

APPENDIX

Working Together: VHA / IHS Collaboration and Sharing

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APPENDIX A – HHS / VA MOU

Memorandum of Understanding
Between the
VA/Veterans Health Administration
And
HHS/Indian Health Service

I. Purpose: The purpose of this Memorandum of Understanding (MOU) is to encourage cooperation and resource sharing between the Veterans Health Administration (VHA) and Indian Health Service (IHS). The goal of the MOU is to use the strengths and expertise of our organizations to deliver quality health care services and enhance the health of American Indian and Alaska Native veterans. This MOU establishes joint goals and objectives for ongoing collaboration between VHA and IHS in support their respective missions.

II. Background: The mission of the Indian Health Service is to raise the physical, mental and spiritual health of American Indians and Alaska Natives to the highest level. The IHS goal is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

The mission of the Department of Veterans Affairs is to “care for him who shall have borne the battle and his widow and orphan.” Those words were spoken by Abraham Lincoln during his second inaugural address and reflect the philosophy and principles that guide VA in everything it does. The Veterans Health Administration six strategic goals, are: put quality first until we are first in quality; provide easy access to medical knowledge, expertise and care; enhance, preserve, and restore patient function; exceed patient’s expectations; maximize resource use to benefit veterans; and build healthy communities.

The IHS and the VA enter into this MOU to further their respective missions. It is our belief, that through appropriate cooperation and resource sharing both organizations can achieve greater success in reaching our organizational goals.

III. Actions:

A. This MOU sets forth 5 mutual goals:

1. Improve beneficiary’s access to quality healthcare and services.
2. Improve communication among the VA, American Indian and Alaska Native veterans and Tribal governments with assistance from the IHS.
3. Encourage partnerships and sharing agreements among VHA headquarters and facilities, IHS headquarters and facilities, and Tribal governments in support of American Indian and Alaska Native veterans.
4. Ensure that appropriate resources are available to support programs for American Indian and Alaska Native veterans.
5. Improve health-promotion and disease-prevention services to American Indians and Alaska Natives.

- B. To further the goals of this MOU, VA and IHS agree to:
1. Facilitate collaboration on effective healthcare delivery for American Indian and Alaska Native veterans and shared responsibility for implementation of appropriate health promotion and disease prevention efforts. Ensure that IHS and VA facilities develop and provide effective linkages between facilities to support health promotion for American Indian and Alaska Native veterans that benefit their communities.
 2. Identify needs and gaps between the VA and the IHS to develop and implement strategies to ensure optimal health for the American Indian and Alaska Native veteran population.
 3. Promote activities and programs designed to improve the health and quality of life for American Indian and Alaska Native veterans.
 4. Develop and implement strategies for information sharing and data exchange.
 5. Collaborate in the exchange of relevant programmatic communications and other information related to American Indian and Alaska Native veterans.
 6. Co-sponsor and provide reciprocal support for Continuing Medical Education, training and certification for IHS and VA healthcare staff.
 7. Develop national sharing agreements, as appropriate, in healthcare information technology to include electronic medical records systems, provider order entry of prescriptions, bar code medication, telemedicine, and other medical technologies, and national credentialing programs.
 8. Create an interagency work group to oversee proposed national initiatives.
 9. Develop a common methodology to track VA and IHS interagency activities and report progress.

IV. Other Considerations:

A. All VA Medical facilities and the IHS will comply with all applicable Federal laws and regulations regarding the confidentiality of health information. Medical records of IHS and VA patients are Federal records and are subject to some or all of the following laws: the Privacy Act, 5 U.S.C. 552a; the Freedom of Information Act, 5 U.S.C. 552; the Drug Abuse Prevention, Treatment, and Rehabilitation Act, 21 U.S.C. 1101, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act, 42 U.S.C. 4541, the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 1301, VA's Confidentiality of Certain Medical Records, 38 U.S.C. 7332; Confidential Nature of Claims, 38 U.S.C. 5701; Medical Quality Assurance Records Confidentiality, 38 U.S.C. 5705, and Federal regulations promulgated to implement those acts.

B. Care rendered under this MOU will not be part of a study, research grant, or other test without the written consent of both the IHS and the VA facility and will be subject to all appropriate HHS and VA research protocols.

C. The VA and the IHS will abide by Federal Regulations concerning the release of information to the public – and will obtain advance approval from either VA or IHS before publication of technical papers in professional and scientific journals – for articles derived from information covered by this MOU. The VA and the IHS agree to cooperate fully with each other in any

investigations, negotiations, settlements or defense in the event of a notice of claim, complaint or suit relating to care rendered under this VA/IHS MOU.

D. No services under this MOU will result in any reduction in the range of services, quality of care or established priorities for care provided to the veteran population or the IHS service population.

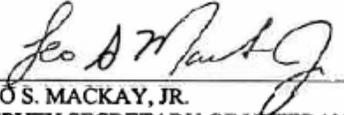
E. The VA may provide IHS employees with access to VA automated patient records maintained on VA computer systems to the extent permitted by applicable Federal confidentiality and security law. Additionally, the IHS will likewise provide VA employees access to Veteran IHS records to the same extent permitted by applicable Federal confidentiality and security law.

F. Both parties to this MOU are Federal agencies and their employees are covered by the Federal Tort Claims Act, 28 U.S.C 1346(b), 2671-2680, in the event of an allegation of negligence. It is agreed that any and all claims of negligence attributable to actions taken pursuant to this MOU will be submitted to legal counsel for both parties for investigation and resolution.

V. Termination: This MOU can be terminated by either party upon issuance of written notice to the other party not less than 30 days before the proposed termination date. The 30 days notice may be waived by mutual written consent of both parties involved in the MOU.

VI. Effective Period: The VA and the IHS will review the MOU annually to determine whether terms and provisions are appropriate and current.

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APPENDIX E – IHS VETERAN ENROLLMENT DATA

Veteran Status by Service Unit of Residence

Run date: 12/4/2003
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Area:		Active Indians	Veterans as Veterans	% of Active
ABERDEEN				
CHEYENNE RIVER		7,867	530	6.7
CROW CREEK		3,410	263	7.7
FLANDREAU		1,062	41	3.9
FORT BERTHOLD		5,520	456	8.3
LOWER BRULE		1,740	100	5.7
NON SVC UNIT		5,938	336	5.7
NORTHERN PONCA		1,600	88	5.5
OMAHA		3,201	159	5.0
PINE RIDGE		21,138	1,296	6.1
RAPID CITY		10,033	679	6.8
ROSEBUD		11,827	514	4.3
SAC AND FOX		1,248	27	2.2
SISSET-WAHPT		5,252	342	6.5
SPIRIT LAKE		4,995	314	6.3
STANDING ROCK		8,533	616	7.2
TRENTON		1,488	48	3.2
TURTLE MOUNTAIN		13,104	549	4.2
WINNEBAGO		3,935	218	5.5
YANKTON		4,612	352	7.6
	Total for Area:	116,503	6,928	5.9
ALASKA				
ANCHORAGE		41,331	1,490	3.6
ANNETTE ISLAND		1,176	47	4.0
BARROW		4,337	126	2.9
BELUGA		1	0	
BRISTOL BAY		5,436	155	2.9
INTER ALASKA		13,559	483	3.6
KOTZEBUE		6,869	218	3.2
MT.EDGE CUMBE		14,304	754	5.3
NON SVC UNIT		810	34	4.2
NORTON SOUND		7,996	220	2.8
YUK-KUS DELT		21,944	632	2.9
	Total for Area:	117,763	4,159	3.5
ALBUQUERQUE				
ACOM CAN LAG		10,656	776	7.3
ALBUQUERQUE		27,481	1,391	5.1
JICARILLA		2,929	137	4.7
MESCALERO		4,072	209	5.1
NON SERVICE UNIT		2	0	
NON-SVC.UNIT		1,774	111	6.3
SANTA FE		14,157	644	4.5
SOUTHERN COLORADO		5,444	229	4.2
TAOS-PICURIS		2,112	201	9.5
YSLETA DEL SUR		656	29	4.4
ZUNI-RAMAH		10,192	558	5.5
	Total for Area:	79,475	4,285	5.4
BEMIDJI				
CENTRAL WISCONSIN		19,017	633	3.3
EASTERN MICHIGAN		16,660	484	2.9
FOND DU LAC		4,107	117	2.8

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GRAND PORTAGE	543	83	15.3
GREATER LEECH LAKE	9,429	526	5.6
MILLE LACS	2,160	113	5.2
MINNESOTA RIVER	437	26	5.9
NETT LAKE	1,149	57	5.0
NICOLET	4,052	135	3.3
NON SERVICE UNIT	5,523	307	5.6
NORTHWESTERN WISCONSIN	8,750	596	6.8
RED LAKE	7,118	369	5.2
WEST MICHIGAN	2,740	178	6.5
WHITE EARTH	7,715	604	7.8
Total for Area:	89,400	4,228	4.7
Area:	BILLINGS		
BLACKFEET	10,933	684	6.3
CROW	11,030	659	6.0
FLATHEAD	9,800	457	4.7
FORT BELKNAP	4,556	349	7.7
FORT PECK	8,451	637	7.5
NON SVC UNI	2,581	164	6.4
NORTHERN CHEYENNE	5,926	348	5.9
ROCKY BOYS	4,158	218	5.2
WIND RIVER	9,190	421	4.6
Total for Area:	66,625	3,937	5.9
Area:	CALIFORNIA		
AMER IND HLTH COUN CENT CAL	374	19	5.1
AMERICAN IND FREE CLINIC	97	5	5.2
CABAZON IND RES	3	1	33.3
CENTRAL VALLEY	5,878	60	1.0
CHAPA-DE INDIAN HEALTH PROJECT	2,928	61	2.1
COLUSA TRIBAL HEALTH	135	1	0.7
CONSOLD THC	2,753	70	2.5
FEATHER RIVER TRIBAL HEALTH	3,195	60	1.9
FRESNO NATIVE AMER HLTH CTR	1	0	
GREENVILLE	1,144	8	0.7
HOOPA HEALTH ASSOCIATION	2,710	67	2.5
I.H.C. SANTA CLARA VAL	453	9	2.0
INDIAN HLH C	4,078	125	3.1
KARUK TRB HP	1,859	38	2.0
LA AMERICAN INDIAN	796	25	3.1
LAKE COUNTY	1,492	27	1.8
LASSEN COUNTY	924	12	1.3
MODOC IHP	164	1	0.6
NON SERVICE UNIT	1,831	79	4.3
NORTH VALLEY	1,538	22	1.4
PIT RIVER HEALTH SERVICES	861	16	1.9
QUARTZ VALLEY IND RES CHS	105	0	
REDDING RANCHERIA IND HLTH SVS	3,940	152	3.9
RIVERSIDE SB	10,101	323	3.2
ROUND VALLEY	1,049	19	1.8
SACRAMENTO URBAN IND CENT	1,312	37	2.8
SAN DIEGO A.I.H.C.	1,716	114	6.6
SANTA BARBARA URB IND HLTH	584	15	2.6
SANTA YNEZ	688	8	1.2
SHINGLE SPRINGS TRIB HLTH PROG	831	17	2.0
SONOMA CTY H	4,164	41	1.0
SOUTHERN IHC	2,241	88	3.9
SYCUAN MEDICAL CENTER	80	0	
TOIYABE	2,519	42	1.7
TULE RIVER	2,532	59	2.3
TUOLUMNE	2,026	34	1.7

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UIHS-TSURAI		6,330	90	1.4
URBAN IND HLTH BD		258	11	4.3
WARNER MOUNTAIN IND HLTH SVS		111	5	4.5
		Total for Area:	73,801	1,761
Area:	NASHVILLE			2.4
ALABAMA-COUSHATTA		777	52	6.7
BALTIMORE		9	1	11.1
BOSTON		6	0	
CATAWBA		1,051	9	0.9
CHEROKEE		9,451	622	6.6
CHITTAMACHA		468	27	5.8
CHOCTAW		7,965	199	2.5
COUSHATTA		448	5	1.1
HOULTON BAND		419	4	1.0
MICCOSUKEE		536	5	0.9
MICMAC		415	17	4.1
NARRAGANSETT		615	21	3.4
NEW YORK		22	1	4.5
NON-SVC UNIT		3,469	175	5.0
N-S UNIT FAC		455	30	6.6
ONEIDA		1,768	94	5.3
PASSAMAQ I T		719	13	1.8
PASSAMAQ P P		910	47	5.2
PENOBSCOT		1,323	23	1.7
PEQUOT		871	37	4.2
POARCH		1,889	31	1.6
SEMINOLE		2,989	112	3.7
SENECA HL PR		95	4	4.2
ST.RE.MOHAWK		3,944	59	1.5
TUNICA BILOX		282	3	1.1
WAMPANOAG		283	2	0.7
		Total for Area:	41,179	1,593
Area:	NAVAJO			3.9
CHINLE		32,517	1,405	4.3
CROWNPOINT		18,632	872	4.7
FORT DEFIANCE		23,679	1,562	6.6
GALLUP		41,223	2,421	5.9
KAYENTA		17,008	731	4.3
SHIPROCK		46,814	2,071	4.4
TUBA CITY		26,729	1,359	5.1
WINSLOW		14,913	770	5.2
		Total for Area:	221,515	11,191
Area:	OKLAHOMA			5.1
ADA		27,876	1,429	5.1
CLAREMORE		82,094	4,186	5.1
CLINTON		9,639	666	6.9
DALLAS		306	13	4.2
EAGLE PASS		15	1	6.7
HASKELL		3,489	143	4.1
HOLTON		2,417	118	4.9
LAWTON		21,233	971	4.6
NON SERVICE UNIT		4,110	231	5.6
NON-SVC-UNIT		3,825	235	6.1
PAWNEE		13,964	1,024	7.3
SHAWNEE		28,693	1,560	5.4
TAHLEQUAH		52,603	2,469	4.7
TALIHINA		30,723	1,834	6.0
WEWOKA		8,794	665	7.6

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Area:	PHOENIX	Total for Area:	289,781	15,545	5.4
COLORADO RIVER			6,922	481	6.9
DUCK VALLEY			1,183	119	10.1
ELKO			2,366	156	6.6
FORT YUMA			3,450	192	5.6
GILA RIVER HCC			18,445	824	4.5
KEAMS CANYON			6,241	396	6.3
NON-SVC UNIT			1,469	78	5.3
PAIUTE TRIBE-UTAH			958	21	2.2
PHOENIX			46,639	1,977	4.2
SAN CARLOS			10,957	602	5.5
SCHURZ			11,677	650	5.6
UINTAH-OURAY			3,866	206	5.3
WHITERIVER			14,183	656	4.6
		Total for Area:	128,356	6,358	5.0
Area:	PORTLAND				
COEUR D'ALENE			3,462	103	3.0
COLVILLE			7,232	353	4.9
FORT HALL			5,711	304	5.3
KLAMATH			2,604	161	6.2
NEAH BAY			3,193	28	0.9
NON-SVC.UNIT			2,997	163	5.4
NORTH IDAHO			3,587	98	2.7
NORTHWEST WASHINGTON			6,232	194	3.1
PUGET SOUND			10,098	270	2.7
PUYALLUP			9,159	183	2.0
SOUTHERN OREGON			3,429	128	3.7
TAHOLAH			3,304	76	2.3
UMATILLA			2,626	61	2.3
WARM SPRINGS			5,424	253	4.7
WELLPINIT			3,016	170	5.6
WESTERN OREGON			9,959	430	4.3
YAKAMA			11,456	481	4.2
		Total for Area:	93,489	3,456	3.7
Area:	TUCSON				
SELLS			16,962	837	4.9
YAQUI CHS			5,534	102	1.8
		Total for Area:	22,496	939	4.2
Area:	UNKNOWN				
UNKNOWN			11,662	563	4.8
		Total for Area:	11,662	563	4.8
		IHS Total:	1,352,045	64,943	4.8

Veteran Status by Tribal Affiliation

Run date 12/4/2003
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	Active Indians	Veterans as	
		Veterans	% of Active
ABSENTEE-SHAWNEE TRIBE, OK	850	36	4.2
AFOGNAK	6	0	
AGUA-CALIENTE BAND CAHUILLA INDIANS, CA	181	0	
AHTNA, INC.	625	21	3.4
AK CHIN INDIAN COMM. PAPAGO IND, AZ	793	26	3.3
AKHIOK, NATIVE VILLAGE OF AKHIOK, AK	14	1	7.1
AKIACHAK, NATIVE VILLAGE OF AKIACHAK, AK	59	3	5.1
AKIAK NATIVE COMMUNITY, AK	29	3	10.3
AKUTAN, NATIVE VILLAGE OF AKUTAN, AK	11	0	
ALABAMA AND COUSHATTA TRIBES, TX	765	53	6.9
ALABAMA-QUASSARTE TRIBAL, CREEK NATION, OK	18	1	5.6
ALAKANUK NATIVE CORPORATION	3	0	
ALAKANUK, VILLAGE OF ALAKANUK, AK	142	0	
ALASKA PENINSULA CORPORATION	151	6	4.0
ALATNA VILLAGE, AK	15	1	6.7
ALEGNAGIK, VILLAGE OF ALEGNAGIK	110	5	4.5
ALEKNAGIK NATIVES LIMITED	3	1	33.3
ALEUT	4	0	
ALEUT CORPORATION	2,097	78	3.7
ALEXANDER CREEK, INC.	3	0	
ALLAKAKET VILLAGE	45	0	
ALTURAS IND RANCHERIA PIT RIVER, CA	87	2	2.3
AMBLER, VILLAGE OF AMBLER	12	0	
ANAKTUVUK PASS, VILLAGE OF ANAKTUVUK PASS	23	1	4.3
ANGOON COMMUNITY ASSOCIATION	21	2	9.5
ANIAK, VILLAGE OF ANIAK	51	2	3.9
ANVIK VILLAGE	29	2	6.9
APACHE	6	1	16.7
APACHE TRIBE, OK	1,502	59	3.9
APACHE-KIOWA	1	1	100.0
ARAPAHO TRIBE,WIND RIVER RES, WY	6,720	288	4.3
ARCTIC SLOPE REGIONAL CORPORATION	4,528	129	2.8
ARCTIC VILLAGE	113	3	2.7
ARIKARA,THREE AFFIL TRBS FT BERTHOLD RS,ND	2,300	179	7.8
AROOSTOOK BAND OF MICMAC INDIANS, ME	464	19	4.1
ASSINIBOINE	5	0	
ASSINIBOINE/SIOUX TRBS,FT PECK, MT-ASSINIB	5,439	428	7.9
ASSINIBOINE/SIOUX TRBS,FT PECK, MT-SIOUX	4,106	305	7.4
ATKA, NATIVE VILLAGE OF ATKA	13	0	
ATKASOOK VILLAGE	1	0	
ATMAUTHLUAK, VILLAGE OF ATMAUTHLUAK	25	0	
AUGUSTINE BAND OF CAHUILLA MISSION, CA	3	0	
BAD RIVER BAND LAKE SUPERIOR, CHIPPEWA, WI	2,566	135	5.3
BARONA GROUP, MAIN GROUP, CA	292	8	2.7
BARONA GROUP, SPLINTER GROUP, CA	25	0	
BARROW NATIVE VILLAGE (POINT BARROW)	79	3	3.8
BAY MILLS IND COMM, CHIPPEWA, WI	1,176	51	4.3
BEAVER VILLAGE	39	0	
BELKOFSKY, NATIVE VILLAGE BELKOFSKY	8	1	12.5
BERING STRAITS NATIVE CORPORATION	9,860	304	3.1
BERRY CREEK RANCHERIA MAIDU IND, CA	399	7	1.8
BETHEL (AKA ORUTSARAMUIT)	6	0	
BETHEL NATIVE VILLAGE	286	11	3.8
BETTLES FIELD/EVANSVILLE VILLAGE	7	1	14.3

