clinical rotations, when it might be most

relevant and memorable". (A prescription for Cultural Competence in Medical Education- abstract-introduction). This incongruity may be exacerbated by the absence of veteran-specific cultural competency programs in U.S. medical schools.

- The National Alliance on Mental Illness (NAMI) recently published an article entitled Barriers to Mental Health Treatment by People of Color (2014). This article described "Racial and Ethnic Disparities in Mental Health" and a "Lack of Cultural Competency in Service Delivery." Mental health consumers of color were noted to be negatively affected by the lack of cultural competence. To address these disparities, NAMI provides three recommendations.
  1. Collecting race and ethnicity data, which will identify major health disparities and sources.
  2. Mental health providers adapting to meet the needs of people of color.
  3. Performing cultural self-assessments, adopting cultural competence standards and adapting services to meet current diverse patient needs.
- "Although no differences were noted on measures, the pairing of black Veterans with white clinicians was associated with receiving fewer services. According to some other measures, black Veterans received less intensive services regardless of the clinician's race" (Effect of Clinician-Veteran Racial Pairing in the Treatment of PTSD - abstract conclusion).
- In 2008, the race/ethnicity of physicians in the U.S. was White - 7%, Black - 6.3%, Asian - 12%, Hispanic - 5.5%, and American Indian/Alaska Native - 0.5%. Source: Diversity in the Physician Workforce Facts & Figures 2010, Association of American Medical Colleges, page 17.

**VHA Response:** Concur-in-principle

VHA agrees that mental health providers should have cultural competence training; however, VHA continues to believe that this is already addressed in professional graduate education and therefore, mandatory training for VHA mental health providers is not necessary. As the Committee itself notes, "Cultural competence programs have proliferated in U.S. medical schools in response to increasing national diversity, as well as mandates from accrediting bodies" (2014 report, page 5). Additionally, beyond training provided through professional graduate education programs, there are professional education materials already available to VA clinicians that address cultural issues that are specific to Veterans. For example, VA's National Center for Posttraumatic-Stress Disorder (NCPTSD) has a series of educational materials for providers on the needs of ethnic minority Veterans with PTSD.

These include:

- Combat on Many Fronts: Latino Veterans and Family Provider Perspectives;
- PTSD Among Asian-Pacific Islander Veterans: For Providers;
- War on Many Fronts: African American Veterans with PTSD: For Providers; and
- Wounded Spirits, Ailing Hearts, PTSD, and the Legacy of War among American Indian and Alaska Native Veterans: For Health Care Providers.

This material is available here:

<http://www.ptsd.va.gov/professional/materials/videos/index.asp>.

There are also comparable materials for Veterans and families on the NCPTSD Web site's General Population Section.

In 2014, the VA/PTSD Work Group produced a video titled, "A Partnership for Healing," to provide cultural and clinical information about needs of American Indian Veterans for VA and Indian Health Service (IHS) clinicians. This video was placed on VA's Talent Management System Web site and copies of the video were distributed to all VAMCs and to IHS.

As an example of additional action related to clinical sensitivity to minority Veteran needs (although not a specific cultural training activity), the VA/IHS Suicide Prevention Work Group produced a version of VA's Operation "Signs Ask Validate Encourage" (SAVE) materials modified to meet the unique needs of American Indian and Alaska Native Veterans based on input from stakeholder focus groups.

**Recommendation #3: That the VA update the Schedule for Rating Disabilities (Part 4, Title 38 Code of Federal Regulations) to accommodate medical research on symptomatology of certain medical conditions which have particular application to minority veterans of differing cultures.**

**Rationale:** The ACMV included in their 2013 Annual Report a recommendation that the Schedule for Rating Disabilities be updated. As that update has not yet been accomplished, and as the need for such a program was validated during the ACMV 2014 on-site visit to the New York VA Regional Office, this recommendation is resubmitted.

The Schedule for Rating Disabilities was first implemented in 1946. Over the last 65 years, significant advances have been made in the identification and understanding of certain illnesses that may be more symptomatic to minority veterans (such as hypertension, PTSD, diabetes, cancers, and sleep apnea). An updated rating schedule and diagnostic codes may more accurately and fairly award service-connection for certain medical conditions afflicting minority Veterans.

**VA Response:** Concur

VBA concurs with the recommendation to update the VA Schedule for Rating Disabilities (VASRD). In 2009, VBA's Under Secretary for Benefits, on behalf of the Secretary of Veterans Affairs, directed the revision and update of the 15 body systems that are contained in the VASRD, 38 C.F.R. § 4, under the authority of 38 United States Code (U.S.C.) § 1155. The revised criteria will apply to all Veterans.

The update of the VASRD regulations, already underway, will apply current medical science and econometric earnings loss data to provide VA with a more accurate rating system. These updates will ensure that Veterans with service-connected diseases or injuries, including minority Veterans, are compensated based on modern standards.

The review of each VASRD body system occurs in three phases. The working group researches and analyzes every current diagnostic code within each body system, as well as disabilities not currently listed in the VASRD. These working groups have considered a wide range of pertinent medical research and other data. During the development phase, regulation writers draft the working groups' recommended changes into proposed regulations. In the concurrence phase, subject matter experts and leadership review each proposed regulation for publication in the Federal Register. VBA currently aims to complete the reviews of each body system by December 2016.

**Actions to implement:**

<b>VBA Action Plan</b>						
Recommendation #3:						
<b>Steps to Implement</b>	<b>Lead Office</b>	<b>Other Offices</b>	<b>Tasks</b>	<b>Due Date</b>	<b>Current Status</b>	<b>Contact Person</b>
Review, revise, and update the 15 body systems VASRD, along with DBQs and procedural manuals	VBA	N/A	<b>Working group phase:</b> research and analysis completed for all systems	Completed	In Progress	N/A
			<b>Development phase:</b> drafting of changes to the regulations completed for all body systems	Completed	In Progress	
			<b>Concurrence phase:</b> Review and approval of proposed changes prior to publication as a proposed rule in Federal Register			
			<b>Internal Concurrence:</b> Four systems remain in internal concurrence: Musculoskeletal,	<b>Complete all systems by 2017</b>	In Progress	





NCA appreciates the recommendation of the ACMV concerning displaying the flags of the U.S. territories and the District of Columbia at VA national cemeteries. NCA agrees that flying the flags of the U.S. territories and the District of Columbia would recognize the service and sacrifices of Veterans and Service members who are residents of the nation's capital, Puerto Rico, Guam, the Northern Mariana Islands, American Samoa and the U.S. Virgin Islands. NCA Directive 3220, "Flags in VA National Cemeteries," generally provides that, "The United States of America flag and the National League of Families POW/MIA flag are the only two flags authorized for daily public display in VA national cemeteries." NCA authorizes limited exceptions to this policy; however, paragraph 10d of the states: "Cemeteries may display all State flags as part of the special events for Memorial Day and Veterans Day if the cemetery has the facilities to do so." All State flags must be included, and they all must be raised and lowered on that day." Out of VA's 131 national cemeteries, 27 national cemeteries display State flags on special occasions. Most of these cemeteries purchased the state flags; however, many cemeteries also received the flags as donations from cemetery support committees, Veteran Service Organizations and scout groups. NCA will issue a field notice and update the NCA Directive 3220 to state: "For the purposes of this directive, the term State flags include the flags of all 50 states of the United States of America and the flags of the United States territories and the District of Columbia." The change will result in some cost to donors, or to the cemeteries that will purchase the additional flags. Some cemeteries that elect to continue to fly State flags will be required to construct additional flag poles to display the flags of the fifty states, the U.S. territories, and the District of Columbia. Accordingly, implementation of this recommendation is subject to the availability of funds.

