

President Announces Interagency Initiative to Address Homelessness for Urban Native Veterans

Category: Policy Blog

written by Colin Tompson | December 9, 2022

VA, HHS, HUD, through the White House Committee on Native American Affairs, to increase access to care and services for Native veterans experiencing or at risk of homelessness in urban areas.

Last week, President Biden convened the White House Tribal Nations Summit where he released the [Tribal Nations Summit Progress Report](#), which outlined a new initiative aimed to assist Native veterans experiencing or at risk of homelessness. During the White House Tribal Nations Summit on December 1, 2022, the Department of Veterans Affairs (VA) Secretary McDonough announced that the VA, in partnership with the Departments of Health and Human Services (HHS), Housing and Urban Development (HUD), and the White House Committee on Native American Affairs are launching an interagency [initiative](#) to increase access to care and services for American Indian and Alaska Native (AI/AN) veterans experiencing or at risk of homeless in urban areas. **According to Secretary McDonough, “the initiative will involve enhanced partnerships with 41 urban Indian organizations and will focus on intake and referral services to ensure that Native veterans are aware of and have access to resources already set aside for them.”**

“I am encouraged by the VA’s commitment to improving the health and well-being of Native veterans, including those of us living in urban areas. Natives serve in the military at a higher rate than any other population in the U.S., but we experience some of the largest health disparities when we complete our service. As we all know, housing is a key social determinant of health, and homelessness in our community is a contributing factor to the health inequities Native veterans face. I look forward to being involved in the partnership between urban Indian organizations and the VA, HHS, HUD, and White House Council on Native American Affairs to bring housing resources to urban Native veterans.” - Sonya Tetnowski (Makah), CEO, Indian Health Center of Santa Clara Valley and NCUIH President.

Background

Native Veteran Disparities

Native veterans have served in the United States military in every armed conflict in the Nation’s history and have traditionally [served](#) at a higher rate than any other population in the United States. Unfortunately, Native veterans suffer significant disparities when they transition to civilian life. For example, Native veterans are more likely to be [uninsured](#) and have a service-connected disability than other veterans. Native veterans suffer these disparities no matter where they live. Native veterans living in urban areas experience the [same](#) poor physical and mental health outcomes as Native veterans in rural areas. In addition, urban Native veterans generally have [lower incomes](#), higher unemployment, lower education attainment, higher VA-service connected disability, and generally live in poorer housing conditions than non-Native urban veterans.

This initiative is critical given that the National Council of Urban Indian Health (NCUIH) estimates that there are about 8 Native veterans experiencing homelessness per 1000 veterans, compared to about 1.5 white veterans per 1000 veterans. Urban Native veterans are greatly impacted by this, as NCUIH estimates that 86.2% of the veteran population identifying as Native lives in urban areas. Homelessness is a key Social Determinant of Health (SDOH) and a lack of stable housing can lead to an increased risk of premature death, preterm delivery, exposure to disease vectors like vermin, and [other negative health impacts](#). Without consistent access to stable housing for all of our Native veterans, who have answered the call to make the ultimate sacrifice on behalf of this Nation, they will remain at risk of the health disparities associated with unstable housing.

Urban Indian Organizations Provide Critical Housing Support

UIOs are essential partners in serving AI/AN veterans and are vital to this initiative to improve care and access to services for AI/AN veterans because of their deep ties to the AI/AN community in urban areas. UIOs currently serve seven of the ten urban areas with the largest AI/AN veteran populations, including the following areas: Phoenix, Arizona; Los Angeles, California; Seattle, Washington; Dallas, Texas; Oklahoma City, Oklahoma; New York City, New York; and Chicago, Illinois. Due to the cultural competency of the health care available at UIOs, many Native veterans prefer to receive their health care from a UIO provider, as well as at IHS and Tribal facilities, over a VHA facility.

UIOs are uniquely positioned to assist agencies, such as the VA, HHS, and HUD, in improving housing access for AI/AN people. Some UIOs already provide housing services and all UIOs provide numerous other social and community services to AI/ANs living in urban areas. As such, the partnership with UIOs announced in this initiative has the potential to improve the quality of care and well-being to Native veterans in urban areas, but it is also consistent with the United States' trust responsibility to provide services and resources to improve the health of all AI/ANs.

Sonya Tetnowski, Chair of Veterans Health Administration Subcommittee within the VA Advisory Committee on Tribal and Indian Affairs Committee, Army veteran, NCUIH President, and CEO of the Indian Health Center for Santa Clara Valley, [highlighted](#) the importance of looking at the whole person and making sure that their needs are being met during a Committee meeting in January. She also brought forth potential subcommittees, including unhoused urban Veterans, Native Healer utilization, and Behavioral Health and Substance Use. On August 17, 2022, the Committee held a meeting where Ms. Tetnowski presented five priority areas, including homelessness and housing as a priority.

NCUIH and the VA

NCUIH continues to advocate on behalf of AI/AN veterans living in urban areas and to strengthen its partnership with VA. Thanks to [NCUIH's work with the VA](#), UIOs are now eligible to enter the VA IHS/THP/UIO [Reimbursement Agreements Program](#), which provides VA reimbursement to IHS, THP, and UIO health facilities for services provided to eligible AI/AN Veterans. NCUIH also played a critical role in getting the legislation that established the VA Advisory Committee on Tribal and Indian Affairs passed in 2020 and [nominated](#) Ms. Tetnowski to be a representative on the Committee.

NCUIH has highlighted in several written comments to the VA and in meetings with agency representatives, the need for the VA to address and provide services to Native veterans living in urban areas. VA data currently indicates that Native veterans use VA benefits or services at a [lower percentage](#) than other veterans. To address these disparities, NCUIH has provided the VA with several recommendations and administrative guidance on how to improve Native veteran health

through collaboration with the VA. In the last year alone, NCUIH has raised various issues such as the lack of VA services provided to Native veterans who reside in urban areas as well as the lack of culturally competent VA health care providers in these areas. In July, NCUIH wrote to comments to the VA urging the agency to [improve the medical workforce at UIOs](#) through the Pilot Program on Graduate Medical Education and Residency (PPGMER). Moreover, NCUIH recently provided comments and recommendations for the VHA and IHS in collaboration to improve their outreach and services to urban Native veterans.

In addition to working with the VA, NCUIH [submitted comments](#) to HUD, encouraging the agency to incorporate urban Natives in its FY22-26 Strategic Plan and focus areas. HUD provides housing resources and funding for Tribes, but these resources are very limited when it comes to urban AI/ANs, or not applicable at all. These efforts have emphasized the critical importance of working with UIOs to reach and serve the significant portion of Native veterans living in urban areas.