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BIG BEND RANCHERIA PIT RIVER TRB, CA	86	5	5.8
BIG LAGOON RANCHERIA SMITH RIVER IND, CA	4	0	
BIG PINE BAND PAIUTE SHOSHONE, CA	446	9	2.0
BIG SANDY RANCHERIA MONO IND, CA	344	7	2.0
BIG VALLEY RANCHERIA POMO & PIT RIVER, CA	413	17	4.1
BIRCH CREEK VILLAGE	33	0	
BLACKFEET TRIBE, MT	13,754	855	6.2
BLUE LAKE RANCHERIA, CA	17	0	
BREVIK MISSION VILLAGE	1	0	
BRIDGEPORT PAIUTE INDIAN COLONY, CA	130	6	4.6
BRISTOL BAY NATIVE CORPORATION	2,813	65	2.3
BUCKLAND, NATIVE VILLAGE OF BUCKLAND	13	1	7.7
BUENA VISTA RANCHERIA MEWUK IND, CA	20	1	5.0
BURNS PAIUTE INDIAN COLONY, OR	273	8	2.9
CABAZON BAND OF CAHUILLA MISSION, CA	21	2	9.5
CACHIL DE HE BAND WINTUN COLUSA COMM, CA	86	1	1.2
CADDO TRIBE INDIAN, OK	1,954	104	5.3
CAHTO IND TRIBE LAYTONVILLE RANCHERIA, CA	109	1	0.9
CAHUILLA BAND OF MISSION INDIANS, CA	364	6	1.6
CALISTA CORPORATION	4,650	102	2.2
CAMPO BAND OF DIEGUENO MISSION IND, CA	337	8	2.4
CANTWELL, NATIVE VILLAGE OF CANTWELL	4	0	
CAPE FOX CORPORATION (SAXMAN)	1	0	
CAPITAN GRANDE BAND DIEGUENO MISS IND, CA	54	1	1.9
CATAWBA TRIBE, SC	1,185	11	0.9
CAYUGA NATION, NY	52	1	1.9
CEDARVILLE RANCH NORTHERN PAIUTE IND, CA	33	0	
CHALKYITSIK VILLAGE	50	1	2.0
CHANEGA, NATIVE VILLAGE OF CHANEGA	3	0	
CHEFORNAK, VILLAGE OF CHEFORNAK	132	2	1.5
CHEMEHUEVI TRIBE,CHEMEHUEVI RES, CA	511	38	7.4
CHER-AE HEIGHTS COMM TRINIDAD RANCH, CA	130	0	
CHEROKEE NATION, OK	126,174	6,579	5.2
CHEROKEE-DELAWARE	28	5	17.9
CHEROKEE-SHAWNEE DUAL ENROLLMENT	15	1	6.7
CHEVAK NATIVE VILLAGE	241	4	1.7
CHEYENNE RIVER SIOUX TRIBE, SD	11,601	796	6.9
CHEYENNE-ARAPAHO TRIBES, OK	8,935	573	6.4
CHICKALOON MOOSE CREEK NATIVE ASSN.	1	0	
CHICKALOON VILLAGE	19	1	5.3
CHICKASAW NATION, OK	19,363	1,050	5.4
CHICKEN RANCH RANCHERIA MEWUK IND, CA	30	0	
CHIGNIK LAGOON, NATIVE VILLAGE	68	2	2.9
CHIGNIK LAKE VILLAGE	51	1	2.0
CHIGNIK RIVER LIMITED (CHIGNIK LAKE)	1	0	
CHIGNIK, NATIVE VILLAGE OF CHIGNIK	49	0	
CHILKAT INDIAN VILLAGE OF KLUKWAN	9	0	
CHIPPEWA (OBJIBWAY)	3	0	
CHIPPEWA-CREE INDIANS,ROCKY BOY RES, MT	4,484	254	5.7
CHISTOCHINA, NATIVE VILLAGE	2	0	
CHITIMACHA TRIBE, LA	552	28	5.1
CHITTINA, NATIVE VILLAGE OF CHITTINA	22	1	4.5
CHOCTAW NATION, OK	62,465	3,513	5.6
CHUATHBALUK, VILLAGE OF CHUATHBALUK	5	0	
CHUGACH ALASKA CORPORATION	52	2	3.8
CHUGACH NATIVES, INC.	909	43	4.7
CIRCLE VILLAGE	25	1	4.0
CITIZEN BAND POTAWATOMI, OK	6,105	355	5.8
CLARK'S POINT, VILLAGE OF CLARK'S POINT	86	1	1.2
CLOVERDALE RANCHERIA POMO INDIANS, CA	121	3	2.5
COAST INDIAN COMMUNITY YUOK IND, CA	163	9	5.5
COCOPAH TRIBE, AZ	858	32	3.7

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COEUR D'ALENE TRIBE, ID	1,515	39	2.6
COLD SPRINGS RANCHERIA MONO IND, CA	197	2	1.0
COLORADO RIVER INDIANS, AZ AND CA	3,275	224	6.8
COMANCHE INDIAN TRIBE, OK	7,088	314	4.4
CONFED SALISH/KOOTENAI TRBS FLATHEAD RES	8,326	376	4.5
CONFED TRIBES AND BANDS, YAKAMA NATION, WA	6,731	264	3.9
CONFEDERATED TRIBES GOSHUTE RES, NV & UT	290	12	4.1
CONFEDERATED TRIBES GRAND RONDE COMM, OR	2,634	76	2.9
CONFEDERATED TRIBES OF COOS, OR	425	13	3.1
CONFEDERATED TRIBES, SILETZ RES, OR	2,548	128	5.0
CONFEDERATED TRIBES, UMATILLA RES, OR	2,049	69	3.4
CONFEDERATED TRIBES,CHEHALIS RES, WA	519	6	1.2
CONFEDERATED TRIBES,COLVILLE RES, WA	7,857	362	4.6
CONFEDERATED TRIBES,WARM SPRINGS RES, OR	4,133	168	4.1
COOK INLET REGION, INC.	3,143	126	4.0
COPPER CENTER VILLAGE	8	2	25.0
COQUILLE TRIBE, OR	460	21	4.6
CORTINA RANCHERIA WINTUN INDIANS, CA	148	0	
COUNCIL NATIVE CORPORATION	2	0	
COUSHATTA TRIBE, LA	601	14	2.3
COVELO INDIAN COMM ROUND VALLEY RES, CA	1,980	35	1.8
COW CREEK BAND UMPQUA INDIANS, OR	644	17	2.6
COWLITZ	51	5	9.8
COYOTE VALLEY BAND POMO IND VALLEY, CA	197	1	0.5
CRAIG COMMUNITY ASSOCIATION	3	0	
CREEK NATION, OK	31,406	1,487	4.7
CROOKED CREEK, VILLAGE OF CROOKED CREEK	8	0	
CROW CREEK SIOUX TRIBE, SD	3,255	217	6.7
CROW TRIBE, MT	9,645	512	5.3
CUYAPAITE COMMUNITY DIEGUENO MISS IND, CA	17	0	
DAKOTA (SIOUX)	29	4	13.8
DEATH VALLEY TIMBE-SHA SHOSHONE BAND, CA	223	10	4.5
DEERING, NATIVE VILLAGE OF DEERING	7	0	
DELAWARE TRIBE OF INDIANS, OK	163	11	6.7
DELAWARE TRIBE, WESTERN OK	918	67	7.3
DILLINGHAM, NATIVE VILLAGE OF DILLINGHAM	526	19	3.6
DINEEGA CORPORATION (RUBY)	3	0	
DINYEE CORPORATION (STEVENS)	4	0	
DIOMEDE, NATIVE VILLAGE (AKA INALIK)	6	2	33.3
DOT LAKE, VILLAGE OF DOT LAKE	19	1	5.3
DOUGLAS INDIAN ASSOCIATION	3	1	33.3
DOYAN, LIMITED	6,328	223	3.5
DRY CREEK RANCHERIA POMO IND, CA	263	5	1.9
DUCKWATER SHOSHONE TRIBE, NV	362	25	6.9
EAGLE, VILLAGE OF EAGLE	21	3	14.3
EASTERN BAND OF CHEROKEE IND, NC	11,290	711	6.3
EASTERN SHAWNEE TRIBE, OK	602	34	5.6
EEK, NATIVE VILLAGE OF EEK	93	5	5.4
EGEGIK VILLAGE	58	1	1.7
EKLUTNA NATIVE VILLAGE	20	1	5.0
EKUK, NATIVE VILLAGE OF EKUK	28	2	7.1
EKWOK VILLAGE	130	3	2.3
ELEM INDIAN COLONY POMO IND, CA	125	1	0.8
ELIM, NATIVE VILLAGE OF ELIM	10	1	10.0
ELK VALLEY RANCHERIA SMITH RIVER, CA	107	1	0.9
ELY SHOSHONE TRIBE, NV	309	11	3.6
EMMONAK VILLAGE	142	3	2.1
ENTERPRISE RANCHERIA OF MAIDU IND, CA	267	7	2.6
ESKIMO	1	0	
EYAK CORPORATION	3	1	33.3
EYAK NATIVE VILLAGE	34	0	
FALSE PASS, NATIVE VILLAGE	14	0	

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FEDERATED INDIANS OF GRATON REANCERIA, CA	7	1	14.3
FLANDREAU SANTEE SIOUX TRIBE, SD	596	27	4.5
FOREST COUNTY POTAWATOMI COMM, WI	892	32	3.6
FORT BELKNAP IND COMM, GROS VENTRE, MT	2,981	200	6.7
FORT BELKNAP INDIAN COMM - ASSINIBOINE, MT	2,180	160	7.3
FORT BIDWELL INDIAN COMM PAIUTE IND, CA	189	8	4.2
FORT INDEPENDENCE IND COMM PAIUTE IND, CA	52	1	1.9
FORT MCDERMITT PAIUTE / SHOSHONE TRBS, NV	781	37	4.7
FORT MOJAVE INDIAN TRIBE, AZ	1,045	64	6.1
FORT SILL APACHE TRIBE, OK	246	10	4.1
FORT YUKON, NATIVE VILLAGE	242	7	2.9
FT. MCDOWELL MOHAVE-APACHE IND COMM, AZ	966	43	4.5
GAKONA, NATIVE VILLAGE OF GAKONA	2	0	
GALENA VILLAGE (AKA LOUDEN VILLAGE)	117	2	1.7
GAMBELL, NATIVE VILLAGE OF GAMBELL	11	0	
GAY HEAD WAMPANOAG INDIANS, MA	338	2	0.6
GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	16,445	713	4.3
GOLDBELT, INC (JUNEAU)	5	0	
GOLOVIN NATIVE CORPORATION	2	0	
GOLOVIN, VILLAGE OF GOLOVIN	4	0	
GOODNEWS BAY, NATIVE VILLAGE	155	5	3.2
GRAND TRAVERSE BAND, OTTAWA/CHIPPEWA, MI	1,905	110	5.8
GRAYLING, ORGANIZED VILL (AKA HOLIKACHUK)	8	0	
GREENVILLE RANCHERIA OF MAIDU IND, CA	120	0	
GRINDSTONE IND RANCH WINTUN-WAITAKI, CA	252	4	1.6
GROS VENTRE, HIDATSA, MINITARI	2	1	50.0
GUIDIVILLE BAND POMO INDIANS	87	2	2.3
GULKANA VILLAGE	5	0	
HAIDA CORPORATION (HYDABURG)	43	2	4.7
HANNAHVILLE IND COMM POTAWATOMIE IND, MI	669	31	4.6
HAVASUPAI TRIBE, AZ	691	25	3.6
HEALY LAKE VILLAGE	11	1	9.1
HO-CHUNK NATION - WISCONSIN	3,968	295	7.4
HOH INDIAN TRIBE, WA	115	2	1.7
HOLY CROSS VILLAGE	39	3	7.7
HOONAH INDIAN ASSOCIATION	100	5	5.0
HOOPA VALLEY TRIBE, CA	2,392	50	2.1
HOOPER BAY, NATIVE VILLAGE HOOPER BAY	398	5	1.3
HOPI TRIBE, AZ	10,718	664	6.2
HOPLAND BAND POMO INDIANS, CA	361	9	2.5
HOULTON BAND OF MALISEET INDIANS, ME	431	3	0.7
HUALAPAI TRIBE, AZ	1,629	90	5.5
HUGHES VILLAGE	13	1	7.7
HUNA TOTEM (HOONAH)	6	0	
HURON POTAWATOMI, INC.	42	5	11.9
HUSLIA VILLAGE	99	7	7.1
HYDABURG COOPERATIVE ASSOCIATION	33	0	
IGIUGIG VILLAGE	19	0	
ILIAMNA, VILLAGE OF ILIAMNA	9	0	
INAJA BAND COSMIT MISSION INDIANS, CA	11	0	
IND ANCESTORS RESDING IN CA ON 6/01/1852	20,091	379	1.9
INDIAN - NON-TRIBAL MEMBER	79,136	2,818	3.6
INDIAN - TRIBE UNSPECIFIED	159	1	0.6
INUPIAT COMMUNITY OF THE ARTIC SLOPE	147	2	1.4
IONE BAND MIWOK INDIANS	24	1	4.2
IOWA TRIBE, KS AND NE	669	33	4.9
IOWA TRIBE, OK	357	26	7.3
IVANOFF BAY VILLAGE	7	0	
JACKSON RANCHERIA OF MEWUK INDIANS, CA	19	0	
JAMESTOWN KLALLAM TRIBE, WA	204	1	0.5
JAMUL INDIAN VILLAGE, CA	88	4	4.5
JENA BAND OF CHOCTAW INDIANS	90	1	1.1

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JICARILLA APACHE TRIBE, NM	3,501	147	4.2
KAIBAB BAND OF PAIUTE INDIANS, AZ	168	16	9.5
KAKE TRIBAL CORPORATION	3	0	
KAKE, ORGANIZED VILLAGE OF KAKE	9	1	11.1
KAKTOVIK INUPIAT CORPORATION	2	0	
KAKTOVIK VILLAGE BARTER ISLAND	10	1	10.0
KALISPEL INDIAN COMM, WA	198	5	2.5
KALSKAG, VILLAGE OF KALSKAG	17	2	11.8
KALTAG	2	0	
KANATAK, NATIVE VILLAGE OF KANATAK	12	0	
KARLUK, NATIVE VILLAGE OF KARLUK	6	0	
KARUK TRIBE, CA	2,506	60	2.4
KASAAN, NATIVE VILLAGE OF KASAAN	1	0	
KASHIA BAND POMO IND STEWARTS PT, CA	268	4	1.5
KASIGLUK, NATIVE VILLAGE OF KASIGLUK	159	5	3.1
KAW INDIAN TRIBE, OK	873	61	7.0
KENAI NATIVE ASSOCIATION, INC.	7	0	
KENATIZE INDIAN TRIBE	83	3	3.6
KETCHIKAN INDIAN CORPORATION	1,487	61	4.1
KEWEENAW BAY IND COMM, CHIPPEWA, MI	1,769	124	7.0
KIALEGEE TRIBAL TOWN, CREEK NATION, OK	17	1	5.9
KIANA VILLAGE	27	0	
KICKAPOO TRIBE, KS	1,100	50	4.5
KICKAPOO TRIBE, OK	1,446	54	3.7
KICKAPOO TRIBE, TX	271	11	4.1
KIKIKTAGRUK INUPIAT CORP (KOTZEBUE)	3	0	
KING COVE CORPORATION	5	0	
KING COVE VILLAGE	70	1	1.4
KING ISLAND NATIVE COMMUNITY	19	1	5.3
KING ISLAND NATIVE CORPORATION	2	0	
KIOWA INDIAN TRIBE,OK	8,743	457	5.2
KIPNUK, NATIVE VILLAGE OF KIPNUK	204	4	2.0
KIVALINA, NATIVE VILLAGE OF KIVALINA	3	0	
KLAMATH INDIAN TRIBE, OR	2,208	109	4.9
KLAWOCK COOPERATIVE ASSOCIATION	14	0	
KNIK VILLAGE	5	0	
KOBUK VILLAGE	2	0	
KOKHANOK VILLAGE	27	0	
KONGIGANAK NATIVE VILLAGE	44	0	
KONIAG, INC.	1,467	81	5.5
KOOTENAI TRIBE, ID	166	2	1.2
KOTLIK YUPIK CORPORATION	2	0	
KOTLIK, VILLAGE OF KOTLIK	132	1	0.8
KOTZEBUE, NATIVE VILLAGE OF KOTZEBUE	80	5	6.3
K'OYITL'OTA'INA, LIMITED (ALATNA, ET AL)	1	0	
KOYUK, NATIVE VILLAGE OF KOYUK	7	0	
KOYUKUK NATIVE VILLAGE	45	1	2.2
KUSKOKWIM NATIVE CORP (ANIAK ET AL)	2	0	
KWETHLUK, ORGANIZED VILLAGE OF KWETHLUK	199	3	1.5
KWIGILLINGOK, NATIVE VILLAGE KWIGILLINGOK	79	1	1.3
KWINHAGAK, NATIVE VILLAGE (AKA QUINHAGAK)	156	5	3.2
LA JOLLA BAND LUISENO MISSION IND, CA	386	14	3.6
LA POSTEA BAND DIEGUENO MISSION IND, CA	25	0	
LAC COURTE OREILLES, CHIPPEWA, WI	3,923	317	8.1
LAC DU FLAMBEAU, CHIPPEWA, WI	2,552	76	3.0
LAC VIEUX DESERT BAND CHIPPEWA IND, MI	421	26	6.2
LARSEN BAY, NATIVE VILLAGE OF LARSEN BAY	56	1	1.8
LAS VEGAS TRIBE OF PAIUTE INDIANS, NV	128	5	3.9
LEISNOI, INC. (WOODY ISLAND)	6	1	16.7
LEVELOCK VILLAGE	74	1	1.4
LIME VILLAGE	3	1	33.3
LITTLE RIVER BAND OTTAWA INDIANS	169	11	6.5

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LITTLE TRAVERSE BAY BAND ODAWA INDIANS	1,022	83	8.1
LOOKOUT RANCHERIA PIT RIVER TRB, CA	8	1	12.5
LOS COYOTES BAND CAHUILLA MISSION, CA	145	5	3.4
LOVELOCK PAIUTE TRIBE, NV	297	18	6.1
LOWER BRULE SIOUX TRIBE, SD	2,099	129	6.1
LOWER ELWHA TRIBAL COMM, WA	629	6	1.0
LOWER KALSKAG, VILLAGE OF LOWER KALSKAG	5	0	
LOWER SIOUX IND COMM, MDEWAKANTON, MN	69	6	8.7
LUMMI TRIBE, WA	3,521	138	3.9
LYTTON INDIAN COMMUNITY, CA	97	1	1.0
MAKAH INDIAN TRIBE, WA	1,881	15	0.8
MAKNEK NATIVE VILLAGE	128	4	3.1
MANCHESTER BAND POMO MANCHESTER PT, CA	383	1	0.3
MANDAN,THREE AFFIL TRBS, FT BERTHOLD RS,ND	1,089	115	10.6
MANLEY HOT SPRINGS VILLAGE	4	0	
MANOKOTAK VILLAGE	234	10	4.3
MANZANITA BAND DIEGUENO MISSION IND, CA	80	1	1.3
MARICOPA	1	0	
MARSHALL, NAT WILL (AKA FORTUNA LEDGE)	114	2	1.8
MASERCULIQ, INC. (MARSHALL)	3	0	
MASHANTUCKET PEGUOT TRIBE, CT	542	23	4.2
MATCH-E-BE-NASH-SHE-WISH BAND POTTAWATOMI	9	0	
MCGRATH, NATIVE VILLAGE OF MCGRATH	45	1	2.2
MECHOOPDA IND TRIBE CHICO RANCHERIA, CA	134	2	1.5
MEKORYUK, NATIVE VILLAGE, ISL OF NUNIVAK	72	2	2.8
MENDAS CHAAQ NATIVE CORP (HEALY LAKE)	1	0	
MENOMINEE IND TRIBE, WI	7,191	222	3.1
MENTASTA VILLAGE (AKA MENTASTA LAKE)	14	2	14.3
MESA GRANDE BAND DIEGUENO MISSION IND, CA	321	14	4.4
MESCALERO APACHE TRIBE, NM	4,013	208	5.2
METLAKATLA COMM, ANNETTE ISL RESERVE, AK	1,347	43	3.2
MIAMI TRIBE, OK	642	40	6.2
MICCOSUKEE TRIBE, FL	545	7	1.3
MIDDLETOWN RANCHERIA POMO IND, CA	49	0	
MINNESOTA CHIPPEWA, BOIS FORTE BAND, MN	1,667	86	5.2
MINNESOTA CHIPPEWA, FOND DU LAC BAND, MN	3,114	117	3.8
MINNESOTA CHIPPEWA, GRAND PORTAGE BAND, MN	652	78	12.0
MINNESOTA CHIPPEWA, LEECH LAKE BAND, MN	6,590	385	5.8
MINNESOTA CHIPPEWA, MILLE LACS BAND, MN	2,432	122	5.0
MINNESOTA CHIPPEWA, WHITE EARTH BAND, MN	10,564	800	7.6
MINTO, NATIVE VILLAGE OF MINTO	87	3	3.4
MISSION (CALIFORNIA)	4	0	
MISSISSIPPI BAND CHOCTAW INDIANS, MS	11,174	336	3.0
MOAPA BAND OF PAIUTE INDIANS, NV	290	13	4.5
MODOC TRIBE, OK	65	7	10.8
MOHEGAN TRIBE, CT	1,078	68	6.3
MONTANA CREEK NATIVE ASSOCIATION	4	0	
MONTGOMERY CREEK RANCHERIA PIT RIVER, CA	20	1	5.0
MOORETOWN RANCHERIA MAIDU IND, CA	745	16	2.1
MORONGO BAND CAHUILLA MISSION, CA	607	23	3.8
MOUNTAIN VILLAGE, NATIVE VILLAGE	212	0	
MUCKLESHOOT INDIAN TRIBE, WA	1,395	49	3.5
NANA REGIONAL CORPORATION	6,814	206	3.0
NAPAKIAK, NATIVE VILLAGE OF NAPAKIAK	109	8	7.3
NAPASKIAK TRADITIONAL VILLAGE	120	2	1.7
NARRAGANSETT INDIAN TRIBE, RI	746	31	4.2
NATIVES OF AFOGNAK, INC.	2	0	
NATIVES OF KODIAK	19	1	5.3
NAVAJO TRIBE, AZ NM AND UT	265,559	12,881	4.9
NEETS'AI CORPORATION (ARCTIC VILLAGE)	1	0	
NELSON LAGOON, NATIVE VILLAGE	6	0	
NENANA NATIVE ASSOCIATION	81	4	4.9