**Actions to implement:**

<b>NCA Action Plan</b>						
Recommendation #4:						
<b>Steps to Implement</b>	<b>Lead Office</b>	<b>Other Offices</b>	<b>Tasks</b>	<b>Due Date</b>	<b>Current Status</b>	<b>Contact Person</b>
Research by the Office of Field Programs indicates that 27 cemeteries currently display state flags on commemorative days. Twenty cemeteries would need to purchase or request donations to acquire the additional flags needed to	NCA Field Programs	N/A	Issue a field notice and update NCA Directive 3220 to reflect: For the purpose of this directive, the term State flags include the flags of all 50 states of the United States and the flags of the United States territories and the District of Columbia.	FY 2015	In Progress	N/A

comply with the proposed revision. Some cemeteries may be required to construct additional flag poles as well.							
--	--	--	--	--	--	--	--

**Recommendation #5: Recommend that VHA provide the Office of Health Equity (OHE) with a budget that allocates adequate funding to support projects that align with achieving OHE mission and goals.**

**Rationale:** The Office of Health Equity was established in 2012 to support the VHA vision to provide appropriate individualized health care to each Veteran in a way that eliminates disparate health outcomes and assures health equity. OHE currently only has dedicated funding to support Full Time Employee Equivalent (FTEE).

**VA Response:** Concur

In March 2013, the Under Secretary for Health increased OHE’s budget by \$1,026,961, bringing OHE’s total program office budget to \$2,382,961. The anticipated FY 2015 budget for OHE is \$2,126,700. The difference from FY 2014 is due to further budget cuts across VHA Central Office program offices in support of the VHA access crisis. The FY 2015 budget will cover OHE staff salary and support projects that align with achieving OHE mission and goals. As VHA operationalizes the Health Equity Action Plan, additional funds and/or resources maybe needed for full implementation.

**Recommendation #6: Recommend that the Veterans Health Administration conduct an assessment of the impact that prolonged clinic wait times have had on access to care by minority Veterans at selected facilities with large minority Veteran populations.**

**Rationale:** Since 1996, the ACMV has conducted site visits at VHA facilities around the United States, with large minority Veteran populations. The Advisory Committee on Minority Veterans reviewed the results of the recent results of the VA Access Audit of clinic wait times. Many of the former ACMV site visit locations had high wait times. For example, in VISN 21, Honolulu had the highest wait time in the nation. In 2012, the ACMV visited Harlingen, Texas, VA Texas Valley Costal Bend Health Care System area in VISN 17; and in 1999 and 2005 the ACMV visited the Puerto Rico and Virgin Islands area in VISN 8. Both of these facilities had the highest wait times in their VISNs. Minority Veterans experience many challenges that make access to appropriate and timely healthcare services essential.

**VA Response:** Concur-in-principle

VHA concurs-in-principle in the need to assess the impact that prolonged clinic wait times have had on access to care by minority Veterans. VHA recently conducted a

nationwide access audit to ensure a full understanding of VA's policies and management of patient access to care. The initial summary was released on May 30, 2014, and it acknowledged that we have systemic issues that need to be addressed. The audit did not identify Veterans by race or ethnicity. It is not mandatory that a Veteran identify their race or ethnicity on any VA form, and so, VA is not able to assess the impact that prolonged clinic wait time may have specifically to minority Veterans.

The final results of the nationwide access audit were released on June 9, 2014, and they confirmed widespread problems with appointment scheduling across the country. VHA also released specific, facility-level information related to average wait times and numbers of appointment requests that have not yet been scheduled. National audit and patient access data are available to review at [www.va.gov/health/access-audit.asp](http://www.va.gov/health/access-audit.asp).

Although VHA has made efforts to address health care appointment scheduling and wait times for health care, further improvement is needed. On May 23, 2014, VHA executed the Accelerating Access to Care Initiative, a coordinated, nationwide initiative to accelerate care to Veterans throughout the VA system and in communities where Veterans reside. This initiative is designed to increase timely access to care for Veterans; decrease the number of Veterans waiting for their care; and standardize the process and tools for ongoing monitoring and access management at VA facilities. VHA will continue to accelerate access to care for Veterans nationwide, utilizing care both within the VA system and local communities.

VA will work together with Veterans Service Organizations, Congress, and all VA stakeholders to restore the trust of Veterans and the American people by providing quality health care in a timely manner. VA will continue to keep you apprised as we make changes to ensure that all of our eligible Veterans get the timely medical care they have earned and deserve.

## **End Notes:**

- Diversity in the Physician Workforce Facts & Figures 2010, Association of American Medical Colleges, page 17. Retrieved from:  
<https://members.aamc.org/eweb/upload/Diversity%20in%20the%20Physician%20Workforce%20Facts%20and%20Figures%202010.pdf>
- Minority Veterans: 2011, Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, page-3, May 2013. Retrieved from  
[http://www.va.gov/vetdata/docs/SpecialReports/Minority\\_Veterans\\_2011.pdf](http://www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_2011.pdf)
- Rosenheck, R, Fontana A, Cottrol C (1995) Effect of Clinician-Veteran Racial Pairing in the Treatment of Posttraumatic Stress Disorder- abstract conclusion. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/7694904>
- Sunil Kripalani, MD, MSc, Jada Bussey-Jones, MD, Marra G Katz, BS, and Inginia Genao, MD (2006). *A Prescription for Cultural Competence in Medical Education*. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1831630/>
- Carrasco, Maria Jose (2014). Barriers to Mental Health Treatment by People of Color. "National Alliance on Mental Illness (NAMI)". Retrieved from [http://www.nami.org/PrinterTemplate.cfm?Section=Cultural\\_Competence&Template=/ContentManagement/ContentDisplay.cfm&ContentID=21588](http://www.nami.org/PrinterTemplate.cfm?Section=Cultural_Competence&Template=/ContentManagement/ContentDisplay.cfm&ContentID=21588)
- Public Law 112-239- Jan 2 2013, National Defense Authorization Act Title V- Military Personnel Policy, Subtitle J - Other Matters, Section 588, Retrieved from <http://www.gpo.gov/fdsys/pkg/PLAW-112publ239/pdf/PLAW-112publ239.pdf>

**Part IV. Agenda-- Washington, D.C. Departmental Briefings**

**DEPARTMENT OF VETERANS AFFAIRS  
ADVISORY COMMITTEE ON MINORITY VETERANS (ACMV)**

December 9 - 11, 2013

VACO, 810 Vermont Ave., NW, Washington, D.C. 20420

**Sunday – December 8, 2013 (Travel Day)**

**Monday – December 9, 2013 (VACO Room 230)**

8:00 a.m. - 8:30 a.m.	Opening Remarks & Review Agenda	Ms. Barbara A. Ward, DFO Mr. Oscar Hilman, Chairman
8:30 a.m. - 8:45 a.m.	VA Advisory Committee Management	Ms. Debra Walker, Acting CMO Ms. Jessica Tanner, FACA Attorney
8:45 a.m. - 9:15 a.m.	VA Ethics Briefing	Mr. Jonathan Gurland Attorney
9:15 a.m. - 9:30 a.m.	BREAK	
9:30 a.m. -10:00 a.m.	Center for Minority Veterans	Ms. Barbara Ward, Director
10:00 a.m. -11:00 a.m.	VA Remarks and Photo Op	Honorable Jose D. Riojas Chief of Staff
11:00 a.m. - 11:45 a.m.	Office of Health Equity	Dr. Uchenna Uchendu Chief Officer
11:45 a.m. - 1:00 p.m.	Lunch on Your Own	
1:00 p.m. - 1:45 p.m.	Office of Rural Health	Ms. Gina Capra, Director
1:45 p.m. - 2:45 p.m.	Office of Tribal Government Relations	Ms. Stephanie Birdwell, Director
2:45 p.m. - 3:00 p.m.	BREAK	
3:00 p.m. - 3:45 p.m.	Veterans Benefits Administration	Honorable Allison A. Hickey, Under Secretary for Benefits
3:45 p.m. - 4:15 p.m.	Committee After Action Review & Sub-Committee Notes	Mr. Oscar Hilman, Chairman

4:15 p.m. - 4:45 p.m. Sub-Committee Discussions

4:45 p.m. - 5:00 p.m. Wrap Up/Adjourn

**DEPARTMENT OF VETERANS AFFAIRS  
ADVISORY COMMITTEE ON MINORITY VETERANS (ACMV)**

December 9 – 11, 2013

VACO, 810 Vermont Ave., NW, Washington, D.C. 20420

**Tuesday – December 10, 2013 (VACO Room 230)**

8:00 a.m. - 8:30 a.m.	Opening & Review Agenda	Mr. Oscar Hilman, Chairman
8:30 a.m. - 9:00 a.m.	CMV Updates	Mr. Earl Newsome, Deputy Director
9:00 a.m. - 10:15 a.m.	National Cemetery Administration	Honorable Steve Muro, Under Secretary for Memorial Affairs
10:15 a.m. - 10:30 a.m.	Break	
10:30 a.m. - 11:15 a.m.	Center for Women Veterans	Ms. Elisa Basnight, Director, Center for Women Veterans
11:15 a.m. - 11:45 a.m.	Veterans Employment	Mr. Dennis May, Director, Veteran Employment Services Office
11:45 a.m. - 1:00 p.m.	Lunch on Your Own	
1:00 p.m. - 1:30 p.m.	Office of Diversity & Inclusion	Ms. Georgia Coffey, Deputy Assistant Secretary for Diversity & Inclusion
1:30 p.m. - 2:00 p.m.	National Center for Veterans Analysis	Dr. Tom Garin, Office of Policy & Planning
2:00 p.m. - 3:00 p.m.	Veterans Health Administration	Honorable Robert A. Petzel, M.D. Under Secretary for Health

3:00 p.m. - 3:15 p.m.	Break	
3:15 p.m. - 4:00 p.m.	Homeless Veterans	Mr. Michael Taylor, Deputy Director, VHA Homeless Programs
4:00 p.m. - 4:45 p.m.	Sub-Committee Discussions	Mr. Oscar Hilman, Chairman
4:45 p.m. - 5:00 p.m.	Wrap Up/Adjourn	

**DEPARTMENT OF VETERANS AFFAIRS  
ADVISORY COMMITTEE ON MINORITY VETERANS (ACMV)**

December 9 – 11, 2013

VACO, 810 Vermont Ave., NW, Washington, D.C.

**Wednesday – December 11, 2013 (1575 Eye St., NW, 4<sup>th</sup> Flr, Suite 400-AAM Board Room)**

8:00 a.m. - 9:00 a.m.	Opening and Agenda	Mr. Oscar Hilman, Chairman
9:00 a.m. - 9:30 a.m.	Mental Health Services	Dr. Mary Schohn, Director, Office of Mental Health
9:30 a.m. - 10:00 a.m.	Vet Centers	Mr. Michael, Readjustment Counseling Services
10:00 a.m. - 10:15 a.m.	Public Comments	Open to the public
10:15 a.m. - 11:00 a.m.	Exit Briefing	VHA, VBA, & NCA
11:00 a.m. - 11:15 a.m.	Break	
11:15 a.m. - 12:00 p.m.	Sub-Committee Meetings	Mr. Oscar Hilman, Chairman
12:00 p.m. - 12:45 p.m.	Committee After Action Report	Mr. Oscar Hilman, Chairman
12:45 p.m. - 1:00 p.m.	Wrap Up	
1:00 p.m.	Adjourn	

**Part V. Agenda-- New York City Site Visit**

**DEPARTMENT OF VETERANS AFFAIRS  
ADVISORY COMMITTEE ON MINORITY VETERANS (ACMV)  
New York City, New York  
April 29 – May 1, 2014**

**Monday, April 28, 2014 Travel Day**

**Tuesday, April 29, 2014**

7:15 a.m. - 7:30 a.m.	Assemble in Hotel Lobby/Board Bus	
7:30 a.m. - 8:30 a.m.	Travel to James J. Peters VAMC (Bronx) 130 West Kingsbridge Rd, Bronx, NY	
8:30 a.m. - 9:00 a.m.	Meet/Greet VAMC Escort/ Assemble in Meeting Room	VAMC Lobby
9:00 a.m. - 9:30 a.m.	Opening remarks, Admin. & Prepare for Barbara Ward, DFO Bronx VAMC Briefing	Oscar B. Hilman, Chairman
9:30 a.m. - 11:30 a.m.	James J. Peters VAMC (Bronx) Briefing Dr. Erik Langhoff, Director	Michael Williams, MVPC
11:30 a.m. - 12:30 p.m.	VAMC Tour ( <b>Tour closed to the Public</b> )	
12:30 p.m. - 1:30 p.m.	Lunch in VAMC Canteen (on your own)	
1:30 p.m. - 3:00 p.m.	NY Regional Benefit Office Briefing, Sue Malley, Director	Edward Perry, MVPC
3:00 p.m. - 3:15 p.m.	Break	
3:15 p.m. - 3:30 p.m.	Assemble/Board Bus to Yonkers Community Clinic	
3:30 p.m. - 4:00 p.m.	Travel to Yonkers Community Clinic. 124 New Main St., Yonkers, NY	
4:00 p.m. - 5:00 p.m.	Yonkers Community Clinic Briefing/Tour (Tour closed to the Public)	



5:00 p.m. – 5:15 p.m. Assemble/Board Bus for Hotel

**Wednesday, April 30, 2014**

7:15 a.m. - 8:45 a.m. Travel to Long Island National Cemetery 2040 Wellwood Ave., Farmingdale, NY

8:45 a.m. - 9:00 a.m. Meet/Greet NCA Staff  
Assemble in Meeting Room

9:00 a.m. - 10:00 a.m. Long Island National Cemetery Briefing/Tour, Marty A. Fury, Director Thomas Conlan, MVPC

10:00 a.m. - 11:30 a.m. Travel to Restaurant (In Vicinity of NY Regional Benefit Office) 245 W. Houston St., New York,

11:30 a.m. - 12:30 p.m. Lunch (on your own)

12:30 p.m. - 12:45 p.m. Assemble/Board Bus to NY Regional Benefit Office 245 W Houston St., New York, NY

12:45 p.m. – 2:00 p.m. Tour of NY Regional Benefit Office (**Tour closed to the Public**)

2:00 p.m. – 3:30 p.m. Assemble/Board Bus to Town Hall Meeting Bronx Community College 2155 University Avenue Colston Community Hall (lower level) Bronx, NY 10453

3:30 p.m. – 4:30 p.m. Prep for Town Hall Meeting

4:30 p.m. – 6:30 p.m. Town Hall Meeting Barbara Ward, DFO  
Oscar Hilman,  
Chairman