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NEW STUYAHOK VILLAGE	235	7	3.0
NEWHALEN VILLAGE	33	3	9.1
NEWTOK VILLAGE	76	0	
NEZ PERCE TRIBE, ID	2,603	84	3.2
NGTA, INC. (NIGHTMUTE)	1	0	
NIGHTMUTE, NATIVE VILLAGE OF NIGHTMUTE	50	1	2.0
NIKOLAI VILLAGE	27	1	3.7
NIKOLSKI, NATIVE VILLAGE OF NIKOLSKI	6	0	
NINILCHIK NATIVE ASSOCIATION	1	0	
NISQUALLY INDIAN COMM, WA	421	4	1.0
NOATAK, NATIVE VILLAGE OF NOATAK	8	1	12.5
NOME ESKIMO COMMUNITY	258	6	2.3
NONDALTON VILLAGE	28	0	
NOOKSACK INDIAN TRIBE, WA	969	25	2.6
NOORVIK NATIVE COMMUNITY	30	1	3.3
NORTHERN CHEYENNE TRIBE, MT	6,668	371	5.6
NORTHFORK RANCHERIA MONO IND, CA	359	2	0.6
NORTHWAY NATIVES, INC.	1	0	
NORTHWAY VILLAGE	62	4	6.5
NORTHWESTERN BAND SHOSHONE IND, UT	343	22	6.4
NULATO VILLAGE	157	7	4.5
NUNAPITCHUK, NATIVE VILLAGE	120	2	1.7
OGLALA SIOUX TRIBE, SD	28,523	1,724	6.0
OLD HARBOR NATIVE CORPORATION	3	0	
OLD HARBOR, VILLAGE OF OLD HARBOR	63	3	4.8
OMAHA TRIBE, NE	4,502	230	5.1
ONEIDA NATION, NY	705	43	6.1
ONEIDA TRIBE OF INDIANS, WI	7,594	107	1.4
ONONDAGA NATION, NY	209	13	6.2
OSAGE TRIBE, OK	4,817	312	6.5
OSCARVILLE TRADITIONAL VILLAGE	5	2	40.0
OTHER	684	23	3.4
OTOE	51	3	5.9
OTOE-MISSOURIA TRIBE, OK	1,495	103	6.9
OTTAWA TRIBE, OK	604	29	4.8
OUNALASHKA CORPORATION (UNALASKA)	1	0	
OUZINKIE, NATIVE VILLAGE OF OUZINKIE	57	4	7.0
PAIUTE INDIAN TRIBE, UT	754	17	2.3
PAIUTE-SHOSHONE IND BISHOP COMM, CA	1,319	25	1.9
PAIUTE-SHOSHONE IND DUCK VALLEY, NV	1,592	128	8.0
PAIUTE-SHOSHONE IND FALLON RES, NV	997	40	4.0
PAIUTE-SHOSHONE IND LONE PINE COMM, CA	305	1	0.3
PALA BAND OF LUISENO MISSION IND, CA	518	13	2.5
PASCUA YAQUI TRIBE, AZ	10,079	258	2.6
PASKENTA BAND NOMLAKI INDIANS, CA	66	0	
PASSAMAQUODDY TRIBE, ME - INDIAN TOWNSHIP	913	18	2.0
PASSAMAQUODDY TRIBE, ME - PLEASANT POINT	1,182	57	4.8
PAUG-VIK, INC., LIMITED (NAKNEK)	1	0	
PAUMA BAND OF LUISENO MISSION IND, CA	105	0	
PAWNEE INDIAN TRIBE, OK	1,970	173	8.8
PECHANGA BAND OF LUISENO MISSION IND, CA	823	29	3.5
PEDRO BAY NATIVE CORPORATION	2	0	
PEDRO BAY VILLAGE	10	1	10.0
PENOBSCOT TRIBE, ME	1,100	20	1.8
PEORIA TRIBE, OK	629	34	5.4
PERRYVILLE, NATIVE VILLAGE OF PERRYVILLE	44	3	6.8
PETERSBURG INDIAN ASSOCIATION	3	0	
PICAYUNE RANCHERIA CHUKCHANSI IND, CA	493	6	1.2
PILOT POINT, NATIVE VILLAGE	36	0	
PILOT STATION TRADITIONAL VILLAGE	71	1	1.4
PIMA	1	0	
PINOLEVILLE RANCHERIA POMO IND, CA	160	2	1.3

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PIT RIVER INDIAN TRIBE, X-L RANCH, CA	1,252	28	2.2
PITKA'S POINT, NATIVE VILLAGE	19	0	
PLATINUM TRADITIONAL VILLAGE	17	2	11.8
POARCH BAND OF CREEK INDIANS, AL	1,474	19	1.3
POINT HOPE, NATIVE VILLAGE OF POINT HOPE	41	5	12.2
POINT LAY, NATIVE VILLAGE OF POINT LAY	2	0	
POKAGON BAND POTAWATOMI INDIANS	46	4	8.7
PONCA TRIBE, NE	467	24	5.1
PONCA TRIBE, OK	2,774	199	7.2
PORT GAMBLE IND COMM, WA	761	25	3.3
PORT GRAHAM VILLAGE	27	1	3.7
PORT HEIDEN, NATIVE VILLAGE	23	0	
PORT LIONS, NATIVE VILLAGE OF PORT LIONS	30	0	
PORTAGE CREEK VILLAGE	4	0	
POTAWATOMIE	8	1	12.5
POTTER VALLEY RANCHERIA POMO INDIANS, CA	85	0	
PRAIRIE BAND POTAWATOMI, KS	2,520	119	4.7
PRAIRIE ISLAND SIOUX IND COMM, MN	286	19	6.6
PRIBILOF ISLANDS, ALEUT COMMUNITIES	210	13	6.2
PUB DOMAIN/ALLTMNT TRUST INTEREST, CA	137	1	0.7
PUEBLO OF ACOMA, NM	4,191	310	7.4
PUEBLO OF COCHITI, NM	1,056	53	5.0
PUEBLO OF ISLETA, NM	3,584	196	5.5
PUEBLO OF JEMEZ, NM	2,783	153	5.5
PUEBLO OF LAGUNA, NM	6,868	538	7.8
PUEBLO OF NAMBE, NM	582	33	5.7
PUEBLO OF PICURIS, NM	239	17	7.1
PUEBLO OF POJOAQUE, NM	279	12	4.3
PUEBLO OF SAN FELIPE, NM	2,987	86	2.9
PUEBLO OF SAN ILDEFONSO, NM	567	30	5.3
PUEBLO OF SAN JUAN, NM	1,983	140	7.1
PUEBLO OF SANDIA, NM	453	21	4.6
PUEBLO OF SANTA ANA, NM	642	35	5.5
PUEBLO OF SANTA CLARA, NM	1,310	97	7.4
PUEBLO OF SANTO DOMINGO, NM	4,170	148	3.5
PUEBLO OF TAOS, NM	2,067	191	9.2
PUEBLO OF TESUQUE, NM	381	23	6.0
PUEBLO OF ZIA, NM	855	40	4.7
PUYALLUP TRIBE, WA	1,933	23	1.2
PYRAMID LAKE PAIUTE TRIBE, NV	2,013	80	4.0
QANIRTUUG, INC (QUINHAGAK AKA KWINHAGAK)	1	0	
QUAPAW TRIBE, OK	970	57	5.9
QUARTZ VALLEY RANCHERIA, CA	217	7	3.2
QUECHAN TRIBE, CA	2,472	122	4.9
QUILEUTE TRIBE, WA	607	7	1.2
QUINAULT TRIBE, WA	2,419	57	2.4
RAMONA BAND VILLAGE CAHUILLA MISSION, CA	6	1	16.7
RAMPART VILLAGE	28	1	3.6
RANCHERIA/RES ASSET DISTRIBUTION LIST, CA	353	5	1.4
RED CLIFF, CHIPPEWA, WI	1,812	92	5.1
RED DEVIL, VILLAGE OF RED DEVIL	1	0	
RED LAKE BAND OF CHIPPEWA, MN	8,266	421	5.1
REDDING RANCHERIA POMO IND, CA	267	12	4.5
REDWOOD VALLEY RANCHERIA POMO IND, CA	118	2	1.7
RENO-SPARKS INDIAN COLONY, PAIUTE, NV	361	25	6.9
RENO-SPARKS INDIAN COLONY, SHOSHONE, NV	36	1	2.8
RESIGHINI RANCHERIA COAST IND COM,	23	1	4.3
RINCON BAND OF LUISENO MISSION IND, CA	365	17	4.7
ROARING CREEK RANCHERIA PIT RIVER TRB, CA	2	0	
ROBINSON RANCHERIA POMO IND, CA	269	5	1.9
ROHNERVILLE RANCH BEAR RIV MATTOLE IND, CA	106	2	1.9
ROSEBUD SIOUX TRIBE, SD	17,071	879	5.1

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RUBY, NATIVE VILLAGE OF RUBY	74	2	2.7
RUMSEY INDIAN RANCHERIA, WINTUN IND, CA	123	1	0.8
RUSSIAN MISSION, NATIVE VILLAGE (YUKON)	45	1	2.2
SAC AND FOX TRIBE OF THE MISSISSIPPI, IA	1,337	33	2.5
SAC AND FOX TRIBE, KS AND NE	177	8	4.5
SAC AND FOX TRIBE, OK	2,049	151	7.4
SAGINAW CHIPPEWA TRIBE, ISABELLA RES, MI	1,923	114	5.9
SALT RIVER PIMA-MARICOPA IND COMM, AZ	6,275	216	3.4
SAMISH TRIBAL ORGANIZATION	225	7	3.1
SAN CARLOS APACHE TRIBE, AZ	12,917	652	5.0
SAN JUAN SOUTHERN PAIUTE INDIANS, AZ	83	5	6.0
SAN MANUEL BAND, SERRANO MISSION IND, CA	64	0	
SAN PASQUAL BAND DIEGUENO INDIANS, CA	213	8	3.8
SAND POINT VILLAGE	42	0	
SANTA ROSA BAND CAHUILLA MISSION IND, CA	130	2	1.5
SANTA ROSA COMM, SANTA ROSA RANCHERIA, CA	580	5	0.9
SANTA YNEZ BAND CHUMASH MISSION INDS, CA	689	16	2.3
SANTA YSABEL BAND DIEGUENO MISS IND, CA	415	9	2.2
SANTEE SIOUX NATION, NE	1,800	100	5.6
SAUK-SUIATTLE INDIAN TRIBE	107	3	2.8
SAULT STE. MARIE CHIPPEWA TRIBE, MI	11,450	173	1.5
SAVOONGA, NATIVE VILLAGE OF SAVOONGA	20	0	
SAXMAN, ORGANIZED VILLAGE OF SAXMAN	5	0	
SCAMMON BAY, NATIVE VILLAGE SCAMMON BAY	137	1	0.7
SCOTTS VALLEY BAND POMO INDIANS	68	3	4.4
SEALASKA CORPORATION	2,414	170	7.0
SELAWIK, NATIVE VILLAGE OF SELAWIK	29	2	6.9
SELDOVIA NATIVE ASSOCIATION	8	0	
SEMINOLE	7	0	
SEMINOLE NATION, OK	9,011	568	6.3
SEMINOLE TRIBE, FL	2,631	84	3.2
SENECA NATION, NY	518	17	3.3
SENECA-CAYUGA TRIBE, OK	1,318	82	6.2
SHAGULUK NATIVE VILLAGE	21	0	
SHAKOPEE MDEWAKANTON SIOUX COMM, MN	50	4	8.0
SHAKTOOLIK, NATIVE VILLAGE OF SHAKTOOLIK	9	0	
SHAWNEE	8	0	
SHEE ATIKA, INC. (SITKA)	6	2	33.3
SHEEP RANCH RANCHERIA OF MEWUK IND, CA	1	0	
SHELDON'S POINT, NATIVE VILLAGE	25	0	
SHERWOOD VALLEY RANCHERIA POMO IND, CA	324	4	1.2
SHINGLE SPRINGS BAND MIWOK IND, CA	366	8	2.2
SHISHMAREF, NATIVE VILLAGE OF SHISHMAREF	15	1	6.7
SHISHMAREF NATIVE CORPORATION	3	0	
SHOALWATER BAY TRB, WA	101	3	3.0
SHOSHONE TRIBE WIND RIVER RES, WY	3,587	166	4.6
SHOSHONE-BANNOCK TRIBES FORT HALL RES, ID	4,280	199	4.6
SHUNGNAK, NATIVE VILLAGE OF SHUNGNAK	9	0	
SISSETON WAHPETON OYATE, SD	5,496	416	7.6
SITKA COMMUNITY ASSOCIATION	79	6	7.6
SITNASUAK NATIVE CORPORATION (NOME)	5	0	
SKOKOMISH INDIAN TRIBE, WA	656	18	2.7
SKULL VALLEY BAND GOSHUTE INDIANS, UT	63	0	
SLEETMUTE, VILLAGE OF SLEETMUTE	9	0	
SMITH RIVER RANCHERIA, CA	179	4	2.2
SNOQUAIMIE TRIBAL ORGANIZATION, WA	64	0	
SOBOBA BAND OF LUISENO MISSION IND, CA	693	15	2.2
SOKOAGON CHIPPEWA, MOLE LAKE BAND, WI	569	39	6.9
SOUTH NAKNEK VILLAGE	79	3	3.8
SOUTHERN UTE TRIBE, CO	1,502	77	5.1
SPIRIT LAKE SIOUX TRIBE, ND	4,391	262	6.0
SPOKANE TRIBE, WA	2,166	150	6.9

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SQUAXIN ISLAND TRIBE, WA	628	11	1.8
ST. CROIX CHIPPEWA, WI	1,386	103	7.4
ST. MARY'S NATIVE CORPORATION	5	0	
ST. MARY'S VILLAGE (AKA ALGAACIQ)	99	5	5.1
ST. MICHAEL, NATIVE VILLAGE ST. MICHAEL	6	0	
ST. REGIS BAND, MOHAWK INDIANS, NY	5,725	123	2.1
STANDING ROCK SIOUX TRIBE, ND AND SD	10,411	764	7.3
STEBBINS COMMUNITY ASSOCIATION	13	0	
STEVENS, NATIVE VILLAGE OF STEVENS	32	0	
STILLAGUAMISH TRIBE, WA	134	0	
STOCKBRIDGE-MUNSEE COMM MOHICAN IND, WI	1,771	106	6.0
STONY RIVER, VILLAGE OF STONY RIVER	6	1	16.7
SUMMIT LAKE PAIUTE TRIBE, NV	78	3	3.8
SUQUAMISH TRIBE, WA	522	25	4.8
SUSANVILLE IND. RANCHERIA, CA	282	4	1.4
SWINOMISH TRIBE, WA	736	10	1.4
SYCUAN BAND DIEGUENO MISSION IND, CA	129	0	
TABLE BLUFF RANCHERIA WIYOT INDIANS, CA	296	10	3.4
TABLE MOUNTAIN RANCHERIA, CA	26	2	7.7
TAKOTNA VILLAGE	14	0	
TANACROSS, NATIVE VILLAGE OF TANACROSS	22	1	4.5
TANANA, NATIVE VILLAGE OF TANANA	266	14	5.3
TATTLEK, NATIVE VILLAGE OF TATTLEK	25	1	4.0
TAZLINA, NATIVE VILLAGE OF TAZLINA	5	0	
TELIDA VILLAGE	5	0	
TELLER NATIVE VILLAGE	6	0	
TE-MOAK BANDS, WESTERN SHOSHONE, NV	2,221	145	6.5
TETLIN, NATIVE VILLAGE OF TETLIN	80	0	
THIRTEENTH REGIONAL CORPORATION	725	38	5.2
THLOPTHLOCCO TRIBAL TOWN, CREEK NATION, OK	5	0	
THREE AFFILIATED TRIBES, HIDATSA, ND	2,796	232	8.3
TIGARA CORPORATION (POINT HOPE)	4	0	
TLINGIT	2	0	
TLINGIT & HAIDA INDIANS OF ALASKA	7,986	431	5.4
TOGIAK NATIVES, LIMITED	2	0	
TOGIAK, TRADITIONAL VILLAGE OF TOGIAK	288	4	1.4
TOHONO O'ODHAM NATION,AZ (FORMERLY PAPAGO)	20,213	872	4.3
TONAWANDA BAND SENECA INDIANS, NY	30	4	13.3
TONKAWA TRIBE, OK	220	19	8.6
TONTO APACHE TRIBE, AZ	50	2	4.0
TOOKSOOK BAY, NATIVE VILLAGE TOKSOOK BAY	180	0	
TORRES-MARTINEZ BAND CAHUILLA MISSION, CA	420	7	1.7
TULALIP TRIBE, WA	2,730	46	1.7
TULE RIVER TRIBE, CA	1,448	30	2.1
TULUKSAK NATIVE COMMUNITY	64	2	3.1
TUNICA-BILOXI INDIAN TRIBE, LA	310	4	1.3
TUNTUTULIAK, NATIVE VILLAGE TUNTUTULIAK	30	1	3.3
TUNUNAK, NATIVE VILLAGE OF TUNUNAK	43	3	7.0
TUOLUMNE BAND OF ME-WUK INDIANS, CA	184	4	2.2
TURTLE MOUNTAIN BAND CHIPPEWA, ND	22,262	1,085	4.9
TUSCARORA NATION, NY	69	3	4.3
TWENTY-NINE PALMS LUISENO MISSION, CA	13	0	
TWIN HILLS VILLAGE	45	1	2.2
TYONEK, NATIVE VILLAGE OF TYONEK	22	0	
UGASHIK VILLAGE	6	0	
UKPEAGVIK INUPIAT CORP (BARROW)	1	0	
UNALAKLEET NATIVE CORPORATION	6	0	
UNALAKLEET, NATIVE VILLAGE OF UNALAKLEET	56	3	5.4
UNALASKA	9	0	
UNGA CORPORATION	5	0	
UNITED AUBURN IND COMM,AUBURN RANCH, CA	154	4	2.6
UNITED KEETOOWAH BAND CHEROKEE, OK	194	15	7.7

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UPPER LAKE BAND POMO INDIANS, CA	134	3	2.2
UPPER SIOUX INDIAN COMMUNITY, MN	36	2	5.6
UPPER SKAGIT INDIAN TRIBE, WA	465	9	1.9
UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	3,551	165	4.6
UTE MOUNTAIN TRB, CO NM AND UT	2,051	43	2.1
UTU UTU GWATTI PAIUTE TRIBE, CA	140	6	4.3
UYAK NATIVES, INC.	1	0	
VENETIE, NATIVE VILLAGE OF VENETIE	262	5	1.9
VIEJAS GROUP OF THE VIEJAS RES, CA	253	5	2.0
VIEJAS GROUP-CAPITAN GRANDE-CAL	35	0	
WAINWRIGHT VILLAGE	19	0	
WALES, NATIVE VILLAGE OF WALES	6	0	
WALKER RIVER PAIUTE TRIBE, NV	1,433	94	6.6
WASHOE TRIBE OF NV, CA	1,694	99	5.8
WHITE MOUNTAIN APACHE TRB, AZ	13,673	572	4.2
WHITE MOUNTAIN NATIVE CORPORATION	1	0	
WHITE MOUNTAIN, NATIVE VILLAGE WHITE MTN	10	0	
WICHITA INDIAN TRIBE, OK	1,415	73	5.2
WINNEBAGO TRIBE, NE	3,060	191	6.2
WINNEMUCCA INDIAN COLONY, NV	17	0	
WRANGELL COOPERATIVE ASSOCIATION	14	2	14.3
WYANDOTTE TRIBE, OK	606	34	5.6
YAK-TAT KWAAN, INC. (YAKUTAT)	1	0	
YANKTON SIOUX TRIBE, SD	4,849	337	6.9
YAVAPAI-APACHE IND COMM, AZ	910	44	4.8
YAVAPAI-PRESCOTT TRIBE, AZ	96	9	9.4
YERINGTON PAIUTE TRIBE, NV	721	39	5.4
YOMBA SHOSHONE TRIBE, YOMBA RES, NV	228	8	3.5
YSLETA DEL-SUR PUEBLO, TX	686	25	3.6
YUROK	22	0	
YUROK TRIBE HOOPA VALLEY RES, CA	2,708	56	2.1
ZHO-TSE, INC. (SHAGELUK)	1	0	
ZUNI TRIBE, NM	9,445	526	5.6
IHS Total:	1,352,045	64,943	4.8

APPENDIX F – LARGE SURVEY OF VETERANS DATA (1999)

Health Indicator	AI/AN veterans	All Veterans	White	African American	US Population
Obese	47.8%	43.0%	42.3%	45.4%	32.3%
Less Than 5 Servings of Fruits and Vegetables / Day	83.5%	82.1%	82.9%	79.8%	75.1%
No Physical Activity	15.3%	14.3%	14.7%	12.6%	ND
Current Smoker	34.4%	32.6%	34.0%	31.4%	22.7%
Heavy or Very Heavy Drinker	7.2%	6.2%	6.4%	6.2%	4.6%

APPENDIX G – RETURNING OIF/OEF INDIAN VETERANS

Statistics on living AIAN OEF/OIF Veterans as of March 2005

Total number of separated AIAN OEF/OIF servicemembers: 3,668

AIAN as a % of all separated OEF/OIF servicemembers: 1.02%

Gender

- Male = 84%
- Female = 16%

Marital Status

- Never Married = 53%
- Married = 42%
- Divorced/Legally Separated = 5%
- Other = Less than 1%