6:30 p.m. – 6:45 p.m. Assemble/Board Bus for Hotel

**Thursday, May 1, 2014**

7:15 a.m. - 7:30 a.m.	Assemble in Hotel Lobby/Board Bus	
7:30 a.m. - 8:00 a.m.	Travel to James J. Peters VAMC (Bronx) 130 West Kingsbridge Rd, Bronx, NY	
8:00 a.m. - 8:15 a.m.	Meet/Greet VAMC Staff Assemble in Meeting Room	VAMC Lobby
8:15 a.m. - 10:00 a.m.	Committee after Action Review & Sub-committee Notes  <b>Prepare for Exit Briefing</b>	Barbara Ward, DFO Oscar Hilman, Chairman
10:00 a.m. - 10:30 a.m.	Public Comments	
10:30 a.m. - 12:00 p.m.	Conduct <b>Exit Briefing</b> VBA Leadership VHA Leadership NCA Leadership	
12:00 p.m. - 1:00 p.m.	Lunch in VAMC Canteen (on your own)	
1:00 p.m. - 4:00 p.m.	Work on ACMV 2014 Report (1 <sup>st</sup> Draft)	Oscar Hilman, Chairman
4:00 p.m. - 4:30 p.m.	Administrative Paperwork	
4:30 p.m. - 4:45 p.m.	Adjourn Meeting	
4:45 p.m. - 5:00 p.m.	Assemble/Board Bus to Hotel	

**Friday, May 2, 2014**

**Travel Day**

## **Part VI. Town Hall Meeting- New York City**

The ACMV hosted a Veterans Town Hall Meeting at the Bronx Community College. Attendance was low due to very adverse weather conditions including severe thunder storms and associated flooding in the area. The town hall provided a venue for Veterans' questions and comments. It also provided local VA officials an opportunity to provide updates on current initiatives in their catchment areas. Local VA officials from the New York VARO, James J. Peters (Bronx) VAMC, and Calverton National Cemetery joined the Advisory Committee at this event. Veterans in attendance expressed concern about the recent news concerning VA clinic wait times. Veterans also asked the Committee to express their desire for an expansion of services at the St. Albans VA facility in the borough of Queens. They also identified a need for sensitivity to the requirements of women Veterans and assistance for homeless Veterans in Nassau County. Several statements were also made that highlighted that Veterans from the World War II, Korea, and Vietnam eras were not aware of the full scope of VA benefits and services.

**Part VII. Exit Briefing with James J. Peters VAMC, New York VARO,  
Long Island National Cemetery, and Calverton National Cemetery**

**Chairman's Comments**

- Yonkers Community Clinic.
- The VAMC Minority Veterans Program Coordinator conducted the tour of the clinic due to a transportation delay, which resulted in the Committee arriving after the clinic closed.
- The town hall meeting was not well attended.
- Super CBOC (Queens) St. Albans.
  - The attendees at the town hall requested renovation of St. Albans to address their need for super CBOC in Queens.

**Subcommittee on Health Observations**

- VAMC Director is familiar and engaged with the needs of the local area community (i.e. hypertension and HIV).
- VAMC Director and leadership working together to support minority issues and outreach.
- VAMC Staff has a significant number of Veterans to serve in a heavily populated metropolitan area.
- Chief Medical Doctor is pioneering, willing and able to tackle the issues of the catchment area.
- MVPC program is working, minor tweaks.
- MVPC is familiar with and aware of the minority populations in the area of New York.
- There are concerns about hours of MVPC (LGBT, under ODI).
- VAMC Staff is very diligent in attacking the homelessness issues and carrying out the initiatives set by the Secretary.
- Nurse Director's acumen on health issues above average.
- ACMV impressed with VAMC's ability to serve and work together for the minority community and the Veteran population in a densely populated area.
- CBOC site; Staff needs to have a better situational awareness of their duties and who is visiting.
- CBOC was small and data for site visit was not provided; not a formal presentation.
- The doctor and nurses did not engage the Committee.
- Town Hall Meeting: there are issues references St. Albans.
- Request by Veterans for research and in depth look at establishing a Super CWBOC- LSA comments.
- More community partnerships could increase awareness to minority communities.
- Small attendance at the town hall meeting, half the attendees utilized MyHealtheVet.

- Ownership of a Veterans obligation to file for benefits, conveyed clearly by committee members.
- PTSD, more mental health givers from minorities, critical, essential.
- Center for Veterans Enterprises Generic holistic approach - executive orders.

### **Subcommittee on VA Benefits Observations**

#### Observations Related to the Peters VAMC:

- Managers are passionate and given the latitude to do their jobs.
- True North Strategic Plan incorporates minorities.
- Spinal Cord clinic adds value to the medical center's reputation.
- Diversity of mental health professionals (3-AA, 3-Latino, 2-Asian).
- Robust and homeless rehabilitation program (received 1,015 HUD VASH voucher) - 957 have been housed.

#### Observations Related to the Long Island and Calverton National Cemeteries:

- Diverse workforce (Director's intern program) to increase diversity in leadership in field.
- Utilizing veterans' small business for contracted work.
- Landscaping contract enhance beauty of cemetery.
- Plan to redistribute open spaces for burial sites.
- Cemetery integrations are part of outreach.

#### Observations Related to the New York VARO:

- VARO Director is significantly engaged with the MVPC.
- 35% of MVPC duties dedicated to outreach to meet demand.
- Peer to Peer counseling works.
- Priority on intake (identified knowledgeable and experienced VSR in this position-Grade 11).
- Voc Rehab is very successful; local program "No Man Is an Island" (enhance computer skills).
- Limited mandatory overtime to meet backlog.
- 200 employees-doing more with less.
- Morale of staff was very positive
- Training (very supportive of staff participation in training (LEAD Program).
- Center for Excellence for Outreach within VBA.

**APPENDIX A: Action Plans Follow Up  
2013 Action Plans Update (As of July 2014)**

Action Plans Follow Up: 2013 Action Plan Update Spreadsheet  
ACMV 2013 Report Action Plan

2013 Action Plan Update Spreadsheet

<b>Report Year</b>	<b>Recommendations</b>	<b>Program Office</b>	<b>Current Status as of 1 July 2014</b>	<b>Projected Completed Date</b>
2013	Recommendation #1	VHA, VBA, NCA	Concur-in-principle	NA
2013	*Recommendation #2	ODI	Completed	Ongoing follow up actions being taken
2013	Recommendation #3	VHA	Concur-in-principle	NA
2013	*Recommendation #4	VESO	Ongoing	Establish ongoing work group by end of FY 2014
2013	Recommendation #5	VBA	Pending	FY 2014*
		OPP	Pending	FY 2014*

**\*Additional Update as of July 2014**

**Prior Responses: ACMV 2013 Recommendations, Rationales, and VA Responses**

**Recommendation #4: That the VA Office of Human Resources and Administration develop a methodology to determine the reasons/causes of removals/terminations (regrettable losses) of recently hired Veterans by the end of Fiscal Year 2014.**

**Rationale:** According to the Fiscal Year 2012 Veterans Hire Demographics, Separations report, there were a total of 6,747 removals, resignations and terminations from VA employment. In the briefings presented, the reasons for this high number was unknown. Therefore, VA needs identify to why 40% of newly hired Veterans leave VA employment within 12 months of being hired. Although the latest unemployment rates for Veterans are improving, minority Veterans continue to lag behind in terms of employment. Therefore, it becomes important for VA to focus on its retention of Veterans.