Top 5 States of Residence for Guard/Reserve AIAN Veterans Affairs

- Oklahoma = 11%
- California = 10%
- Arizona = 7%
- Texas = 6%
- Washington, Virginia, New Mexico = 5% each

Active/Guard& Reserve Status

- Active = 19%
- Guard/Reserve = 81%

Guard/Reserve Breakdown

- Reserve = 64%
- Guard = 36%

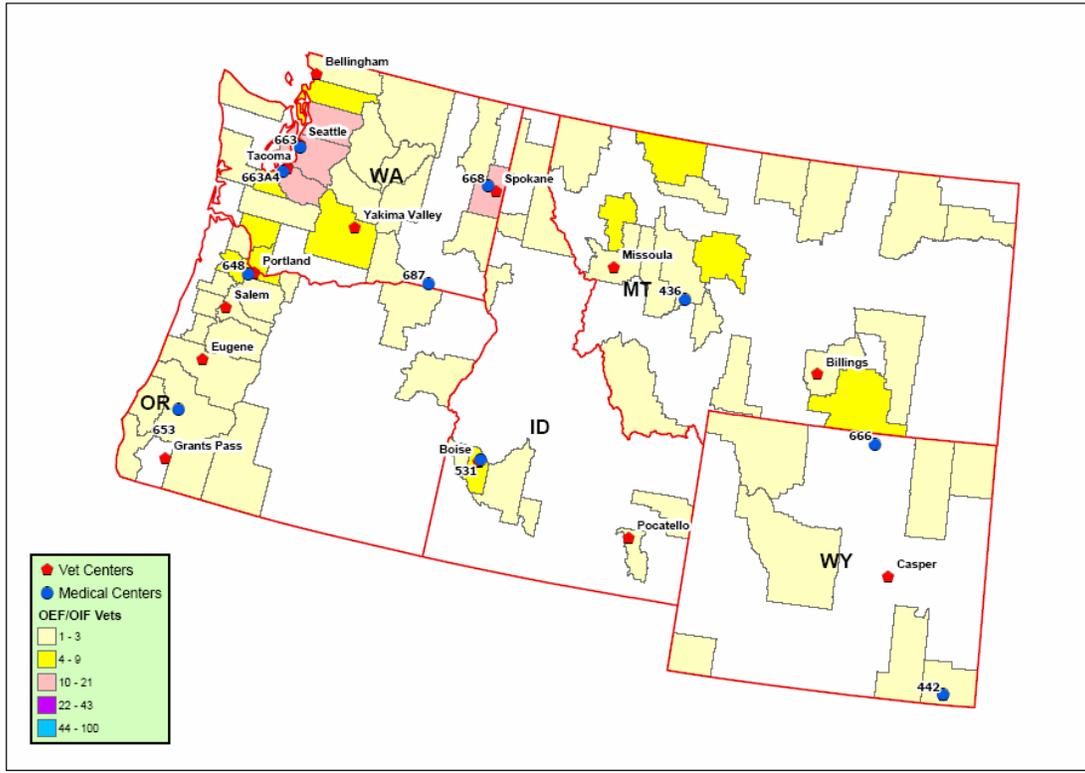
Branch

- Army = 36%
- Navy = 32%
- Air Force = 25%
- Marine = 7%

Rank

- Enlisted = 92%
- Officer = 8%
- Warrant Officer = Less than 1%

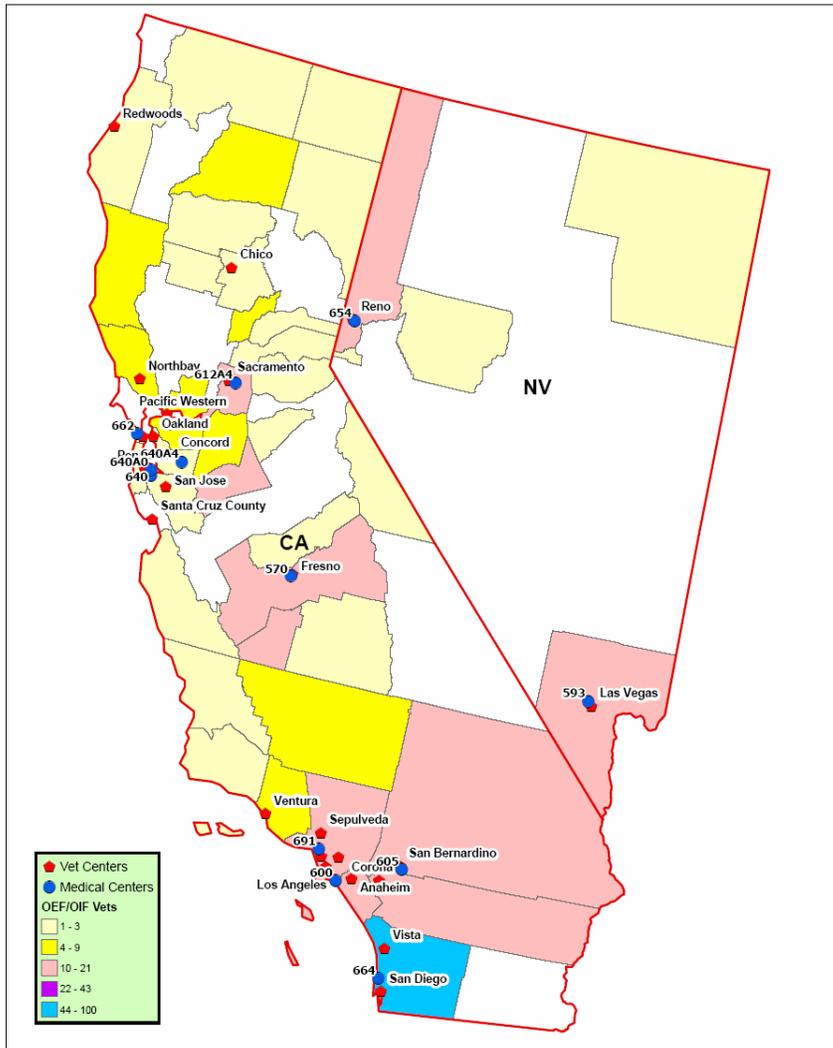
Separated AIAN OEF/OIF Reserve and Guard Service Members by County
WA, OR, ID, MT, and WY



Department of Veterans Affairs
Office of Policy (008A)

June 2005

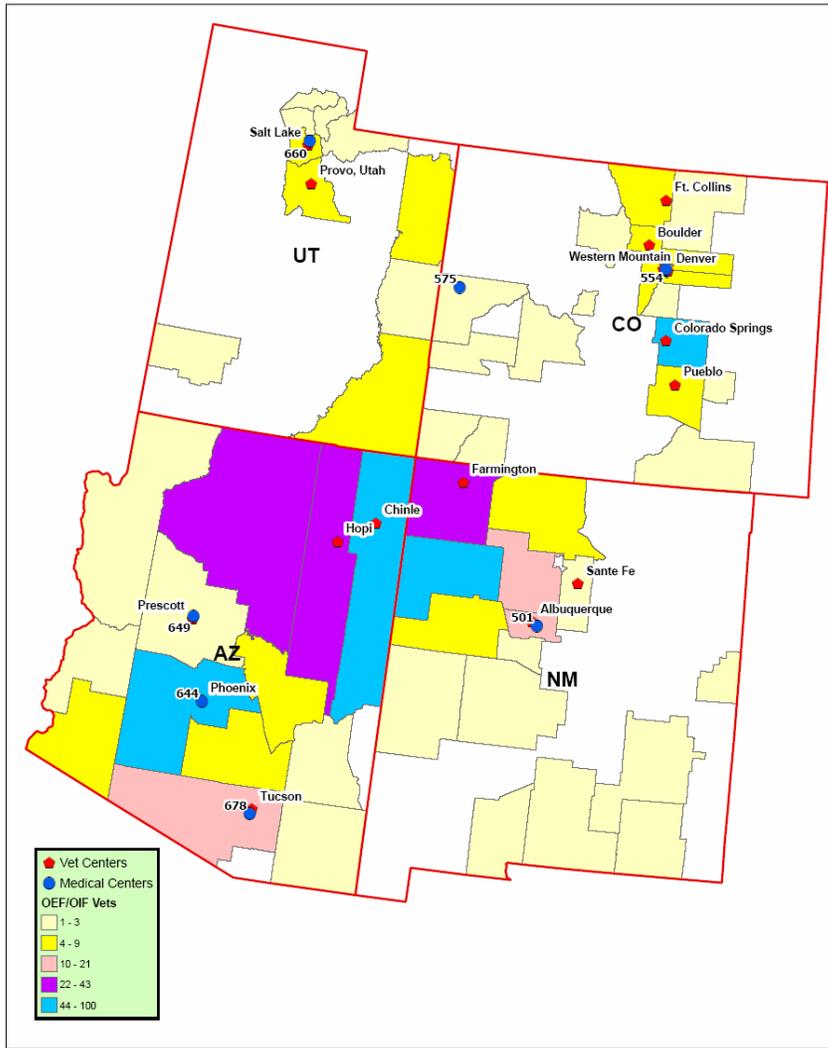
Separated AIAN OEF/OIF Reserve and Guard Service Members by County
CA and NV



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June 2005

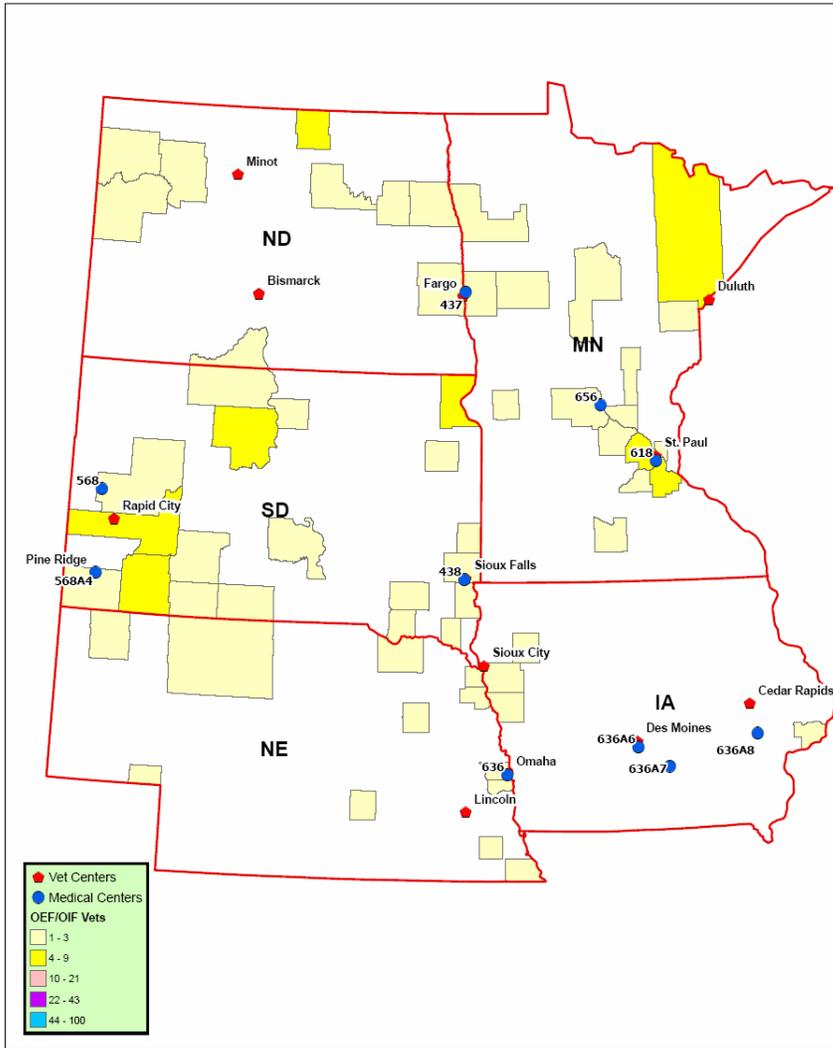
Separated AIAN OEF/OIF Reserve and Guard Service Members by County
UT, CO, NM, and AZ



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June 2005

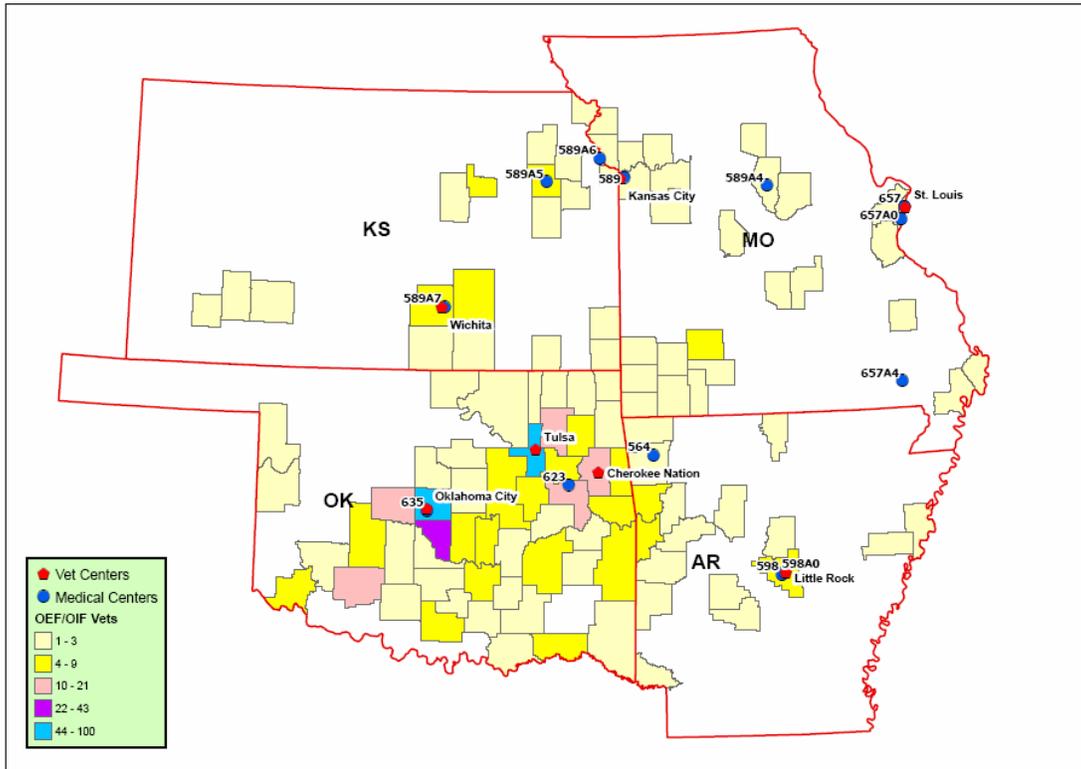
Separated AIAN OEF/OIF Reserve and Guard Service Members by County
ND, SD, NE, IA, and MN



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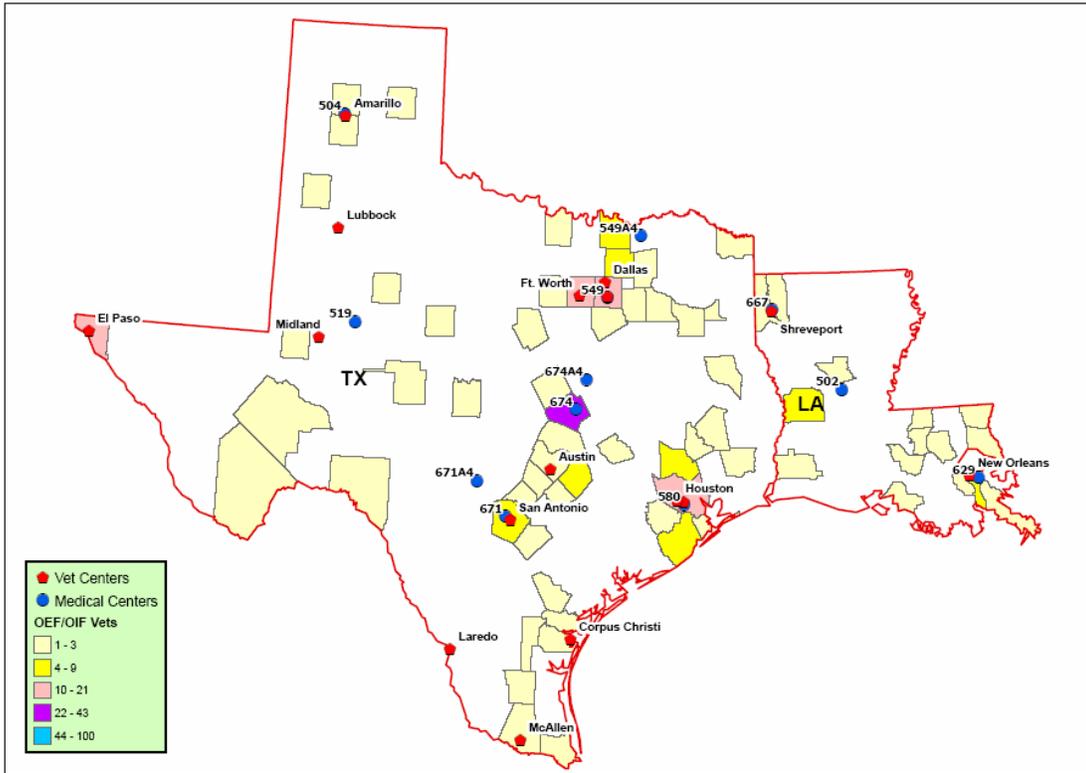
Separated AIAN OEF/OIF Reserve and Guard Service Members by County
KS, MO, AR, and OK



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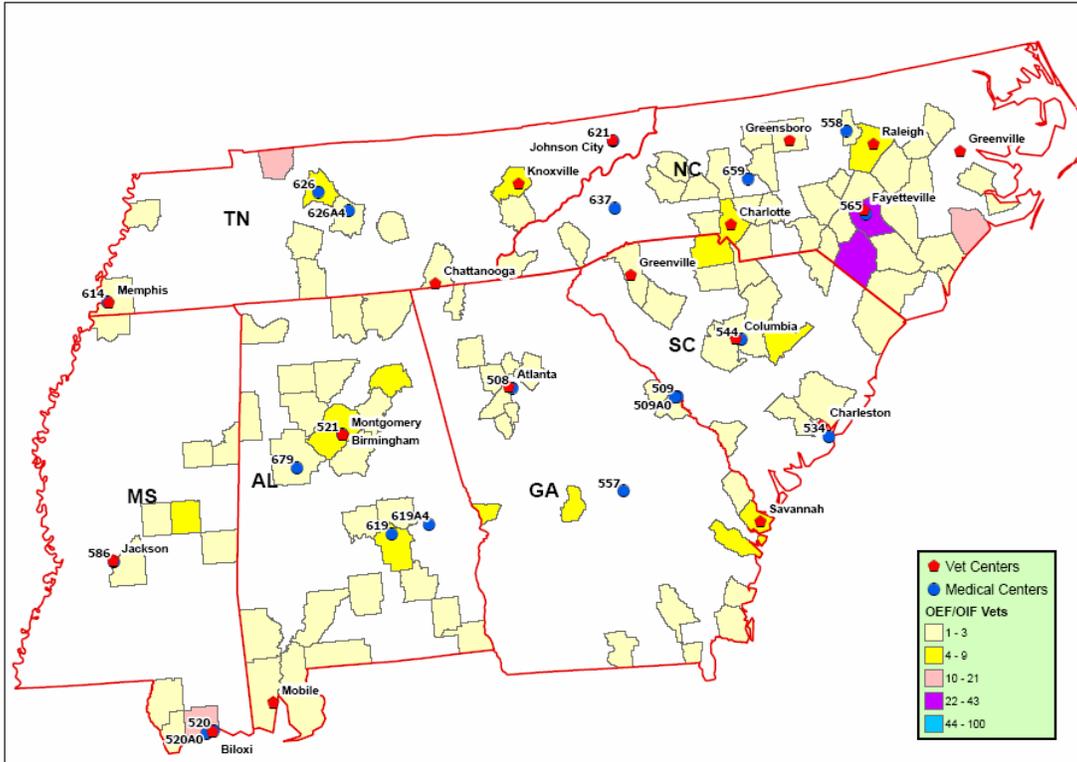
Separated AIAN OEF/OIF Reserve and Guard Service Members by County
TX and LA