A review of several studies which addressed employee retention indicated that recruiting and hiring a new employee could range from 50-150% of the annual salary of a retained employee. Therefore, retention is crucial in containing recruitment costs, while significantly contributing to lowering unemployment rates of deserving Veterans.

Further reported research for companies that used exit interviews or questionnaires with departing employees revealed the following information: the primary reasons for leaving were poor relationships and/or communications with one's supervisor, poor quality of co-worker or customer relationships, need for more work/life balance and low levels of employee engagement.

**VA Response:** Concur

As stated in the 2011 Action Plan Recommendation #4\*, Veterans Employment Services Office (VESO) provided an update and status report to the ACMV. VESO has reviewed Veterans employment data and has contracted to have a Veterans Retention Study completed by first quarter of FY 2014.

**Actions to implement:**

<b>VESO Action Plan</b>						
Recommendation #4:						
<b>Steps to Implement</b>	<b>Lead Office</b>	<b>Other Offices</b>	<b>Tasks</b>	<b>Due Date</b>	<b>Current Status</b>	<b>Contact Person</b>
VESO contracted to have a Retention Study done by end of FY 14	VESO (OO6VE)	N/A	N/A	FY14, 1 <sup>st</sup> Qtr.	In Progress	N/A

**Recommendation #5: That VA expedite the collection and analysis of demographic data on minority Veterans to determine if disparities exists in the top five claimed conditions, grant rate for disability claims, and percentages of disability granted, and publish a report similar to the review that was recently completed on women Veterans by 2015.**

**Rationale:** The availability and utilization of race/ethnic data will assist the VA to respond to the requirements of 38 U.S.C. section 544(c), which requires the ACMV to make “such recommendations (including recommendations for administrative and legislative action) as the Committee considers appropriate, and 38 U.S.C. section 317(d)(5), which will assist the Center for Minority Veterans to “conduct and sponsor appropriate research on the needs of Veterans who are minorities and to the extent to which programs authorized under this title meet the needs of those Veterans, without regard to any law concerning the collection of information from the public”. Until recently representative race/ethnicity data was not available. VA has developed methodology to collect demographic data which should provide an opportunity to conduct preliminary reviews.

In town hall meetings in Chicago, Illinois; San Antonio, Texas; and Fayetteville, North Carolina; minority Veterans have expressed the opinion that they feel that the percentage levels that they receive for disability, especially PTSD claims are

significantly lower than that received by non-minority Veterans. VA officials during these town hall sessions have been able to describe the process of assessing disability levels, but have not been able to present actual data that would dispel this belief of potential disparities. The publication of a VA report would prove valuable in dispelling long standing perceptions of minority Veterans regarding the disability rating process.

**VA Response:** Concur-in-principle

VBA concurs-in-principle with the recommendation regarding the importance of analyzing factors that could contribute to differences in disability compensation awards. In 2009, VBA contracted with IDA to study such differences, including differences among minority Veterans. IDA’s report demonstrates the complexity of conducting such an analysis.

IDA pointed out that differences in average compensation do not necessarily imply unequal treatment of Veterans, and that answering the question of disparities or unequal treatment requires first examination of the factors that lead to a compensation award, and then determination of which of these factors are explained by characteristics of the Veterans and their applications rather than by VBA judgments and decisions. VBA believes that any demographic analysis conducted in the future should again be conducted by an expert analytical organization such as IDA.

OPP may be able to assist VBA in an empirical analysis to determine if there is any evidence to support the perception of racial disparity in disability claims. OPP is reviewing race and ethnicity information available to the Department in an effort to determine its suitability for use in analysis. If OPP determines that it has reasonable data on race and ethnicity, staff can link it with VBA claims and award information to examine the perception of racial disparity.

**Pending:** OPP has received data from VBA’s Office of Performance Analysis and Integrity regarding the top five disabilities claimed by Veterans and will need to continue testing to determine if this data is sufficient to address the concerns noted in the recommendation.

**Actions to Implement:**

<b>OPP Action Plan</b>						
Recommendation #5:						
<b>Steps to Implement</b>	<b>Lead Office</b>	<b>Other Offices</b>	<b>Tasks</b>	<b>Due Date</b>	<b>Current Status</b>	<b>Contact Person</b>
4	VBA	OPP	<ol style="list-style-type: none"> <li>1. Assess race/ethnicity data</li> <li>2. Link with VBA data</li> <li>3. Evaluate combined data</li> <li>4. VBA collects and uses own data</li> </ol>	N/A	Pending	N/A



**Appendix B: Action Plans Follow Up  
2012 Action Plans Update (As of July 2014)**

2012 Action Plans Update Spreadsheet (As of July 2014)  
ACMV 2012 Report Action Plans- P. 25 of ACMV 2013 Report

Report Year	Recommendations	Office	Status as of July 2013	Projected Completed Date as of July 2013	Status as of July 2014	Projected Completion Date as of July 2014
2012	Recommendations #1	VHA	Non-concur Complete	NA	Non-concur Complete	NA
2012	Recommendations #2	VHA	Complete	NA	Complete	NA
2012	Recommendations #3	VHA	Complete	NA	Complete	NA
2012	Recommendations #4	VHA	Complete	NA	Complete	NA
			Complete	NA	Complete	NA
2012	Recommendations #5	VHA	Complete	NA	Complete	NA
2012	Recommendations #6	VHA	Complete	NA	Complete	NA
2012	Recommendations #7	VHA	Complete	NA	Complete	NA
2012	Recommendations #8	VHA	Complete	NA	Complete	NA
		VHA	Complete	NA	Complete	NA
		NCA	In Progress	FY 2015	Complete	NA
2012	Recommendations #9	VHA	Complete	NA	Complete	NA
		VBA	concur-in-principle	NA	concur-in-principle	NA
		NCA	In Progress	FY 2015	In Progress	FY 2015
		ODI (06)	In Progress	FY 2014	Completed	On-going
2012	Recommendations #10	VBA	Complete	NA	Complete	NA
2012	Recommendations #11	VHA	Complete	NA	Complete	NA
		VBA	Complete	NA	Complete	NA
		NCA	Complete	NA	Complete	NA

## **Prior Responses: CMV 2012 Recommendations and Rationales**

**Recommendation #9: VA regional administrators should monitor staff recruitment efforts with a goal of hiring staff that are diverse and reflective of the Veteran population.**

**Rationale #9:** There are approximately 10,000 Native American Veterans and 12,000 Asian American/Pacific Islander Veterans in the Texas area, therefore special emphasis should be placed on targeting recruitment efforts to increase the employment of Veterans of these ethnicities. Few individuals of these ethnic backgrounds are currently employed by the VA in the Texas area.

### **NCA Response: Concur**

As a part of the MVPCs normal outreach duties, they provide Veterans a copy of NCA's brochure with information on how to apply for employment opportunities at NCA. In FY 2012, NCA offices nationwide have participated in several outreach events specifically targeting Native American Veterans and Asian American/Pacific Islander Veterans. As a practice, NCA utilizes these opportunities for recruitment to further diversify the workforce as well as increasing minority participation in the services and benefits that we provide. Some of the measures NCA has taken to improve Native American Veterans and Asian American/Pacific Islander Veterans' participation so far in FY 2012 include the Under Secretary, Mr. Muro, as well as other NCA executives serving as guest speakers at events focusing on outreach and recruitment of these targeted groups, including the White House Asian American Pacific Islander Roundtable, and the Tribal Governments Consultation in Washington, DC.