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June 2005

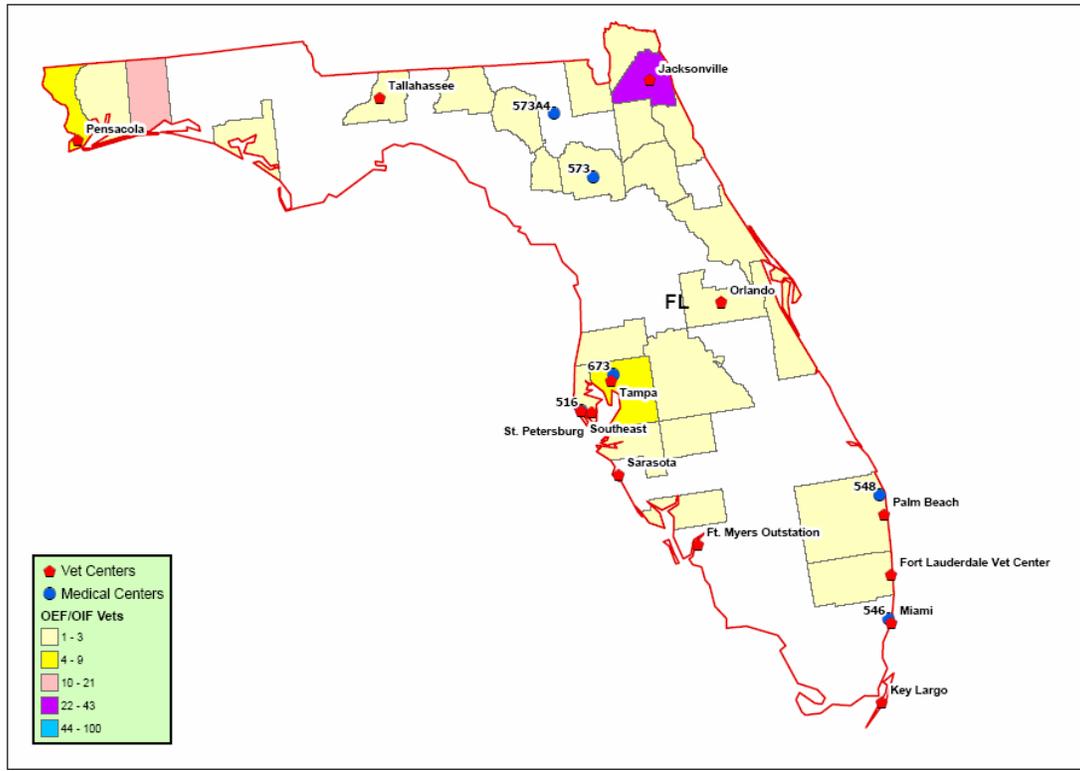
Separated AIAN OEF/OIF Reserve and Guard Service Members by County
TN, NC, SC, GA, AL, and MS



Department of Veterans Affairs
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June 2005

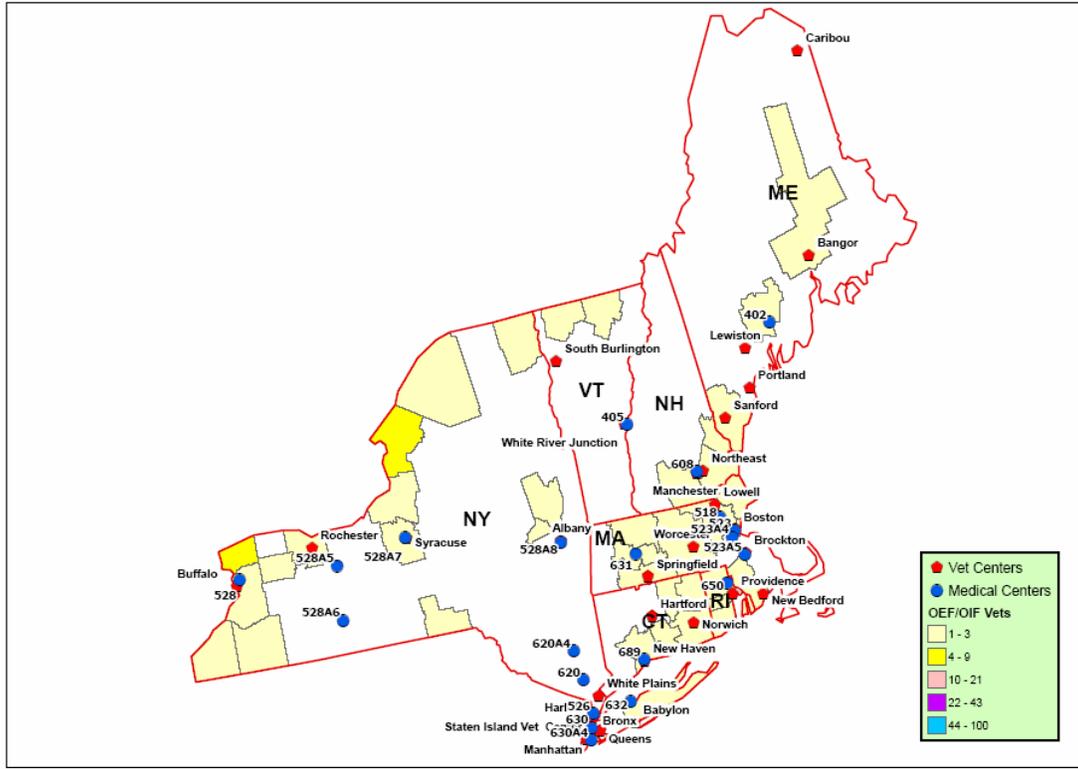
Separated AIAN OEF/OIF Reserve and Guard Service Members by County
FL



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June 2005

Separated AIAN OEF/OIF Reserve and Guard Service Members by County
ME, CT, NH, RI, MA, VT, and NY



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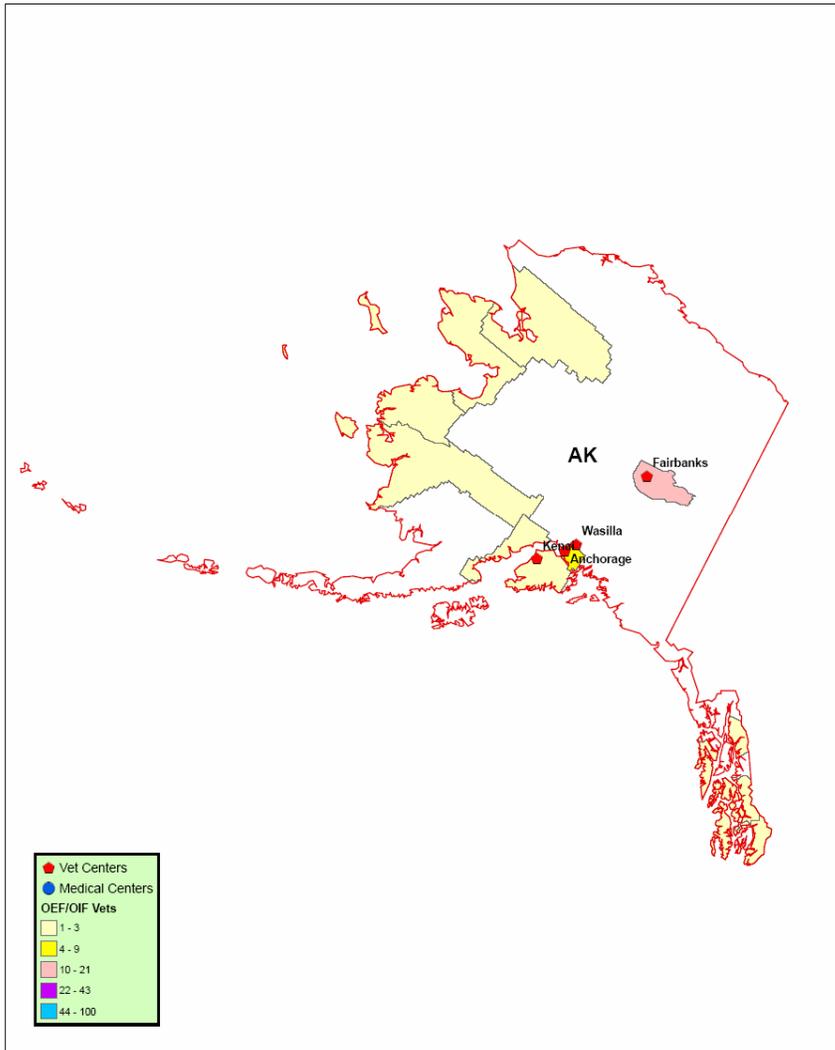
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June 2005

Separated AIAN OEF/OIF Reserve and Guard Service Members by County
AK



Department of Veterans Affairs
Office of Policy (008A)

June 2005

APPENDIX H – EXAMPLE OF CONTRACTING SERVICES

USE OF SPACE – BUILDING 23 HO-CHUNK NATION HOUSING DEPARTMENT

In accordance with, and under the authority of Section 301 of Public Law 104-262 and section 8153 of Title 38, The Department of Veterans Affairs, 500 East Veterans Street, Tomah, WI 54660, hereinafter called the VA, agrees in accordance with the terms and conditions of this sharing agreement, to provide Ho-Chunk Nation Housing Department, P.O. Box 170, Tomah Wisconsin, 54660, hereinafter called the sharing partner, use of space in Building #23 for administrative office space.

It is not the intent of the VA to create a landlord-tenant relationship or convey any leasehold interest or other estate to the sharing partner with this sharing agreement. The sharing partner has no exclusive right of possession to the space described herein. VA retains the right to enter the space at any time and perform any act on or to the space, as it deems appropriate in order to maintain VA property.

PURPOSE

The sharing partner will utilize the building for office space for approximately 35 Housing Authority staff. The sharing partner shall not utilize the space for any other purpose without written consent of the VA Tomah Medical Center Director and the VA Contracting Officer.

SITE

The space to be provided under this authority is located in Building #23, first floor on the VA Tomah campus. The total square footage is 5,661 square feet.

USER FEE

The all inclusive monthly user fee for the square feet is \$6.31 per sq. ft. (\$2,975 /mo or \$35,700/yr). Payable in monthly payments of \$2975, commencing upon occupancy of building space by sharing partner.

VA Contracting Officer reserves the right to annually renegotiate the user fee to include raises that encompass inflation increases.

VA PROVIDED SERVICES

In addition to office space, VA Tomah will provide:

- VA will be responsible for maintaining and repairing the building shell and systems.
- Drawings of the space will be provided to the sharing partner if required.
- Utilities (i.e. electricity, steam, sewer and water)
- Carpet cleaning in every room.

- Initial cleaning of area for sharing partner occupancy (prepping the area for occupancy is estimated to take approximately 4 weeks).
- Ceiling tile replacement.
- Repair wall paper and paint damaged from previous water damage
- Remove old sink and counter during preparation work
- parking for 35 employees
- lawn care
- snow removal; and
- safety/security services
- VA Telecommunication services are available on an as needed basis. FY 2004 hourly cost for services, if requested will be \$40.00.
- VA will issue key(s) to authorized representatives of Ho-Chunk; however, such action will be for the convenience of the VA and will not imply any transfer of premise custody to Ho-Chunk. If a key is lost, the cylinder core must be replaced with a new core.
- Special projects (i.e. signage) will be quoted per job and memorialized by written modification, signed by the VA Contracting Officer, in advance of performing work.

SHARING PARTNER RESPONSIBILITIES

- Recycling, if required
- Housekeeping services
- Lift replacement
- Provide and install since and cabinet coutner
- Pest control services
- Trash removal services. Dumpster shall be placed at a mutually agreed upon spot for contract service pick-up
- Signage. VA Tomah representative shall provide feasibility of attaching current Ho-Chunk Nation sign to VA Building 23 and approve sign posted by the road entrance
- Purchasing of window air conditioning units
- Interior decorating (to include carpet replacement, wall coverings, painting, etc.) All changes shall be pre-approved by VA Tomah.
- Latex painting
- computer service, telephone, business connections, mailbox installation and equipment (i.e. fax, file cabinets, office equipment) requirements
- payment for telecommunication bills
- Reimbursement of new key and core will be made by Ho-Chunk, if keys are lost

SHARING PARTNER PROVIDED RENOVATIONS

Lift Replacement:

Estimated cost for replacement: \$7,000-10,000

All drawings/plans etc. to renovate Building #23 by the sharing partner are subject to review and approval by Chief, Engineering Service, VA Tomah, prior to commencement to ensure all renovations meet applicable codes.

The sharing partner shall return space to VA at the end of the term of the sharing agreement in usable condition except insofar as maintenance and repair of the building and systems are the responsibilities of VA.

VA PROVIDED RENOVATIONS

VA has been requested to have specific rooms keyed separately. Quote for cost estimate will be provided to Sharing Partner.

VA Facility Management requested to provide reception window, close-off door way and provide proper ventilation to run Sharing Partner's phone lines through a closet. Quote including labor and materials will be provided to Sharing Partner.

VA provided telecom hook-up -. Estimated labor hours is 60 manhours @ \$40/hour.

Other materials costs will be included in quote provided to Sharing Partner.

TERM OF AGREEMENT

Space is required by January 19, 2004. An implementation meeting will be held between VA and Ho-Chunk Nation representatives to clearly define the phasing schedule to ensure occupancy by date specified above.

The initial term of this sharing agreement shall be from one year from date of VA signature with the option to exercise four one-year annual renewal options by mutual consent of both parties.

OPTION YEAR PRICING

VA Contracting Officer reserves the right to annually review the user fee and renegotiate the fee to include raises that encompass inflation increases.

CANCELLATION

Either party may cancel this sharing agreement at anytime, provided at least 90 days written notice by the parties. Sharing partner is responsible for payment for all services rendered prior to cancellation.

INDEPENDENT CONTRACTORS

For the purpose of this sharing agreement and the use of space to be provided hereunder, the relationship of the Parties is not and shall not be construed or interpreted to be a partnership, joint venture or agency. The relationship of the Parties is an independent contractor relationship and not agents or employees

of the other party. Neither party shall have authority to make any statements, representations or commitments of any kind, or to take any action which shall be binding on the other party, except as may be expressly provided for herein or authorized in writing.

NOTICES

Any notices required by this sharing agreement shall be in writing directed to the following addresses (or such other address for a party as shall be specified by like notice) and shall be deemed to have been duly given (i) three days subsequent to mailing if mailed by certified or registered mail, postage prepaid; or (ii) when transmitted if sent by telecopier or electronic mail, provided that a written acknowledgment of receipt is transmitted back to the sender by the recipient, addresses as indicated in this sharing agreement; or (iii) when hand delivered, provided that a written receipt is supplied by the recipient.

Department of Veterans Affairs Representatives:

Contracting: Georgiann Schneider or designee, Contracting Officer
5000 West National Avenue - Bldg. 5
Milwaukee, WI 53295-0005
(414) 902-5402 - phone
(414) 902-5440 - fax

VA Tomah: Toby Lane or designee, Director's Office
500 East Veterans Street
Tomah, WI 54660
(608) 608-372-3971 x61129 - phone
(608) -fax

Sharing Partner Representative:

Point of Contact: Bob Pulley, Property Manager
Ho-Chunk Nation Housing Department
P.O. Box 170
Tomah, WI 54660
(608) 374-1225 -phone
(608) 374-1233 -fax

MONITORING

VA Chief Engineering Service or designee will be delegated authority as Contracting Officer's Technical Representative (COTR) to monitor this sharing agreement. VA Contracting Officer is the only official who can bind the VA; however COTR's are designated as a technical representative. The COTR will be responsible for the day to day administration of this sharing agreement but is not authorized to execute modifications or cancellations to the sharing agreement.

GOVERNING LAW

This sharing agreement shall be governed, construed, and enforced in accordance with Federal Law.

CONTRACT DISPUTES

All disputes arising under or relating to this sharing agreement shall be resolved in accordance with this clause.

As used herein, "claim" means a written demand or assertion by one of the parties seeking, as a legal right, the payment of money, adjustment or interpretation of sharing agreement terms, or other relief, arising or relating to this sharing agreement.

Any controversy or claim arising out of or relating to this sharing agreement on behalf of the sharing partner shall be presented initially to the VA Contracting Officer for consideration. The VA Contracting Officer shall furnish a written reply on the claim to the sharing partner within 30 calendar days of receipt of the claim.

Any claim by the sharing partner must be presented no later than 30 calendar days after cancellation, or final expiration of this sharing agreement, whichever occurs earlier, otherwise the sharing partner forfeits its right(s) to relief.

LIABILITY

The sharing partner hereunder shall indemnify the VA against law suits brought by their employees or clients for events occurring within the space provided to the sharing partner; and, for law suits brought by clients for events related to services provided solely, or to the extent provided by the sharing partner. Law suits that arise from tortious actions of the sharing partners employees or clients will be handled in accordance with applicable state or federal law. VA will to the extent permitted by the Federal Tort Claims Act indemnify and hold harmless the sharing partner from and against any claims, demands, or causes of action caused by VA personnel in carrying out their responsibilities.

MARKETING

The sharing partner shall not advertise or use any marketing materials, logos, trade names, service marks, or other material belonging to the VA without the VA's prior written consent.

PAYMENT

Payment of sums due the VA will be paid monthly by the sharing partner upon submission of a properly prepared Optional Form 1114, Bill for Collection, submitted to the sharing partner by VA. Payments for August and September will be invoiced and paid in October. Payment terms are NET 30 days and should be mailed to:

VA Tomah

Attn: Resources (04B)
500 East Veterans Street
Tomah, WI 54660

Sharing Partner Taxpayer ID number:

LATE PAYMENT AND OTHER CHARGES

Payments of amounts owed under this agreement are due and payable within 30 calendar days from the date of the Bill for Collection or other notice provided by the VA. Payments not made within that time will be subject to interest, penalties, and collection in accordance with Public Law 96-466, U.S.C. 501(a) & 5315, and 38 CFR 1.919.

PRIORITY FOR VETERANS

VA reserves the right to deny provision of space to sharing partner if circumstances arise that would deny or delay care by VA to eligible veterans. VA agrees to notify sharing partner of any changes in availability of space specified in this sharing agreement.

Determinations by the VA concerning the availability of space to be provided by the VA pursuant to this sharing agreement are conclusive, binding on the parties to this sharing agreement, and non-reviewable. The decision of VA not to provide the space called for by the sharing agreement because of its unavailability does not constitute a breach of the sharing agreement in whole or in part.

MODIFICATIONS

This sharing agreement may need to be modified from time to time. All modifications shall be bilateral and in writing. Only those individuals authorized may approve binding modifications to this sharing agreement.

SHARING AGREEMENT ADMINISTRATION

After award, Ms. Georigann Schneider or designee, VA Contracting Officer, shall be responsible for administration throughout the duration of this sharing agreement.

Accepted For VA

Rhonda Stark, or designee Date
VISN 12 Selling Officer

Accepted For Sharing Partner

or designee

Date



**SHARING AGREEMENT NUMBER V69DS-1076
between**

**Department of Veterans Affairs
and
Sault Ste. Marie Tribe of Chippewa Indians
Health and Social Services Center**

In accordance with, and under the authority of Section 301 of Public Law 104-262 and Section 8153 of Title 38, The Department of Veterans Affairs, hereinafter called the VA, 325 East "H" Street, Iron Mountain, MI 49801, agrees, in accordance with the terms and conditions of this agreement, to provide to Sault Ste. Marie Tribe of Chippewa Indians, Department of Health and Social Services, 2864 Ashmun, Sault Ste. Marie, Michigan 49783, herein called the Contractor, EKG Interpretation services.

PURPOSE & SITE

The VA Iron Mountain will provide EKG interpretations for Tribal Members of the Sault Ste. Marie Tribe of Chippewa Indians at the Munising Tribal Health Center and Manistique Tribal Health Center.

TERM OF AGREEMENT

The term of this agreement shall be for the period beginning on July 1, 2004 through June 30, 2005 with four additional one-year option years.

PRICING

Pricing for EKG interpretations is \$15.00.

The above listed price is subject to review and renegotiation every year by the VA to determine cost reasonableness.

CANCELLATION

VA or the Contractor may cancel this agreement at any time provided at least 90 days written notice by the VA Contracting Officer to the Contractor prior to

renewal date, without further liability to VA. The Contractor is liable for all services rendered prior to cancellation.

INDEPENDENT CONTRACTORS

For the purpose of this agreement and all services to be provided hereunder, the relationship of the Parties is not and shall not be construed or interpreted to be a partnership, joint venture or agency. The relationship of the Parties is an independent contractor relationship and not agents or employees of the other party. Neither party shall have authority to make any statements, representations or commitments of any kind, or to take any action which shall be binding on the other party, except as may be expressly provided for herein or authorized in writing.

NOTICES

Any notices required by this agreement shall be in writing and shall be deemed to have been duly given (i) three days subsequent to mailing if mailed by certified or registered mail, postage prepaid; or (ii) when transmitted if sent by telecopy or electronic mail, provided that a written acknowledgment of receipt is transmitted back to the sender by the recipient, addressed as indicated in this agreement.

Department of Veterans Affairs Representatives:

Contracting: Judith A. Ziebart or designee, Contracting Officer
5000 West National Avenue - Bldg. 5
Milwaukee, WI 53295-0005
(414) 902-5414 - phone
(414) 902-5440 - fax

VA Iron Mountain: Peter Petrich or designee, Primary Care Coordinator
325 East "H" Street
Iron Mountain, MI 49801
(906) 774-2601 - phone
(906) 779-3170 - fax

Sault Ste. Marie Tribe of Chippewa Indians Representative:

Point of Contact: Marlene Glaesman, Manager
Sault Ste. Marie Tribe of Chippewa Indians
Department of Health & Social Services

Sault Ste. Marie, MI 49783
906-293-8181 – phone
906-293-3001 - fax

MONITORING

The Primary Care Coordinator or designee will be delegated authority as Contracting Officer's Technical Representative (COTR) to monitor agreement performance.

GOVERNING LAW

This agreement shall be governed, construed, and enforced in accordance with Federal Law.

CONTRACT DISPUTES

All disputes arising under or relating to this agreement shall be resolved in accordance with this clause.

As used herein, "claim" means a written demand or assertion by one of the parties seeking, as a legal right, the payment of money, adjustment or interpretation of contract terms, or other relief, arising or relating to this agreement.

Any controversy or claim arising out of or relating to this agreement on behalf of the sharing partner shall be presented initially to the VA Contracting Officer for consideration. The VA Contracting Officer shall furnish a written reply on the claim to the sharing partner.

In the event the parties cannot amicably resolve the matter, any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration at the VA Board of Contract Appeals in accordance with procedures set forth in the Alternative Means of Disputes Resolution, VA Directive 7433, and the Administrative Disputes Resolution Act of 1996, and judgment upon any award rendered by the Arbitrator(s) may be entered into any Court having jurisdiction thereof.

Any claim by the sharing partner must be presented no later than 30 calendar days after cancellation, or final expiration of the contract, whichever occurs earlier, otherwise the sharing partner forfeits its right(s) to relief.

LIABILITY

The Contractor shall indemnify the VA against law suits brought by their employees or clients, and, for law suits brought by clients for events related to services provided solely or to the extent by the Contractor. Law suits that arise from tortious actions of the the Contractor's employees or clients will be handled in accordance with applicable state or federal law. VA will to the extent

permitted by the Federal Tort Claims Act indemnify and hold harmless the Contractor from and against any claims, demands, or causes of action caused by VA personnel in carrying out their responsibilities.

MARKETING

The Contractor shall not advertise any marketing material, logos, trade names, service marks, or other material belonging to the VA without the VA's consent.

PAYMENTS

Payment of sums due the VA will be paid monthly by the sharing partner upon submission of a properly prepared Optional Form 1114, Bill for Collection, submitted to the Contractor by VA Primary Care Service. Payment terms are NET 30 days and should be mailed to:

VAMC Iron Mountain
Attn: Agent Cashier (04C)
325 East "H" Street
Iron Mountain, MI 49801

Note: Payments for the months of August and September each year will be billed in those months but payments for these months will be made in October.

Taxpayer Identification Number (TIN) _____

LATE PAYMENT AND OTHER CHARGES

Payments of amounts owed under this agreement are due and payable within 30 calendar days from the date of the Bill for Collection or other notice provided by the VA. Payments not made within that time will be subject to interest, penalties, and collection in accordance with Public Law 96-466, 38 U.S.C. 501(a) & 5315, and 38 CFR 1.919.

PRIORITY FOR VETERANS

VA reserves the right to deny provision of service on behalf of the Contractor's beneficiaries where space or service is unavailable, or if provision of service to the Contractor would deny or delay care to eligible veterans. VA agrees to notify the Contractor of any changes in availability of services specified in this agreement.

Determinations by the VA concerning the availability of services and resources to be provided by the VA pursuant to this agreement are conclusive, binding on the parties to this agreement, and non-reviewable. The decision of VA not to provide any service or resources called for by the agreement because of its unavailability does not constitute a breach of the agreement and is not considered a cause for cancellation of the agreement in whole or in part.

MODIFICATIONS

This agreement may need to be modified from time to time. All modifications shall be in writing and, except for cancellation, have the written consent of both parties. This agreement will be reviewed annually for updated costing and adjustment. Only those individuals authorized below may approve binding modifications to this agreement.

TERMINATION

The VA may terminate this agreement at any time upon at least 15 days' written notice by the VA Contracting Officer to the Contractor.

EXCHANGE OF DATA

Clinical or other medical records pertaining to the patients shall be exchanged.

**Accepted for VA
Health**

Accepted for Sault Ste Marie Tribal

_____ / _____

Judith A. Ziebart or designee
VA Contracting Officer

Date

_____ / _____

Mary Beth Skupian or designee
Sault Ste. Marie Tribal Health Center

Date

IHS INTER-AGENCY AGREEMENT NO.: 1-PX-01-0002

10. GENERAL PROVISIONS
(The following general provisions, as set forth below, apply to this agreement unless otherwise specified in the "Remarks" block below.)

- The authority to provide reimbursable support services to Government departments and agencies is contained in the Economy Act of 1933, as amended, (31 U.S.C. 1533). When other authority is applicable, state such data in Block 11 below.
- The requesting organization has determined that the applicability of Office of Management and Budget Circular A-76, Revised, was considered, as well as the requirements of FAR 17.502 and 17.501(a)(1) and (2).
- Direct and indirect actual costs will be charged for reimbursable work and services. If funds advanced to the supplying organization are more than the actual cost of performing the work or services, the difference will be returned. If an estimate is less than the actual costs incurred, the requesting organization agrees to pay for the actual costs incurred.
- This agreement or any of its specific provisions may be revised or amended only by the signature approval of the parties signatory to the agreement or by their respective official successors. Cancellation may be made upon 30 days written notice by either party, or their successors, to the other.

11. REMARKS

- The Indian Health Service Phoenix is responsible for the administration and funding of health care for eligible Native Americans.
- Service to Indian Health Service beneficiaries shall be rendered on a resource available basis and upon referral by an Indian Health Service facility.
- Liability: VA personnel providing services under the terms of this agreement will continue to be within Professional Liability Protection otherwise afforded under 28 U.S.C., Chapter 171. Determination as to which agency will investigate and process tort claims arising under the agreement will be made in accordance with 28 CFR, Section 14.2 (b)(2). Responsibility for damage to or loss of government property will be determined in accordance with Property Management Policies of the VA. Indian Health Service agrees to notify the VA promptly, in writing, of any potential torts. Where VA is investigating a potential tort claim, Indian Health Service agrees to allow the VA access to all relevant records and will otherwise cooperate with the investigation, provided that such cooperation does not result in a violation of the Federal Privacy Act, 5 USC 552a (1994).
- The agreement is made under the authority of the Federal Torts Claims Act (28 USC 267a) as amended, and the Economy Act of 1932 (31 USC 1535 and 1536) as amended, and the Public Health Service Act, Section 301 (42 USC 241) as amended.
- Services to be provided by the Department of Veterans Affairs is the participation of Indian Health Service nurses in the established didactic course and the opportunity for clinical practice with an appropriate preceptor. The Indian Health Service will provide competent nurses who meet the requirements to participate in the course and any costs incurred by the individual nurses such as books, housing, meals, travel, etc.
- Services to be provided by the Indian Health Service Phoenix are Podiatry Residents from the Carl T. Hayden VAMC shall do rotations at the Phoenix Indian Medical Center under the direction and supervision of the Phoenix Indian Medical Center Podiatry Department. The intent is for each resident to be able to rotate one month per year with opportunities for unscheduled day rotations and for special educational situations.
- The point of contact for each agency is as follows:

CONTRACTUAL Department of Veterans Affairs Margaret M. Cook, Contracting Officer 602-222-6405	TECHNICAL Nancy Claffin, Chair, Education Department 602-277-5551 ext 7333
Indian Health Service Peggy S. Monroe, Procurement Analyst 602-364-5810	Beulah Bowman, Administrative Officer 602-263-1200

VA FORM 2269, JUL 1990 (R), BACK (Electronic Version)

IHS AGREEMENT NUMBER 1 - PX - 00 - 0001

**INTERAGENCY CROSS-SERVICING SUPPORT AGREEMENT
BETWEEN
U.S. PUBLIC HEALTH SERVICE - INDIAN HEALTH SERVICE (IHS)
PHOENIX INDIAN MEDICAL CENTER (PIMC)
AND
CARL T. HAYDEN VETERANS AFFAIRS MEDICAL CENTER (VAMC)**

**IHS INTERAGENCY AGREEMENT NO. _____
VA INTERAGENCY AGREEMENT NO. IGA V644(90)S00002**

I. PURPOSE

The VAMC shall provide gastroenterology physician services for PIMC patients in accordance with the terms and conditions contained in this agreement. The agreement will facilitate the IHS mission by increasing health services available to Native Americans while not diminishing the ability of VAMC to provide care to its Veteran beneficiaries; and is made with the understanding that Veterans will maintain their priority for services provided at VAMC regardless of this agreement. This arrangement will result in the improvement of the quality of services available to Veteran beneficiaries at VAMC.

II. AUTHORITY

The Economy Act, 31 USC Section 1535, as amended.

III. BACKGROUND

PIMC's gastroenterologist departed in 1999 and GI services have not been provided on a routine basis since that time. Based on the GI workload that PIMC experienced before the departure of its staff gastroenterologist (averaged over a period of the prior six months) the expected number of routine procedures (excluding ERCPs) per month is 47 (25 EGDs, 15 colonoscopies, 7 flexible sigmoidoscopies). In addition approximately 10 patients are referred from or not accepted at PIMC monthly due to lack of GI coverage. Assuming that all 10 of these procedures are emergency procedures and all are EGDs, then the current workload is 57 routine procedures. An estimated increase of 50% of the current workload is expected, making the total number of procedures per month an average of 80 (48 EGDs including the 10 emergencies, 23 colonoscopies, 11 flexible sigmoidoscopies). The VAMC GI medical staff will cover these procedures along with any number of ERCPs (estimated at 3 per month over the last six months but as high as 6 per month based on estimates from the first six months of 1996). The terms and conditions outlined in this agreement are based upon this data and have been used to establish the Government's minimum needs and requirements.

IV. TERMS AND CONDITIONS

The scope of this agreement is to provide gastroenterology physician services/coverage for PIMC inpatient and outpatients. The VAMC and PIMC hereby agree to the following terms and conditions:

A. The VAMC shall provide:

- 1 Two (2) colonoscopies plus three (3) to four (4) EGDs plus one (1) flexible sigmoidoscopy per morning, three (3) days per week. ERCPs will be accommodated based on the availability of one (1) of the two (2) VAMC physicians who can perform this procedure.

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IHS AGREEMENT NUMBER 1 - PX - 00 - 0001

B PIMC shall provide:

Nursing staff to assist and monitor patients during and after endoscopic procedures performed at PIMC. PIMC will also provide a radiology technician to assist in procedures performed in the Diagnostic Imaging Department (i.e. dilations, ERCPs).

2. Endoscopic equipment and accessories for diagnostic and therapeutic endoscopic procedures.
3. Clerical and nursing support for the outpatient clinic.
4. Radiological studies on an emergency basis (after hours and on weekends) will be arranged by PIMC.

Transportation and other necessary arrangements (including associated costs) required to move patients between PIMC and VAMC.

C. PIMC and VAMC mutually agree:

GI services shall only be provided PIMC patients who are 18 years of age and older.

2. Clinics and procedures missed due to the observance of a Federal holiday on a normally scheduled day will not be rescheduled.
3. Proposed schedule of services at PIMC: One GI staff physician along with a GI Fellow will cover the schedule on a weekly basis, providing five (5) half-day clinic/procedure sessions. While Monday, Wednesday, and Friday are used for illustration, the actual days of the week that services are provided may be modified from time to time, on mutual agreement between the two institutions. The case mix and the appointment slots on a given day may be modified, on mutual agreement between the institutions.

	<u>Monday</u>	<u>Wednesday</u>	<u>Friday</u>
0800-0900	Colonoscopy	Colonoscopy	Colonoscopy
0900-1000	Colonoscopy	Colonoscopy	Colonoscopy
1000-1030	EGD	EGD	EGD
1030-1100	EGD	EGD	EGD
1100-1130	EGD	EGD	EGD
1130-1200	FS	FS	FS
1300-1400	Clinic		Clinic
1400-1500	Clinic		Clinic
1500-1600	Clinic		Clinic

4. As a result of this agreement, VAMC will gain a very desirable site for clinical training of GI Fellows. It is agreed that VAMC GI Fellows will perform procedures on PIMC patients only under the direct supervision of a VAMC staff gastroenterologist, and will provide GI Clinic services to PIMC patients only when a VAMC staff gastroenterologist is present on the PIMC campus.

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5. This agreement may be amended, modified, or supplemented only by written amendment to the agreement, executed by both parties, and attached to the original signed copy of the agreement.
6. During the initial period of service under this agreement, the VAMC will aggressively pursue such hiring as is necessary to provide the full range of services at PIMC. Until such time as the VAMC reaches full gastroenterologist staffing, VAMC will provide services at PIMC that are limited to two (2) half-day clinic/procedure sessions per week, and a trial period of emergency gastroenterology services on an inpatient on-call basis. VAMC reserves the right to reduce and/or discontinue this trial of on-call services if their experience demonstrates that VAMC is unable to sustain on-call services before becoming fully staffed.

V. FUNDING/INVOICING/PAYMENT

1. PIMC shall reimburse VAMC approximately \$227,915.00 per year for services provided under the terms of this agreement. Reimbursements shall be made in equal quarterly amounts, in response to VAMC's preparation of an Interagency Bill (Form 1080) within ten (10) working days of the end of the quarter. Reimbursements will be processed using the On-Line Payment and Collection (OPAC) system using the following Agency Location Codes:

VAMC Agency Location Code

2. VAMC shall invoice on a quarterly basis and include a narrative of services provided during the preceding quarter. The first quarterly reimbursement shall be disbursed three (3) months after the first day of services.
3. The quarterly invoice/narrative shall cite this agreement number and the period of performance being invoiced. The invoice/narrative will be sent to the Project Officer, who will review for program compliance and forward to the PIMC, Administrative Officer for subsequent concurrence. The invoice will be forwarded to the Phoenix Area Indian Health Service, Financial Management Office for payment processing.
4. Full payment for services under this agreement is based on VAMC's provision of five (5) half-day clinic sessions at PIMC per week. As initial services are limited to two (2) half-day clinic/procedure sessions per week, payment for such services will be prorated and paid at a rate of 2/5 of the full quarterly rate. Full quarterly payment rates will begin after VAMC is able to provide the full amount of services described in Section IV of this agreement.
5. PIMC will use CAN number J409102 to account for monies spent to provide the patient services described in this agreement. Any later change in CAN number or other accounting identifier will not affect payment for services under this agreement.

VI. DURATION OF AGREEMENT

1. The duration of this agreement shall be a period of one (1) year. Services shall begin as soon as possible from the date that final signatures are recorded on the agreement, but not later than thirty (30) days thereafter. At the end of the initial period, negotiations may be entered into to extend the agreement for up to an additional four (4) years. These negotiations will occur at such times during the period that services are not interrupted if a mutual agreement to extend is reached. VAMC will staff its gastroenterology service in such a way to meet service requirements at PIMC, such that services will begin at PIMC as mutually agreed by both institutions.

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2. VAMC reserves the right to cancel this agreement upon 60 days written notice to PIMC if the terms of the agreement would result in VAMC failing to meet the requirements of law, particularly in regard to the diminution of services to veterans. The VAMC shall assume no liability for failure to perform services beyond the 60th day after submission of the written cancellation notice is provided to PIMC.
3. PIMC reserves the right to cancel this agreement upon 60 days written notice to VAMC if the terms of the agreement would result in PIMC failing to meet the requirements of law, particularly in the provision of service to Native Americans.

VII. LIABILITY

VAMC Personnel providing services under the terms of this agreement will continue to be within the professional liability protection otherwise afforded under 28 USC Chapter 171. Determination as to which agency will investigate and process tort claims arising under the agreement shall be made in accordance with 28 CFR Section 14.2(b)(2). Responsibility for damage or loss of government property will be determined in accordance with the Property Management Policies of the VA. IHS agrees to notify the VA promptly, in writing, of any potential torts. Where VA is investigating a potential or tort claim, IHS agrees to allow the VA access to all relevant records and will otherwise cooperate with the investigation, provided that such cooperation does not result in a violation of the Federal Privacy Act 5 USC 552a (1994).

VIII. PROJECT OFFICERS/POINT OF CONTACT

PIMC: Administrative

Kenneth Simpson, RN, DBA
Director of Professional Svcs
PIMC
4212 N. 16th Street
Phoenix, AZ 85016
Telephone: (602) 283-1200

Technical

Joan Parrish, RN
Supervisory Clinical Nurse, ICU
PIMC
4212 N 16th Street
Phoenix, AZ 85016
(602) 263-1200

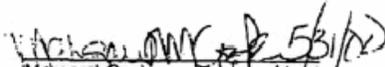
VAMC: Margaret Cook
Contracting Officer
Carl T. Hayden VAMC
650 E. Indian School Road
Phoenix, AZ 85012
Telephone: (602) 222-6405

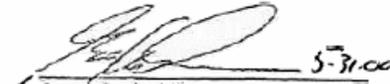
Francisco Ramirez, M.D.
Chief of Gastroenterology
Carl T. Hayden VAMC
650 E. Indian School Road
Phoenix, AZ 85012
(602) 277-5551

VIII. AUTHORIZING SIGNATURES

APPROVED AND ACCEPTED BY
VETERANS AFFAIRS MEDICAL CENTER

APPROVED AND ACCEPTED BY
INDIAN HEALTH SERVICE


Margaret Cook (date) 5/31/00
Contracting Officer


Don D. Davis, MPH (date) 5-31-00
Director, Phoenix Area IHS

Revised 05/30/00

IHS AGREEMENT NUMBER 1 - PX - 00 - 0001

2. Any specialized or emergency procedure that needs to be performed at VAMC because of lack of availability of appropriate equipment (endoscopic ultrasound; motility studies) or lack of nursing support (in rare emergency cases). In such cases, the associated costs will be billed at these outpatient rates:

Esophagogastroduodenoscopy (EGD)	\$1,451.97
Colonoscopy	\$1,539.01
Flexible Sigmoidoscopy (FS)	\$1,216.61
Endoscopic Retrograde Cholangiopancreatography (ERCP)	\$1,921.07
Endoscopic Ultrasonography (EUS)	\$1,605.11

3. Urgent inpatient consultation coverage twenty-four (24) hours per day every day of the year.
4. Emergency inpatient consultation: The VAMC GI on-call team, which includes a staff physician and a GI Fellow, is to be reached via pager and will respond by phone within 30 minutes of receiving that page. After discussing the emergency consult with the requesting physician, the VAMC GI on-call will see the patient at PIMC and determine whether or not an emergency procedure needs to be performed.
5. Emergency endoscopies will be covered by the VAMC GI on-call team (not including the GI nurse) on a 24-hour, every day of the year, basis. Emergency procedures will be performed at PIMC, and PIMC will provide nursing and support staff for these procedures. In the rare event that an emergency procedure cannot be done at PIMC, the patient will be transferred to VAMC, PIMC estimates that no more than 4 patient-days per year will be involved in such admissions. If the patient is transferred to VAMC, the services of the VAMC GI nurse on-call will be utilized for provision of patient care, at a cost of approximately \$40.16 per hour; in this situation PIMC will transfer funds to VAMC to pay for the GI nurse's services. VAMC will document nursing time and send this information to its billing staff. If PIMC's patient requires admission to VAMC for performance of an emergency procedure and stabilization, the VAMC inpatient days will be billed at the following rates:

Medicine	\$ 806.35/day
Surgery	\$ 1,277.08/day

The decision of the VAMC physician to admit the patient to VAMC will be the only authority needed by VAMC to bill for services and needed by PIMC to pay for the services rendered. These bills will be prepared individually using Universal Billing Form UB-92, at rates as established in this agreement. If the patient requires an admission at VAMC of more than one (1) inpatient day, the VAMC physician will obtain approval from PIMC and then advise the VAMC billing staff of the extension. Billing will be prepared within 30 days of the patient's discharge from VAMC.

Any PIMC patient being seen by GI staff will remain under the auspices of PIMC if the treatment has to be provided at VAMC. PIMC is responsible for paying VAMC's charges for PIMC patients who are treated at, and/or admitted to, VAMC by VAMC physicians under the terms of this agreement. PIMC reserves the right to bill any third-party resources that a patient may have available, and VAMC agrees to not bill a PIMC patient's third-party resources.

6. Other non-emergency inpatient consultation shall be performed by VAMC GI staff on the three days per week that VAMC staff is on-site at PIMC.

ATTACHMENT – LIST OF DEFINITIONS

Esophagogastroduodenoscopy (EGD): Examination of the esophagus, stomach, and first part of the small intestine (duodenum) using an endoscope

Colonoscopy: Examination of the lower intestine (colon) using an endoscope.

Flexible Sigmoidoscopy: Examination of the lower or distal part of the colon (rectum, sigmoid, and descending colon).

Endoscopic Retrograde Cholangiopancreatography (ERCP): Examination of the pancreas and biliary system using injection of dye through an endoscope.

Endoscopic Ultrasonography (EUS): Examination of the gastrointestinal tract including the pancreas, gallbladder, and bile ducts using an endoscope that has an ultrasound attached to it.

Endoscope: A flexible tube with a light at the end, which allows the direct visualization of the gastrointestinal tract. Allows taking biopsies (small pieces of tissue) and delivery of therapy.

Therapeutic Endoscopy: Treatment delivered through the endoscope to stop bleeding, cauterize lesions, remove polyps or tumors or gallstones, place stents (tubes to bypass narrowed areas), place gastrostomy tubes for feeding, etc.