In addition, NCA has participated in outreach at events in Texas such as the Heroes and Heritage Program/Career Fair, February 27, 2012, Fort Sam Houston, San Antonio, Texas; and the LULAC National Women's Conference, April 13-14, 2012, Hilton Houston Oak, Houston, Texas. Through NDIP, NCA provides opportunities for students from the Organization of Chinese Americans (OCA), the Asian Pacific American Institute for Congressional Studies (APAICS), and the International Leadership Foundation (ILF) to gain Federal job experience for ten weeks. This program serves as a very useful long-range recruiting tool. In FY 2012, several of the NDIP interns were obtained through Hispanic Association of Colleges and Universities outreach. NCA has established partnerships with the ILF, APAICS, and OCA to sponsor students throughout the year at various cemetery locations nationwide.

The Veterans Cemetery Grants Program conducts quarterly conference calls and emails program updates to state cemeteries and other organizations about pending grants. Individual conference calls have been conducted with Hawaii and Guam providing guidance on their pending project; this initiative ensures funding and additional employment opportunities for Asian American/Pacific Islander communities. In FY 2012, two Tribal grants have been approved and another is pending.

**Actions to implement:**

<b>NCA Action Plan Action Plan</b>					
Recommendation #9:					
<b>Steps to Implement</b>	<b>Lead Office</b>	<b>Other Offices</b>	<b>Tasks</b>	<b>Due Date</b>	<b>Current Status</b>
Develop long range recruitment programs to increase opportunities for Veterans and students with disabilities.	Office of Diversity and Alternative Dispute Resolution Programs (40A)	Human Resource	<p><b>Step 1</b> - Develop standard Memorandum of Understanding with educational institutions that have horticulture educational programs.</p> <p><b>Step 2</b> - Recruit students with disabilities from educational institutions and Veterans across the spectrum.</p> <p><b>Step 3</b> - Increase participation in the NDIP by 2 percent each year.</p> <p><b>Step 4</b> - Collaborate with the Veterans Employment Services Office to identify partnership opportunities.</p> <p><b>Step 5</b> - Quarterly monitor Veteran hiring and separation data to determine any triggers.</p>	FY 2012/ FY 2015	In Progress
Execute FY 2012 Veterans Cemetery Grant Operating Plan.	Cemetery Grants Program	X	Establish 29 new State and Tribal Government Veterans cemeteries.	FY 2015	In Progress
Execute FY 2012 Veterans Cemetery Grant Operating Plan.	Cemetery Grants Program	X	Increase the percentage of Veterans served by a burial option in a national, State, or Tribal Government Veterans cemetery to 94 percent.	FY 2015	In Progress
Determine the effectiveness of current outreach strategies.	Office of Diversity and Alternative Dispute Resolution Programs (40A)	Human Resource, Communications Outreach Office	Conduct a 3-year analysis of current outreach measures to targeted communities to determine the level of effectiveness.	X	In Progress

**Appendix C: Action Plans Follow Up  
2011 Action Plans Update (As of July 2014)**

2011 Action Plans Update Spreadsheet (As of July 2014)  
ACMV 2011 Report Action Plans

Report Year	Recommendations	Program Office	Pg.	Status as of July 2013	Projected Completed Date (Date/NA)	Status as of July 2014	Projected Comp. Date As of July 2014
2011	Recommendation #1	NA	X	Non-concur Complete	Non-concur	Complete	NA
2011	Recommendation #2	VHA	X	Complete	NA	Complete	NA
		VBA			NA	Complete	NA
		NCA		In Progress	FY 2015	Complete	NA
		ODI			NA	Complete	NA
2011	Recommendation #3	VHA	X	Complete	NA	Complete	NA
		VBA				Complete	
		NCA		Complete	NA	Complete	NA
		NVO		Complete	NA	Complete	NA
		VECS		Complete	NA	Complete	NA
2011	Recommendation #4	VHA	X	Complete	NA	Complete	NA
		VBA		In Progress	FY 2013	Superseded by Recommendation #1 of 2014 ACMV Report	NA
		NCA		Complete	NA	Complete	NA
		VECS		Complete	NA	Complete	NA
2011	Recommendation #5	VHA	X	Complete	NA	Complete	NA
		VBA				Complete	NA
		NCA		Complete	NA	Complete	NA

Report Year	Recommendations	Program Office	Pg	Status as of July 2013	Projected Complete Date (Date/NA)	Status as of July 2014	Projected Comp. Date As of July 2014
2011	Recommendation #6	VHA	X	Complete	NA	Complete	NA
2011	Recommendation #7	VHA	X	Complete	NA	Complete	NA
		VBA		Complete	NA	Complete	NA
		NCA		In Progress	FY2015	Complete	NA
2011	Recommendation #8	VHA	X	Complete	NA	Complete	NA
2011	Recommendation #9	VHA	X	Complete	NA	Complete	NA
2011	Recommendation #10	VHA	X	Complete	NA	Complete	NA
2011	Recommendation #11	VHA	X	Complete	NA	Complete	NA
2011	Recommendation #12	VHA	X	Complete	NA	Complete	NA
2011	Recommendation #13	CMV	X	Complete*	*See Note below	Complete	Submission with FY 2016 Budget

**Prior Response: ACMV 2011 Report Action Plan- As of September 2011**

**Recommendation #13.** The Center for Minority Veterans submitted a request to the VA Legislative Review Panel (LRP) to have the ACMV Report changed from an annual to a biennial report. The proposal was identified in this review cycle by a designation of: 00M-2, NEW, Requirement for Biennial Report on Advisory Committee on Minority Veterans.

## **Appendix D: Advisory Committee Biographies**

### **Michael Dakduk Hispanic**

Mr. Michael Dakduk served in the United States Marine Corp for four years as an E-6, specializing in communications. During his military service he served in Iraq and Afghanistan and was selected to serve with the Marines' Special Operations unit. He has served as the Executive Director for Student Veterans of America, a nonprofit organization. He has led the organizations 7 million dollar strategic planning process with the Bill and Melinda Gates Foundation.

In his Executive Director role, he served as an advocate for Veterans seeking higher education opportunities, and endeavors to change the landscape to better serve student Veterans. Mr. Dakduk has built and managed a network spanning five regions that includes 25 state directors, and four full time employees. He also expanded affiliate operations by 200 percent using a grassroots, social change engagement model. He has managed to retain over 70 percent of the affiliated by focusing on succession planning and unified national-local campaigns. Additionally, he has developed valued partnerships with many major private and public sector entities such as: Google, Booz Allen Hamilton, JP Morgan Chase, Department of Defense, Veterans Affairs, Department of Labor, and the White House.

Mr. Dakduk is a member of several boards, committees, and task forces such as: Veteran's Advisory Committee on Education, Department of Veterans Affairs; Interagency Task Force of Veteran Small Business Development; Points of light Institute Community Blueprint Advisory Council; and the Jump of Joy Foundation respectively.

He earned his Bachelors of Science in Public Administration from The University of Nevada Las Vegas in 2010. He was also awarded the Harry S. Truman Congressional Scholarship. He also has logged over 4000 hours of community service earning the U.S. President's Lifetime Volunteer Service Award in 2010.

### **Brigadier General Tom L. Daniels, U.S. Air Force (Retired) African American**

General Daniels began his military in 1965 when he enlisted in the Air Force. He served combat tours in Vietnam in 1968 and 1969. In addition to his combat tours in Vietnam, he served in a humanitarian mission in Vietnam and Laos. General Daniels military experience includes serving as the Assistant Adjutant General for the Oklahoma National Guard; Executive Officer to The Adjutant General (TAG), Nebraska National Guard, and Director of Personnel Policy for the office of the Secretary of Defense.