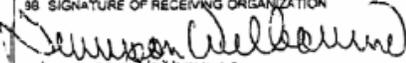
Revised 05/30/00

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**MODIFICATIONS TO
VAMC-PIMC GI SHARING AGREEMENT**

MAY, 2002

- IV (A) 2: No change in costs listed for previously-listed individual procedures.
New procedures:
- | | |
|-------------------------------|-------------|
| Esophageal motility | \$ 1,052.91 |
| - with stimulant | \$ 1,213.71 |
| - with acid perfusion studies | \$ 1,241.07 |
| 24-hour pH monitoring | \$ 1,241.07 |
| Anorectal manometry | \$ 905.78 |
- IV (A) 7:
(NEW) VAMC GI Attending physicians are members of the PIMC medical staff. As such, they agree to fully participate in all relevant PIMC quality initiatives; medical staff membership requirements; peer review and provider profiling activities; credentialing and privileging requirements; and billing activities.
- IV (B) 6:
(NEW) PIMC will gain a staff gastroenterologist on or about 1 Sep 02. This gastroenterologist will participate in the VA GI call rotation as an attending physician, and will maintain privileges at both PIMC and VAMC. This gastroenterologist may also participate in the operation of VAMC's GI Fellowship program, to the extent that is mutually agreeable to each facility. The services of PIMC's gastroenterologist in the VAMC GI program will be at no cost to VAMC.
- IV (C) 1: Strike current language.
Insert: VAMC GI services are generally offered to patients who are 18 years of age and older. However, the adolescent patient population served by PIMC is often more physically mature than would be suggested by chronological age alone; and many of these patients suffer from GI disorders that are usually associated with adult patients. On a case-by-case basis, VAMC GI physicians may perform services and procedures on patients under the age of 18 if this is mutually agreeable between the VAMC and PIMC attending physicians involved in the patient's care.
- V 1 Annual cost to PIMC to decrease by 10%, from approximately \$227,915 to \$205,124.

 Department of Veterans Affairs		PAGE 1 OF 2 PAGES											
INTERAGENCY CROSS-SERVICING SUPPORT AGREEMENT													
1A. VA AGREEMENT NO. IGA V644(90C)S00002		1B. OGA AGREEMENT NO. (if applicable) I-PX-00-0001	2. AGREEMENT PERIOD (Month and Year) 6/03 - 5/31/04										
3. SUPPLYING ORGANIZATION (Name, M&M routing symbol, and complete address) Carl T. Hayden VAMC 650 E Indian School Rd Phoenix, AZ 85012-1892		4. TYPE OF ACTION (Mark "X" as appropriate) <input type="checkbox"/> NEW <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> OTHER (Specify) Extension of agreement for 1 year											
5. RECEIVING ORGANIZATION (Name, M&M routing symbol, and complete address) Phoenix Area Indian Health Service 4212 N 16 th Street Phoenix, AZ 85016-		6. PROJECT TITLE VA/Indian Health Service Economy Act Interagency Agreement											
7. SUMMARY OF SUPPORT SERVICES (Attach detailed description of specific support resources to be provided)													
<p>This action shall extend the term of the agreement for an additional year as per page 1, paragraph V1.1 from 6/1/03 through 5/31/04.</p> <p>Modifications to VAMC-PIMC GI Sharing Agreement - June 2003</p> <p>IV (A) 2: Change in cost of previously listed procedures as follows:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Esophageal motility</td> <td style="text-align: right;">\$250.00</td> </tr> <tr> <td>Esophageal with stimulants</td> <td style="text-align: right;">\$300.00</td> </tr> <tr> <td>Esophageal with acid perfusion studies</td> <td style="text-align: right;">\$300.00</td> </tr> <tr> <td>24-hour pH monitoring</td> <td style="text-align: right;">\$250.00</td> </tr> <tr> <td>Anorectal manometry</td> <td style="text-align: right;">\$200.00</td> </tr> </table> <p>IV (A) 7: VAMC GI Fellows are to be credentialled at PIMC as Internists. They will be members of the medical staff. As such, they agree to fully participate in all relevant PIMC quality initiatives, medical staff membership requirements, peer review and provider profiling activities, credentialing and privileging requirements and billing activities.</p> <p>IV (A) 8: In order to maximize local training opportunities for the PIMC GI nurses and standardize GI procedures between the 2 institutions as much as is practical, the PIMC nurses will be formally encouraged and allowed to attend the VAMC GI Endoscopy clinic. The purpose is to allow the PIMC GI nurses to learn endoscopy nursing and endoscope care and cleaning from the experienced GI nurses and technicians at the VAMC.</p> <p>VIII. PIMC Administrative changed from Ken Simpson to Charles Beyner. Charles L. Beyner, M.D., MPH, Chief of Gastroenterology, Specialty Services Clinic, Phoenix Indian Medical Center, 4212 N 16th St, Phoenix, AZ 85016. 602-420-0448 (paper); 602-263-1684 (message); 602-263-1635 (Fax)</p> <p>All other terms and conditions remain the same.</p>				Esophageal motility	\$250.00	Esophageal with stimulants	\$300.00	Esophageal with acid perfusion studies	\$300.00	24-hour pH monitoring	\$250.00	Anorectal manometry	\$200.00
Esophageal motility	\$250.00												
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Esophageal with acid perfusion studies	\$300.00												
24-hour pH monitoring	\$250.00												
Anorectal manometry	\$200.00												
8A. FUNDING AND REIMBURSEMENT ARRANGEMENTS (Give complete information) Transfer of funds quarterly													
8B. COST (Actual or estimated) \$205,124.00		8C. ACCOUNTING AND APPROPRIATION DATA CAN Number J409102											
8D. METHOD OF PAYMENT (Mark "X" and indicate billing cycle, e.g., Monthly, Quarterly, etc.) <input checked="" type="checkbox"/> SF 1080 <input type="checkbox"/> SF 1081 <input type="checkbox"/> SF 1114		8E. DISBURSING OFFICE (Name, M&M routing symbol, and complete address) Office of Financial Management 461 N Central Avenue Phoenix, AZ 85004-											
9. ACCEPTANCE BY BOTH PARTIES TO THE AGREEMENT (Signature of authorized officials)													
9A. SIGNATURE OF SUPPLYING ORGANIZATION  PATTI J. AMIDON		9B. SIGNATURE OF RECEIVING ORGANIZATION  Lennyson Melbourne											
TITLE OF SUPPLYING ORGANIZATION Contracting Officer		TITLE OF RECEIVING ORGANIZATION Senior Contracting Officer											
DATE 9/11/03		DATE 9/10/03											

In lieu of VA Form 90-2269 (automated)

Copy to 04 9/15/03
Copy to vendor 9/11/03

<p>10. GENERAL PROVISIONS</p> <p>(The following general provisions, as set forth below, apply to this agreement unless otherwise specified in the "Remarks" block below.)</p> <p>a. The authority to provide reimbursable support services to Government departments and agencies is contained in the Economy Act of 1932, as amended, (31 U.S.C. 1535). When other authority is applicable, enter such date in Block 11 below.</p> <p>b. The requesting organization has determined that the applicability of Office Management and Budget Circular A-78, Revised, was considered, as well as the requirements of FAR 17.502 and 17.503(a)(1) and (2).</p> <p>c. Direct and indirect actual costs will be charged for reimbursable work and services. If funds advanced to the supplying organization are more than the actual cost of performing the work or services, the difference will be returned. If an estimate is less than the actual costs incurred, the requesting organization agrees to pay for the actual costs incurred.</p> <p>d. This agreement or any of its specific provisions may be revised or amended only by the approval of the parties signatory to the agreement or by their respective official successors. Cancellation may be made upon 30 days written notice by either party, or their successors, to the other.</p>
<p>11. REMARKS</p>

In lieu of VA Form 90-2269 (automated)

APPENDIX J- COORDINATING LOCAL MENTAL HEALTH SERVICES

**Department of
Veterans Affairs**

Memorandum

Date: November 2, 2004
From: Acting Under Secretary for Health (10)
Subj: Mental Health VHA Action Agenda Implementation Item
To: Network Directors (10 N 1-23) Thru: Deputy Under Secretary for Health for Operations and Management (10N) 

1. Veterans Health Administration (VHA) has recently appointed a Steering Committee to insure implementation of recommendations from the President's New Freedom Commission, *VA's Achieving the Promise – Transforming Mental Health Care in VA*.
2. The President's New Freedom Commission found that mental health services are poorly coordinated across systems and that a more integrated approach that fosters partnerships among federal, state, and local governments would be preferred. A priority recommendation of the Action Agenda Steering Committee is to insure coordination with state and local Mental Health, Substance Use and Aging organizations and services to maximize effectiveness of care and utilization of resources. The Goal of the coordination is to partner with State Mental Health services in strategic planning and delivery of mental health services to veterans. Therefore, each VISN will need to appoint liaisons for each State Director of Mental Health, Substance Use Disorder Treatment, and Aging in each state the Network serves independently, or where the Network provides the majority of Health Care in the state. In those states with significantly overlapping jurisdictions (New York, West Virginia, Texas, California, and Nevada) VISN Directors should coordinate with each other to establish this liaison position, and plan to coordinate activities with other Networks as appropriate. One person can serve as the liaison for all three-program areas. Appointments should be made by November 30, 2004, and names submitted to Patricia McKlem, 10N18, Chair Mental Health Action Agenda Steering Committee. A composite list of these State Directors is attached for your use, as are individual lists including contact information for each position. Appointed individuals will work with State agencies to coordinate current services and future strategic planning for mental health service delivery to veterans living in the state. In addition, they will be asked to accomplish the following:
 - A. Describe public and private sector (non-VA) MH resources in the state and submit a report to Chief Consultant, Office of Mental Health VACO and MHECSC by 09/30/04 and yearly thereafter. To educate VA top management and MH leadership

within each state about these resources, strategic plans and outlook for near future changes

- B. To educate state MH leadership about the VA MH services and needs, present and future. To act as Coordinator for State/VA efforts and establish effective relationships with State Mental Health to further the implementation of specific recommendations of the VA Mental Health Strategic Plan. Such coordination will be furthered by cooperation with other VA/State Liaisons through mechanisms such as mail groups and conference calls. To identify and link with statewide consumer groups such as NAMI, NHMA and include consumers in the State/VA Mental Health planning operations. To participate in state-wide MH service planning work groups, including planning for Mental Health Support in Disaster and Emergency Preparedness To identify potential sharing agreements/collaborations to improve service delivery and efficiency in the areas of Mental Health services, including treatment and psychosocial rehabilitation, vocational rehabilitation and long term mental health resources, including state homes. When appropriate, to coordinate efforts with other Networks that may overlap in the same state.
3. In addition, VA Medical Centers and Community Based Outpatient Clinics are responsible to insure relationships exist or are developed with state and county mental health systems; state veterans homes, domiciliaries, and nursing homes; local non-profit health organizations; private health contractors; hospitals; medical societies; veterans organizations; and local Department of Defense, Public Health, Medicaid, and Indian Health systems to minimize costly duplication and ensure cost conscious, integrated, and coordinated high quality Mental Health Care for the increasing numbers of enrolled veterans. VA Medical Centers should insure relationships are developed with local boards or organizations coordinating these activities in each community they serve.
4. If you have any questions, please contact Patricia Hayes, Ph.D., Women's Health Program Manager, VA Pittsburgh Health Care System, and liaison to the Mental Health Action Agenda Steering Committee at. 412.688.6289 or John E. Barilich, MSW, MBA, Mental Health Strategic Healthcare Group at 202-273-7322.


Jonathan B. Perlin, MD, PhD, MHSA, F.A.C.P.

Attachments

VA FORM
MAY 1999

APPENDIX K – COMMUNITY BASED READJUSTMENT PROGRAM For American Indian Veterans Who Served in Iraq and Afghanistan

Objective: The Veterans Health Administration (VHA) and the Indian Health Service (IHS) propose a partnership for community based outreach programs that help the reintegration and readjustment of returning Operations Iraqi Freedom and Enduring Freedom (OIF/OEF) American Indian /Alaska Native service members/veterans to their families and communities. The objective is to develop and promote a community health model that helps to re-integrate returning veterans and address emerging symptoms of adjustment reactions, traumatic stress, Post Traumatic Stress Disorder (PTSD), with an emphasis on recovery.

VHA (including a team of VA Medical center, Vet Center and Network staff) and IHS propose to partner with Indian Communities in the development of the program, materials, and activities. The program will also include education for local VA, IHS and Tribal clinical staff on special health care concerns following combat exposure; and training for VHA staff on cultural and spiritual needs of AI/AN veteran patient. In each site, Tribal members and Urban Indian program staff will co-lead these efforts and determine the content of the program.

Background: Exposure to trauma, including exposure to combat, family violence and sexual trauma, is a common characteristic of the populations served by the IHS and VHA. As a result, health conditions associated with exposure to trauma are observed frequently in veterans and AI/AN. PTSD is the primary diagnosis associated with exposure to trauma and is commonly observed in association with other co-morbid conditions such as alcohol use disorder, depression and suicide.

The current deployment in Iraq and Afghanistan and the subsequent return of military personnel to Tribal communities can have an impact on the community as a whole. Reintegration and adjustment to civilian life can be a difficult process for individuals, families and close-knit communities.

Implementation: A set of generic outreach materials for service members and families have been prepared by a joint VA/IHS workgroup, for culturally appropriate adaptation by the Tribal communities. A VHA developed clinical guide “Post Traumatic Stress Disorder: Implications for Primary Care” is also available for use by community based providers. Based on the design and structure of the intervention program, the partners will determine, with appropriate consultation, any agreements that need to be executed. The agreements can include an MOU, sharing agreement or contract which specifies the obligation and responsibilities of each partner organization.

Summary: To intervene now, when veterans are just returning home, provides an opportunity to prevent these new veterans from developing long-term health problems, including PTSD. At the same time, by working together and with the community, VHA and IHS can help community members develop skills to identify problems early and help prevent the development of PTSD.

Questions for Tribal Communities

- ✿ Is the Tribe/Community interested and willing to partner with VHA and IHS and pilot the behavioral health initiative?
- ✿ How many Tribal members have returned from service?
- ✿ What efforts are underway to support veterans' reintegration into the Tribal community? Do you have Tribal members who are currently providing support? What resources are readily available in the community? Is the local health facility and providers prepared to help recognize and support readjustment reactions? Are community leaders (both elected officials as well as natural community leaders) prepared to recognize and support readjustment reactions?
- ✿ Is there any type of Tribal recognition program for returning veterans
- ✿ Next steps?

Welcome Home!

Insert
own
Picture

Your Program Name

Hold For Picture

VA Medical Center Name

Vet Center Name

VA Benefits Office

IHS Facility Name

Tribal Clinic Name

Purpose/Mission of Your Program

Outreach Contacts

List Names/Contact #s:

- GWOT Vet Center Outreach Specialist
- VA Medical Center POC
- VA Benefits Office POC
- Tribal Veterans Service Officer POC
- IHS POC

Service Locations

- VA Medical Center
- Vet Center
- Tribal Clinic
- IHS Center

Services Offered

- Vet Center
 - A safe place to talk; Confidentiality
 - Counselors who have experienced combat themselves
- VA - Outpatient & Inpatient health care services
- Tribal clinic –
- VA Benefits Office – Compensation & Pension

Vet Center Services

- Individual Counseling
- Group Counseling
- Sexual Trauma Counseling
- Marital/Family Counseling
- Bereavement Counseling
- Drug and Alcohol Counseling
- Employment Guidance
- Liaison with the VA
- Benefits Assistance
- Community Education

The United States is a long way from
Baghdad, Kandahar, An Najaf or
Fallujah...



Home does not look the
same... (insert own picture)



Sound the same... (insert own picture)



Or even smell the same! (insert own picture)



In a time of war,
many images may
remain with us...





FACTS

- 86% received artillery fire.
- 93% were shot at with small arms.
- 77% fired at the enemy.
- 95% saw dead bodies or remains.
- 89% were attacked or ambushed.
- 86% know a troop injured or killed.
- 65% saw dead or injured American.
- 69% saw injured women/children and were unable to help.

-- These numbers correspond in part to a study in the *New England Journal of Medicine* and pertain to service members in Iraq. The report was published on 1 July 2004.

Then we finally
come home.



- Insert local home picture

And face the
challenge of
transition and
readjustment.

Readjustment is a stressful situation and is normal.

Some veterans may experience...

Marriage, relationship problems	Medical issues	Financial hardships
Endless questions from family and friends	Guilt, shame, anger	Lack of structure
Feelings of isolation	Nightmares, sleeplessness	Lack of motivation, forgetfulness

Post Traumatic Stress

- Post traumatic stress is a normal set of reactions to a trauma such as war or sexual trauma, which could be experienced by almost anyone.
- Sometimes it becomes a problem with the passage of time when the feelings or issues related to the trauma are not dealt with and become persistent or severe.
- This can result in problems readjusting to community life following the trauma. A delayed stress reaction may surface after many years.

What prevents us from
seeking help when it is
needed?

EXCUSES

- "I'm too embarrassed and I don't want people to think I am crazy."

Describe how your program addresses these barriers:

- “It’s probably not something I can afford.”
- “I can’t get time off from work.”



Describe how your
program addresses these
barriers:

Describe how your
program addresses these
barriers:



- “Will it affect my career or military standing?”

Describe how your program addresses these barriers:

Here is where to get help

- Call (insert name) at (insert number)
- For more information on the web, you can access:
 - Vet Centers at www.va.gov/rcs
 - VA at www.va.gov
 - IHS at www.ihs.gov

Adapted from the Department of Veterans Affairs Readjustment
Counseling Service / Vet Centers GWOT Outreach Toolkit

Returning Veterans Seeking Help



Does this sound like you, a family member, or a friend?

- I feel like the terrible event is happening all over again.
- I have nightmares and scary memories of the event
- I stay away from places that remind me of the event.
- I jump and feel very upset when something happens without warning.
- I have a hard time trusting or feeling close to other people.
- I get mad very easily.
- I feel guilty because others died and I lived.
- I have trouble sleeping and my muscles are tense.

If you checked any of the boxes, you may have Post-Traumatic Stress Disorder (PTSD). It is time to seek help.

What can I do to help myself?

- ❖ Contact your doctor or ask friends if they can recommend any mental health providers. With professional help and support you can overcome these problems.

 - ❖ Contact your spiritual leaders and community/Tribal mental health support network
-

What can I do to help myself?

- ❖ Talk to your doctor/counselor/Vet Center/Spiritual Leader [TBD] about the event and your feelings
 - Tell your doctor if you have scary memories, depression, trouble sleeping or anger. Tell your doctor if these problems keep you from doing everyday things and living your life.

 - ❖ You have many options to choose from: support groups, anger management classes, your spiritual Tribal leader, healing ceremonies....
-

What can a doctor or counselor do to help me?

- ❖ There are treatments including medications that can help people reclaim their lives.
 - ❖ A doctor may give you medicine to help you feel less afraid and tense. But it may take a few weeks for the medicine to work.
 - ❖ Talking to a specially trained doctor or counselor helps many people with PTSD. Therapy can help you work through your experiences.
 - ❖ You want to be healthy and your family wants and needs that, too.
-

Remember

- ❖ Although you may feel overwhelmed by symptoms, it is important to remember that there are other positive aspects of your life.
 - ❖ You still have your strengths, interests, commitments, relationships with others, past experiences that were not traumatic, and continuing hopes for the future.
-

You can get help now!

- ❖ VA'S Vet Centers offer free, confidential, counseling and referral services for veterans and families. The counselors, men and women, understand military service and many are veterans themselves
 - ❖ Vet Centers seek out veterans suffering life readjustment problems related to their military experiences, or as a result of sexual assault/harassment occurring while on active duty
-

Vet Center Services

- ❖ Individual Counseling
 - ❖ Group Counseling
 - ❖ Marital & Family Counseling
 - ❖ Assistance in applying for VA Benefits
 - ❖ Medical Referral/Liaison with VA Medical Center
 - ❖ Employment Referral
 - ❖ Information & Referral to Community Resources
 - ❖ Sexual Trauma counseling & referral
-

Tribal Health or Community Services

❖ TBD

Important Telephone Numbers to Contact

❖ TBD

Adapted from www.NIMH.nih.gov/publicat/index.cfm ;
www.ncptsd.org/facts/treatments/fs_seeking_help.html
; Department of Veterans Affairs Readjustment
Counseling Service / Vet Center

RETURNING HOME AND REINTEGRATION

Whether you're a reservist, National Guard or full-time military person, your return from war means the embrace of family and friends, and resuming of your everyday life. Even before the rejoicing over your safe return ends, you'll be trying to find your way back to what's normal again.

If you feel overwhelmed by your homecoming and are having trouble coping with adjustment, seek help. It's not a sign of weakness. Many normal, healthy people occasionally need help in handling tough challenges in their lives.

Knowing what to expect and how to deal with changes can make homecoming more enjoyable and less stressful.

Here are some tips to help you through this time of transition:

- ✿ **Take time to get reacquainted.** Reunion after your deployment is a major event for the people in your life - maybe even bigger than the separation. In fact, research shows that reunions can cause more stress in people's lives than deployment. The stress comes from the changes that have taken place at home and in your community and concern for what life will now be like.
- ✿ **Spend time with family and friends.** For months, the people closest to you have been living with the fear of losing you. Make a special effort to spend time with them or, if they are away, call often to support and reassure them. Accept that your partner and loved ones may have changed or seem different.

- o It is normal to feel nervous and anxious about homecoming. Your children may be unsure of what to expect from you.