General Daniels is a tireless advocate for the equitable treatment of Veterans at the state and federal level. He is a strong supporter of Junior ROTC programs in Fort Worth school system as well as promoting aerospace and aviation opportunities for minorities.

He earned his Bachelor's degree from Oklahoma Central State University and his Master's degree from Troy State University. He is also a graduate of the Personnel Officer Course, Air Command and Staff College, Air Force War College, and Harvard University's Kennedy School of Government. General Daniels resides in Texas.

**Richard de Moya, Lieutenant Colonel, USA (Retired)  
Hispanic**

Lieutenant Colonel Richard de Moya retired in 1995 after served 23 years in the U.S. Army, and is a WestPoint graduate. He is currently the President of Veteran's Transition and Assistance Services, in Middleton, Wisconsin.

Colonel de Moya has over 30 years of experience serving within the Veteran community. He has extensive knowledge and background in management, communications, and leadership. Having served as an Army officer, Colonel de Moya was responsible to the health and welfare for several troops during his 23 year tenure. As a senior administrator and manager of programs and services at the Wisconsin Veterans Affairs Office for 12 years, he was responsible for overseeing the state benefits and services program, including the implementation of a variety of Veterans Affairs programs. The following are examples of these programs: disability claims processing, two VA funded state Veterans cemeteries; and homeless Veteran programs. Colonel de Moya also served as Co-chair of the Governor's Council on Homelessness and as an advisor to the VA National Center on Homelessness among Veterans.

Colonel de Moya was instrumental in bringing the Troops to Teachers Program to Wisconsin. He demonstrated a strong commitment to education while serving as the Director of the Wisconsin State Approving Agency.

Colonel de Moya holds a Master's degree in Education from Pennsylvania State University, and a master's degree in Business Administration from Pepperdine University. He is currently pursuing a doctoral degree in Educational Leadership from the University of Wisconsin.

**Petty Officer First Class Elisandro (Alex) T. Diaz, U.S. Navy (Reserve)  
Hispanic**

Mr. Diaz has served thirteen years in the United States Navy Reserve as a Combat Photographer. He has served two tours of duty in support of Operation Iraqi Freedom. He is currently the founder, editor and publisher of "The Orange County (OC) Sentinel" magazine and owner of Alex Diaz Productions. The OC Sentinel disseminates

information on benefits, resources and events relevant to Veterans, active duty military members, their families, civic leaders and the community at large.

Mr. Diaz has over 14 years of professional experience as a mortgage office and real estate agent. He currently serves on the board of the Orange County Home Ownership Prevention Collaborative; with an emphasis on helping Veterans preserve their homes.

In addition, Mr. Diaz currently serves as the Commander of the American GI Forum's Rudy Escalante Chapter. He has played an active role in several Veteran events in his community to include: serving as the Public Affairs Officer for the Inaugural Orange County Homeless Veterans Stand Down; organizing committee-member for the Moving Wall's visit to Garden Grove, California; and facilitated a Veterans Conference at Santa Ana College. Mr. Diaz resides in California.

### **Many-Bear Grinder, Colonel, USA (Retired) Asian American**

Colonel Many-Bears Grinder is a U. S. Army National Guard retiree with over 35 years of service. She was an Operation Enduring Freedom (OEF) Veteran who served in Afghanistan. During her deployment, Colonel Grinder served as the Head of Secretariat for the International Police Coordination Board. She has also worked with Afghan Police forces and senior officials to ensure standardized training for the Afghan Police.

In January 2011, Governor Bill Haslam selected Many-Bears Grinder to be the Commissioner for the Tennessee Department of Veterans Affairs. She has the honor of being the first woman to serve the State in this capacity. Commissioner Grinder has been instrumental in opening a new State Veterans Cemetery in East Tennessee and Veterans have received more than 1 billion dollars in federal funding from claims filed by the department in 2011 and 2012 respectively. Mrs. Many-Bears Grinder has created many milestones since her appointment in 2011 to include: the state's first formal casualty standard operating procedure to assist casualty officers and surviving members, co-hosting the first Women Veteran's Summit in 2012 that offered networking opportunities as well as benefit and health information.

Colonel Grinder holds a Master's degree in Strategic Studies from the Army War College and a Master's degree in Human Resource Development from the University of Tennessee, Knoxville. She is a member of several military and Veteran organizations including AMVETS, Vietnam Veterans of America, the American Legion and Disabled Veterans of America.

In 2004, Many-Bears Grinder was inducted into the Fort Benning Hall of Fame for her many accomplishments.



**\* Oscar B. Hilman, Brigadier General (Retired), U.S. Army  
Asian American**

Brigadier General Oscar Bautista Hilman was born in Libmanan, Camarines Sur, Republic of Philippines. He graduated from Central Washington University with Bachelor of Science in Law and Justice and he received his Masters of Science Degree in Strategic Science from the United States Army War College.

He received his commission through the Officer Candidate School in 1977. He was an enlisted man and attained the rank of Sergeant First Class (E-7) before commissioning as Second Lieutenant. His military education includes Armor Basic and Advanced Courses, Tank Commander Course, Combined Arms Services Staff Course, United States Army Command and General Staff College, United States Army War College. While assigned as United States for Property and Fiscal Officer for State of Washington (USC Title 10), he attended numerous courses in finance and resource management, procurement and contracting, audit and internal review, facilities and base management, supply and logistics management, and human resource management courses.

General Hilman served as Commander of the 81st Brigade Combat Team in support of Iraqi Freedom II (2004-2005) where his brigade received two combat streamers. His brigade secured seven forward operating bases (Scania, Camp Bucca, Tallil and Cedar, Kalsu, Baghdad, Green Zone, LSA Anaconda/Balad Air Base). While at Anaconda, the 81st Brigade set up a Joint Defense Operating Base to protect the air base and major logistic base. Soldiers of Task Force Tacoma conducted combat operations to protect thousands of military and civilians at LSA Anaconda and Joint Balad Air Base. Additionally, the 81st Brigade also assisted the Iraqis at their first national election and transfer of sovereignty. He retired as Deputy Commanding General, I Corps and Fort Lewis.

His awards and decorations include: Legion of Merit with Oak Leaf Cluster, Bronze Star Medal with Oak Leaf Cluster, the Meritorious Service Medal with 4 Oak Leaf Clusters, Army Commendation Medal with 2 Oak Leaf Clusters, Global War on Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, Humanitarian Service Medal, and the Combat Action Badge. General Hilman resides in Tacoma, Washington with his wife Patty.

**Staff Sergeant Harold Hunt, U.S. Army  
Native American**

Mr. Hunt served over nine years in U.S. Army as Light Infantryman. He was awarded the Purple Heart for military merit while serving in the 199th Light Infantry Brigade, Republic of South Vietnam. Mr. Hunt served as the Veteran Service Officer for Robeson County, North Carolina. In addition, he has served as a Service Officer for the National American Indians Veterans, Inc.

Mr. Hunt has served as Post and District Commander for the Veterans of Foreign Wars, Past Chief of Staff Military Order of the Purple Heart State of North Carolina, and a member of the American Legion, Disabled American Veterans, Lumbee Warriors Association, and National Association of County Veterans Service Officers. Mr. Hunt currently volunteers as the Veterans Service Officer and Director of Veterans Affairs for the Lumbee tribe of North Carolina. He resides in North Carolina.