- * **Go slowly.** Take time to ease back into your routine. Don't try to make up for lost time. Consider putting off major changes or decisions until you've had plenty of time to readjust.
- * **Communicate.** Talking with a trusted relative, friend, and spiritual leaders about your experiences and what you are feeling can help relieve stress. Talking with others who were deployed and/or counselors trained in stress reactions is very important.
- * **Take care of yourself. Take time for yourself.** Get plenty of rest and exercise, eat properly, and avoid drugs and excessive drinking.
- * **Start the rebuilding process together.** Do it as a family. Some things will have changed at home while you were gone. Be patient and try to understand and adjust. Things will change with the people you've lived and worked with prior to deployment.
- * **Expect something of a letdown.** Life at home does not have the edge and adrenaline associated with wartime duty, which may lead to letdown, disappointment and difficulty adjusting. Most, if not all, service members experience it. It is perfectly normal to feel this way. Occasionally the letdown can become a more serious problem that requires professional assistance.
- * **Seek help.** It's not a sign of weakness. Many healthy people occasionally need help in handling tough challenges in their lives. Keep your relationship strong by getting the help you need.

HOW TO GET HELP

-Insert Local Contact Numbers

HELP FOR SERVICE MEMBERS

Adapted from Department of Defense “Coming Home” – A Guide for Parents, Extended Family Members or Friends of Service Members Returning from Mobilization/Deployment; www.NMHA.org/reassurance/Cominghome/backtonorma.cfm; www.NMHA.org/reassurance/ongoingoperationsfamilies.cfm; www.nmha.org/reassurance/cominghome/couple.cfm; and www.chapnet.army.mil/DMI/redeployment/servicemembers; Department of Veterans Affairs Readjustment Counseling Service / Vet Centers Outreach materials

RETURNING TO YOUR JOB

For some reservists or members of the National Guard, returning to work can be a tough transition after being away from your job for an extended period of time. Here are some tips to ease your readjustment back to work:

- ✿ **Contact your supervisor.** Talk about how your job responsibilities were handled while you were gone and any changes that may have occurred. Find out if an employee assistance program (EAP) is available to help you.
- ✿ **Ease into your return to work.** Communicate with your supervisor and co-workers while focusing on being patient and accepting of recent changes. While you were gone, some of your co-workers may have taken on some of your responsibilities and they may feel resentful or angry when you return.
- ✿ **Communicate.** Talk to others, particularly other reservists/NGs who went through the same process and who share similar experiences; this may help reduce your stress and realize that others share similar feelings.
- ✿ **Take care of yourself - Body, Mind, and Spirit.**
Take time for yourself. Get plenty of rest and exercise, eat well, and avoid drugs and excessive drinking.
- ✿ **Know your rights.** Those in the reserve forces of the Army, Marines, Navy, Air Force, Coast Guard, National Guard, and Public Health Service Commissioned Corp have rights under the federal Uniformed Services Employment and Re-employment Rights Act (USERRA). Contact ESRG for assistance in understanding your rights.

✱ **Seek Help.** If the transition being home proves difficult and you are having problems at home or at work, help is available to you. Many healthy people occasionally need help in handling tough challenges in their lives. Many branches of service offer transitional assistance programs; employee assistance programs may be available from your employer; professional help is available from VA, Vet Centers, IHS Health Clinic, and the Tribal Centers....

HOW TO GET HELP

Insert Local Contact Numbers

TIPS FOR MANAGING STRESS

- ✱ **Talk with fellow veterans, spiritual leaders, family and friends who are supportive and have similar experiences.** Don't withdraw or isolate. Stay connected. You are not alone. Others can help you.
- ✱ **Take Care of yourself.** Exercise and eat right. Avoid excessive alcohol. Get plenty of rest. Slow down.
- ✱ **Don't focus on the uncontrollable.** Do something outside your normal routine and fun to lighten feelings of gloom and doom.
- ✱ **Share your time, talent and support with others.** Strength comes from community.
- ✱ **Reach out to others if you feel overwhelmed.** Stress can increase anger; physical complaints, and anxiety and health problems. Don't try to hide. Call for help to talk about your reactions.
- ✱ **Find activities you enjoy and find relaxing. Be kind to yourself.**
- ✱ **Take care of your children.** Acknowledge their worries and fears. Maintain your family routines.
- ✱ **Seek professional help for depression, uncontrollable anxiety, and health problems.**

If your family member continues to carry out missions in Iraq, Afghanistan and elsewhere, families, friends and significant others continue

to experience varying amounts of worry and fear. This stress can be due to concerns about a loved one's safety, financial hardships, the challenges of coping as a single parent, or simply missing a partner.

During a stressful time, some people will maintain their routines to achieve a sense of control and to distract themselves, and others will have difficulty focusing for some time. Both reactions are common responses to this situation.

HOW TO GET HELP

-Insert Local Contact Numbers

RETURNING HOME AND REINTEGRATION

As a parent, family member or friend of an Active Duty, National Guard or Reserve service member, who is just coming home or arriving soon, you may be feeling many mixed emotions about the homecoming. Just the separation from your loved one will require some period of natural adjustment. When the separation is compounded by the war trauma stress experienced by your loved one, you may find that professional help is needed. This tip sheet provides some helpful ideas in ensuring a successful homecoming and readjustment.

When family members constantly feel anxious, worried, and angry or depressed about their loved one who experienced post traumatic stress, they are more likely to develop a variety of health problems. Habits such as drinking, smoking and not exercising may worsen as a result of coping with a loved one's trauma responses.

Knowing what to expect and how to deal with changes can make homecoming more enjoyable and less stressful.

Here are some tips to help you through this time of transition:

✱ **Take time to get reacquainted.** Reestablishing relationships will take some time. The reunion is a major event for the people in your life - maybe even bigger than the separation. In fact, research shows that reunions can cause more stress in people's lives than deployment. The stress comes from the changes that have taken place at home and in your community and concern for what life will now be like.

Adapted from Department of Defense "Coming Home" - A Guide for Parents, Extended Family Members or Friends of Service Members Returning from Mobilization/Deployment; www.NMHA.org/reassurance/Cominghome/backtonorma.cfm; www.NMHA.org/reassurance/ongoingoperationsfamilies.cfm; www.nmha.org/reassurance/cominghome/couple.cfm; and www.chapnet.army.mil/DMI/redeployment/servicemembers; Department of Veterans Affairs Readjustment Counseling Service / Vet Center Outreach materials

- ✿ **It's normal to feel nervous and anxious.** Plan for the homecoming day. **Communicate.** Talk with your family member about his/her wartime experiences. Communicate your love and concern. Talk to others, particularly those who share similar experiences; you will reduce your stress and realize that others share your feelings.
- ✿ **Expect things to be different.** Take time to understand how your family member has changed and how your family unit is changing again. Be prepared and flexible.
- ✿ **Go slowly.** Take time to ease back into your routine. Don't try to make up for lost time. Consider putting off major decisions until your family has had plenty of time to readjust.
- ✿ **Take care of yourself.** Get plenty of rest and exercise, eat properly, and avoid drugs and excessive drinking. Participate in activities you find relaxing. Be kind to yourself.
- ✿ **Seek help when you feel it is needed.** Family members should get help even if their service member chooses not to seek treatment. It's not a sign of weakness. Many healthy people occasionally need help in handling tough challenges in their lives. Keep your relationship strong by getting the help you need.

HOW TO GET HELP

- **Insert Local Contact Numbers**

Adapted from Department of Defense "Coming Home" – A Guide for Parents, Extended Family Members or Friends of Service Members Returning from Mobilization/Deployment; www.NMHA.org/reassurance/Cominghome/backtonorma.cfm; www.NMHA.org/reassurance/ongoingoperationsfamilies.cfm; www.nmha.org/reassurance/cominghome/couple.cfm; and www.chapnet.army.mil/DMI/redeployment/servicemembers; Department of Veterans Affairs Readjustment Counseling Service / Vet Center Outreach materials

POST-TRAUMATIC STRESS

Post Traumatic Stress (PTS) is a normal set of reactions to a trauma such as war, which could be experienced by almost anyone. Rarely, if severe, it can become an illness or disorder called PTSD with the passage of time when feelings or issues related to the trauma are not dealt with, but are suppressed. This can result in problems readjusting to community life following the trauma.

WHAT ARE THE COMMON EFFECTS OF TRAUMA?

People who are exposed to trauma commonly re-experience their traumas by experiencing the same mental, emotional, and physical experiences that occurred during or just after the events. Trauma delayed stress reaction may include some or all of the following problems:

- * Anger, irritability, and rage
- * Feeling nervous
- * Chronic Depression
- * Difficulty trusting others
- * Feeling guilt over acts committed or witnessed the failure to prevent certain events, or having survived while others did not.
- * Hyper-alertness and startle reactions
- * Feeling grief or sadness
- * Having thoughts and memories that will not go away
- * Isolation and alienation from others
- * Sexual problems
- * Loss of interest in pleasurable activities
- * Low tolerance to stress
- * Problems with authority
- * Nightmares
- * Alcohol and / or drug abuse
- * Trouble sleeping
- * Anxiety reactions
- * Paranoia
- * Suicidal thoughts

**POST-TRAUMATIC STRESS DISORDER
(PTSD)**

It's not your fault or a weakness if you have this illness, and you don't have to suffer. PTSD is a real illness that can be effectively treated. Because most people exposed to trauma are not familiar with how trauma affects people, they often have trouble understanding what is happening to them. They may turn away from friends and family.

HOW DO TRAUMATIC EXPERIENCES AFFECT PEOPLE?

For some people, PTSD may start within months of the traumatic event. For some people, signs of PTSD don't show up until years later.

Traumatic experiences that happen to one member of a family can affect other individuals in the family unit. Some reactions from family members can include sympathy, depression, fear and worry, avoidance, guilt and shame, anger, negative feelings, drug and alcohol abuse, sleep problems, and other health problems.

COPING WITH PTSD

Because symptoms rarely disappear completely, it is usually a continuing challenge to cope with PTSD symptoms and the problems they cause. Survivors often learn through treatment how to cope more effectively.

RECOVERY from PTSD is an ongoing, daily, gradual process. Healing doesn't mean that a person exposed to trauma will forget war experiences or have no emotional pain when remembering them. Some level of continuing reaction to memories is normal and reflects a normal body and mind. Recovery may lead to fewer reactions and reactions that are less intense. It may also lead to greater ability to manage trauma-related emotions and to greater confidence in one's ability to cope.

HOW TO GET HELP

-Insert Local Contact Numbers

APPENDIX L – DIABETES PREVENTION

ISSUE BRIEF

Diabetes Prevention for AI/AN Veterans

ISSUE

This issue brief describes the Diabetes prevention initiative developed in response to the Memorandum of Understanding (MOU) between the Indian Health Service (IHS) and Veterans Health Administration (VHA) to advance the health of American Indian and Alaska Native (AI/AN) veterans. Three programs have been funded: VA San Diego Health Care System, VA Greater Los Angeles Health Care System, and New Mexico VA Healthcare System.

BACKGROUND

In February 2003, the Department of Veterans Affairs and Health and Human Services signed a Memorandum of Understanding to advance the health of AI/AN veterans through partnership and sharing activities between the VHA and IHS. Among other specific objectives, the agreement states that the two Departments will work to “improve health promotion and disease prevention services to American Indians and Alaska Natives.” The Diabetes prevention initiative described herein is one of the efforts developed to address this objective. The program was designed to target AI/AN veterans residing in urban areas where the population is relatively under-served by the IHS.

PROGRAM SUMMARY

The Diabetes Prevention initiative is designed to:

- 1) Prevent the development and progression of diabetes by promoting better dietary choices and increased regular exercise;
- 2) Address the needs of AI/AN veterans by providing evidence-based, culturally appropriate prevention programs;
- 3) Utilize community linkages to encourage long-term behavior changes and to sustain the programs’ prevention activities;
- 4) Create long-lasting partnerships between the VHA and the IHS, Tribal, or Urban Indian Health programs.

The following programs were funded for FY2005.

New Mexico VA Health Care System (NMVAHCS)

(Year 1= \$62,500; Year 2=\$50,000)

The NMVAHCS is working with the Albuquerque Indian Health Center and the Albuquerque IHS to adapt proven lifestyle modification education programs (Diabetes Prevention Program (DPP) and VHA MOVE!) for use with AI/AN veterans. The core of the program is a 24-week nutrition and exercise program with continuing monthly maintenance activities led by community based peer mentors. The partner organization

will provide cultural expertise in the teaching of the curriculum and will assist with recruitment through IHS patient lists, posting flyers, and advertising. The goal is to have 100 veterans and their families complete the program and achieve measurable improvements in indicators of pre-diabetes.

VA San Diego Healthcare System (VASDHCS)

(Year 1= \$62,500; Year 2=\$50,000)

VASDHCS will build on existing diabetes prevention programs at VHA in partnership with the Indian Health Council (an Urban Indian Program) in Valley, CA.

The partners will work together to;

- 1) Adapt existing lifestyle change program to the local AI/AN population;
- 2) Identify and train community leaders to lead these programs for their neighbors, family, and friends.

The program will be overseen by a joint council. Its success will be measured by tracking pre-diabetes health indicators in participants over time.

VA Greater Los Angeles Healthcare System (VAGLAHCS)

(Year 1= \$60,000; Year 2=\$50,000)

The VAGLAHCS will be working with four urban Indian health clinics (the United American Indian Involvement, the American Indian Health Project in Bakersfield, CA, the Santa Ynez Tribal Health Clinic in Santa Ynez, CA, and the American Indian Health & Services Corporation) to optimize programs currently available at those sites. The prevention programs at the four urban clinics receive funding support from the IHS special diabetes program. Staff at the VAGLAHCS will establish a health care improvement learning collaborative to assist these programs to learn from one another, incorporate culturally specific elements into the program, and maximize the effectiveness of the prevention program over a 24 month period. Improvements in health factors such as body weight, BMI, waist circumference, new onset of diabetes mellitus, fasting plasma lipids and lipoproteins, and fasting glucose levels will be assessed and compared between groups undergoing standard interventions (before improvement) and those participating in the improved programs.

APPENDIX M – INFORMATION TECHNOLOGY WORKPLAN

GOAL	INITIATIVE	ACTION
1. Adopt a common core of infrastructure and applications	Develop consensus on definition of "core" and implications for IHS.	Discussion ongoing
	Establish operational mechanism for maintaining common core	Discussion ongoing
2. Support IHS review of the HealtheVet technology / architecture	Provide IHS with information on the HealtheVet Vista migration.	Complete
	Establish formal communication between IHS staff and VHA staff responsible for planning and implementation of HealtheVet VistA migration.	Ongoing membership by IHS on APW: Working to establish regular communication with HVV migration group.
	Provide IHS with concept papers, developer guidance, and tool kit for application development.	Occuring on an ongoing basis.
	Mentor development of at least a demonstration-level application.	Demo Target July 2006
3. Strengthen, standardize and implement institutional mechanism to support IHS adoption / continued use of VistA applications	Develop and deliver a mechanism for tailoring core applications for use in non-VHA settings.	Deferred to HVV migration
4. Strengthen IT sharing partnership	Revise and renew existing VHA-IHS IT sharing MOU.	Complete
	Establish interconnection security agreement to allow IHS behind VHA firewall	Complete

	Implement a collaboration platform for project management, support of workgroup activities, and hosting of information on field sharing initiatives.	Complete
5. Support IHS re-use of specific VHA clinical IT products	VistA Imaging: Assist IHS with obtaining and deploying VistA Imaging.	Materials and information provided. Deployment agreement under discussion.
	MPI: Assist IHS assessing and testing Master Patient Index (MPI).	IHS planning to assess and test MPI – due Q4 2006
	Current VistA clinical applications: Develop strategy for inclusion of high priority / high-frequency changes into current applications.	Strategy under discussion
	Current VistA clinical applications: Incorporate IHS PCC files in future VistA releases as ""silent"" content.	Basis established to implement, planned for 2006.

APPENDIX N –NATIVE AMERICAN PRACTITIONERS



DEPARTMENT OF VETERANS AFFAIRS VETERANS HEALTH ADMINISTRATION NATIONAL CHAPLAIN CENTER



CHAPLAIN SERVICE GUIDELINES CONCERNING NATIVE AMERICAN INDIAN/ ALASKAN NATIVE TRADITIONAL PRACTITIONERS

POLICY:

42 U.S.C. § 1996 states: “It shall be the policy of the United States to protect and preserve for American Indians their inherent right of freedom to believe, express, and exercise the traditional religions of the American Indian, Eskimo, Aleut, and Native Hawaiians, including but not limited to access to sites, use and possession of sacred objects, and the freedom to worship through ceremonials and traditional rites.” This Chaplain Service policy provides guidelines for the utilization of Native American Indian Traditional Practitioners (hereinafter referred to as “Traditional Practitioners”) within the Veterans Health Administration (VHA) Chaplain Service.

PURPOSE:

Native American Indian traditional practices seek to restore a healing balance to the mind, body, heart and spirit. The purpose of this policy is to ensure that veteran patients who express an interest in these traditional practices are provided opportunities for free exercise of religion and receive spiritual health care services that are accessible and culturally appropriate. Services are to be coordinated under the auspices of the local Chaplain service.

PROCEDURE:

1. Through spiritual assessment, an employed chaplain will identify veteran patients who request Native American Indian traditional practices as their preference for spiritual care.
2. The National Chaplain Center will obtain a list of federal- or state-registered Tribes. Traditional Practitioners will be recognized and authorized by the Tribes to provide ceremonial rites and traditions to interested veteran patients.

3. Local Chaplain Services will, in consultation with the National Chaplain Center and the local Native Coordinator, Native American Indian Special Emphasis Program (NAISEP) Manager (Office of Equal Employment Opportunity), or the Minority Veteran Coordinator (MVC), maintain a roster of community Traditional Practitioners whose authorization is verified by listed Tribes to provide Traditional practices to veteran patients who request such ceremonies and rites. A sample verification letter is attached.
4. Local Native Coordinators/NAISEP Managers will serve as advisors to local Chaplain Services in matters of Native American Indian culture.
5. The Chaplain will refer the Traditional Practitioner to the interested veteran patient to provide traditional practices after consulting with the primary care physician to assure that the patient's participation in traditional practices will not endanger his or her health. In certain instances, the primary care physician may need to sign a medical clearance order for a patient to participate in traditional practices.
6. Every effort will be made to honor specific requests of veterans since traditions and native ceremonies vary from tribe to tribe.
7. The Chaplain may find that a veteran patient expressing a preference for Native American traditional practices also identifies with another religious faith group. The Chaplain may facilitate ministry—both religious and Native American Indian traditional practices—to the veteran patient in accordance with the findings of the Chaplain's spiritual assessment.
8. Traditional Practitioners are recognized by listed Tribes as having tribal authority to provide ceremonial rites and traditions to interested veteran patients. Verification of this authority from the representative's Tribe must be sent to the Director, Chaplain Service, who will forward the verification to the facility Director. If a veteran patient requests traditional ceremonies and rites by a Traditional Practitioner from a non-listed Tribe, a referral will be made to the local Native Coordinator/NAISEP Manager.
9. Traditional Practitioners are not chaplains and are not required to fulfill Chaplain Qualification Standards in VHA Handbook 5005 Part II, Appendix F1. This ministry is an augmentation to spiritual care provided by employed chaplains. Traditional Practitioners will function with the guidance of an employed chaplain. Traditional Practitioners are guided by the policies of the facility and by the provisions of VHA Handbook XXXX.X, "Spiritual And Pastoral Care Procedures."
10. Chaplain Service at each facility, in collaboration with local Native Coordinators/NAISEP Managers, is responsible for orienting Traditional Practitioners to facility and Chaplain Service policies. Local Chaplain Services will document orientation and training of Traditional Practitioners.

11. Traditional Practitioners whose authorization has been verified by listed Tribes may be compensated for the specific services they provide on a fee-basis or by contract.
12. Traditional practices may include but are not limited to purification and/or sweat lodge ceremonies, formal healing ceremonies, talking circles, vision quests, songs, stories, and teachings, one-to-one visitations of interested veterans, meditation, and other rites and ceremonies based on Tribal traditions. Local Chaplain Services will devise procedures for documenting visits by Traditional Practitioners to veteran patients.
13. Utilization of purification and/or sweat lodges will be at the discretion of each Medical Center facility depending on the needs of the interested veterans. Interested veterans with medical clearance may participate. A Traditional Practitioner will conduct this ceremony when needed.
14. Each Medical Center should have an area that may or may not be designated exclusively for Native American Indian services. This area must be private and secured from random intrusion by general onlookers. Alternatively, traditional practices may be conducted at the patient's bedside as appropriate. The Medical Center also may arrange to transport interested veteran patients to community-based Centers that provide Native American practices and rituals.

**SAMPLE NATIVE AMERICAN INDIAN TRADITIONAL PRACTITIONER
TRIBAL AUTHORIZATION**

Date:

From: (name/title and tribe of verifying official)

To: Director, Department of Veterans Affairs Chaplain Service

Subj:

1. I verify that (name) ___ is authorized by the _____ Tribe to perform traditional rites and ceremonies in Veterans Health Administration Medical Centers.

2. I understand that this individual will be subject to federal and VA laws and policies while at the health care facility. I also understand that VA has the right to limit or prohibit any practices that it deems dangerous to the health or safety of patients.

Signature of designated Tribe official

Address _____