**Colonel Raymond Jardine, Jr., DBA, U.S. Army (Retired)  
Native Hawaiian**

Dr. Jardine enlisted in the Army in 1971 and retired as a Colonel in December 2003. He was branch qualified in Infantry, Artillery, Military Intelligence, Quartermaster, Aviation, Military Police, with functional area expertise in Aviation Logistics, Operations, Plans and Training, Maintenance Test Pilot and a Master Fitness Trainer.

During his distinguish military career, Dr. Jardine has served as the Commander, Ground Forces Component Command, Hawaii Airport Security Mission and Force Protection of Critical Infrastructures for the State of Hawaii and as the Deputy Commander, 29th Enhanced Separate Infantry Brigade (Light), leading this brigade from the worst combat brigade in the Nation to #1 in readiness in 2003. He has received innumerable medals, awards and honors for his long distinguish service to his country and state. In 2005, Dr. Jardine was awarded the highest civilian award from the National Guard Association of the United States, the Patrick Henry Award.

Dr. Jardine's professional experience includes owning and operating Native Hawaiian Veterans, LLC, which provides a wide variety of services to include homeland security, emergency management, information technology, community relations, public outreach, and professional staff augmentation.

Dr. Jardine holds a Doctorate of Business Administration in Organization Leadership from University of Rockville, Master's Degree in Strategic Studies from the United States Army War College, Master Degree in Organizational Management from the University of Phoenix Management, Public Administration from San Diego State University, Management from Chaminade University and an Associate Degree in Liberal Arts from Honolulu Community College. Dr. Jardine resides in Hawaii.

**Senior Airman Sheila Mitchell, U.S. Air Force  
African American**

Ms. Mitchell currently serves as President and Chief Executive Officer for Veterans at Your Service, LLC, a Service-Disabled Veteran-Owned Small Business that specializes in assisting Veteran's in preparing claims for VA benefits. She has served as an Appeals Consultant/Veterans Claims Agent for the Virginia Department of Veterans Services. In addition, Ms. Mitchell has served as a Benefits Counselor at Maryland Center for Veterans Education and Training.

Ms. Mitchell served over nine years on active duty in the U.S. Air Force, while on active duty she served as a Personnel Affairs Specialist and Military Affairs Supervisor. In this capacity, she supervised and trained five personnel in the administration of several military programs which included the Survivor Benefit Plan, Transition Assistance Program, the Family Support Center, the Air Force Aid Society, and Special Trophies and Awards. Ms. Mitchell was successful in developing a computer program to identify personnel with over 17 years of military service to automatically schedule a pre-retirement counseling appointment.

She holds a Bachelor of Arts degree from North Carolina Central University. Ms. Mitchell resides in Virginia.

**Benjamin C. Palacios, Command Sergeant Major, USA (Retired)  
Pacific Islander**

Command Sergeant Major Benjamin Palacios retired from the United State Army in May 2003 after serving for 32 years; Mr. Palacios worked as the Vice President for Green Millennium Industries, Ltd., in Seoul, Korea. In November 2004, Ben joined the Anteon Corporations as a Business Development Manager for the Pacific region which covers the Republic of Korea, Guam, Japan, and Okinawa. In August 2007, Ben relocated back to Guam and opened his own consulting company. He assisted several companies to include Comark, HNTB, CH2M HILL, and Kellogg Brown and Root and established their businesses on the island. He is an Associate Partner for Doran Capital Partners and opened and managed their office on Guam. He also served as an Advisor for Poongsan Corporations and H.K. Industry, Ltd. In December 2009, Mr. Palacios started working for Science Application International Corporation (SAIC) as an Assistant Vice President, Regional Account Manager for Guam and Commonwealth of the Northern Mariana Islands (CNMI), region.

He is a member of numerous professional organizations to include the Association of the United States Army (AUSA), the Noncommissioned Officer Association (NCOA), the AFCEA, and the Pan Pacific American Leaders and Mentors (PPALM).

**Teresita Smith, Sergeant First Class, USA (Retired)  
Pacific Islander**

Sergeant First Class Teresita "Terri" Guevara Smith was born in Guam and raised in the village of Ordot. She joined the United States Army as a Patient Administrator and eventually changed her career field to become an Intelligence Analyst in 1980. Terri's patriotic service spans over 37 years, from the U.S. Army and as a civilian with the Department of Defense. She retired from active service as a Sergeant First Class in February 1997.

As a Veteran of Foreign Wars, she has been in the Persian Gulf War (December 1990 - May 1991) and Iraq War. In the Iraq War, Terri deployed (volunteered) as a Department of Defense Civilian (January-August 2005). Terri joined the Defense

Intelligence Agency as an Intelligence Officer and earned numerous awards. Her greatest accomplishment was receiving the "The Knowlton Award," one of the highest honors in Military Intelligence presented by the Office Director of National Intelligence (ODNI) for her work in the Department of Defense Open Source Intelligence Collection Management Program. Terri also received three Intelligence Community (IC) Meritorious Unit Citations with the most recent citations for her work in the Afghanistan Pakistan Task Force, and her subsequent awards were: the Defense Intelligence Diversity Award 2002; and the Federal Asian Pacific American Council 2013 Civilian Award "Outstanding Individual Leadership" recipient.

Terri has held several leadership roles working with the following non-profit organizations: Former President to the oldest Guam club, the Guam Society of America, Washington D.C.; Senior Advisor on Chamorro Women Veterans and Maryland Coordinator to the National Organization of Chamorro Veterans in America, United States, Guam, and CNMI; Guam representative to the Pacific Island Council of Leaders; Prince Georges Minority Group/NAACP, Upper Marlboro Maryland; Founder and Co-Chairman of the National Organization of Pacific Islanders in America.

Terri has pursued numerous Joint Military Intelligence Training and College Course, with National Intelligence University Classes; towards completing her degree.

### **Marvin Trujillo, Jr., US Marine Corps Native American**

Mr. Trujillo is a Laguna Tribal Member who belongs to the Road Runner, Little Parrot, and Turkey Clans. He serves as the Tribal Veterans Service Officer for the Pueblo of Laguna and the Co-Chair of the All Indian Pueblo Council Veterans Committee.

Mr. Trujillo entered the United States Navy in 1993, and served four years as an Aviation Electronics Technician, Aviation Warfare Specialist 2nd Class Petty Officer. He specialized in the F-14 Tomcat Avionic and Radar Weapons Systems. Mr. Trujillo served multiple tours to the Persian Gulf with Fighter Squadron Eleven (VF-11) on board the USS Independence, USS Carl Vinson, and the USS John C. Stennis. He later entered the Hampton Roads Naval ROTC Unit and went to college at Old Dominion University in Norfolk, Virginia. In 2001, Mr. Trujillo graduated with his Bachelors of Science in Communication, and was commissioned as a 2nd Lieutenant in the United States Marine Corps. He later attended Flight Training at Naval Air Station Pensacola and Aviation Maintenance Officer School at Naval Air Station Whiting Field in Florida. He served with Marine Air Wing Group 13 at Marine Corps Air Station in Yuma, Arizona. Mr. Trujillo was elected and served as the 2nd Lt Governor for the Pueblo of Laguna in 2009-2010. He served as a member of the Pueblo's Energy Core Team for PNM, Continental Divide Electric Cooperative, and New Mexico Gas Company.

Mr. Trujillo also served as the Ex-Officio to the Laguna Development Corporation, the Mid-Region Council of Government-Metropolitan Transportation Board, the New Mexico

State-Tribal Collaboration and Communication Work Group for a Safer New Mexico,  
and was a member of the All Indian Pueblo Council. Mr. Trujillo resides in New Mexico.

---

\* **Denotes Chairman**

---