Opening Remarks for RADM Weahkee
Direct Service Tribes Advisory Committee
March 12, 2019, 9:00 a.m. | Arlington, VA

Remarks as prepared

Good morning. I appreciate the opportunity to speak with you and share some updates about the ongoing work at IHS headquarters and around the country. I want to thank you all for travelling to D.C. this week to attend this important meeting.

IHS remains strongly committed to working with tribes, tribal organizations, and urban Indian organizations. We believe in the unique government-to-government relationship with tribal governments and are committed to regular and meaningful consultation and collaboration. Advisory committees such as this are a major component of that relationship. These partnerships are critical to our success. The conversations we have here, along with the feedback you provide, are very important.

I would like to extend my thanks and gratitude to Nick Barton for his leadership of the Direct Service Tribal Advisory Committee. This committee is a key partner in our continued advocacy and the support and recommendations on Indian health policy has impacted the delivery of health care throughout Indian country. I

would also like to thank Office of Direct Service and Contracting Tribes Director, Roselyn Tso and her staff for their support of direct service tribes.

As you all know, the IHS has now received appropriations for the rest of fiscal year 2019. The total discretionary budget authority for IHS is 5.8 billion dollars, which is a 266 million dollar increase. This budget includes welcome increases for tribal clinic operational costs, tribes that have recently received federal recognition, opioid response, urban Indian health, Indian Health Professions, and contract support costs. You will hear more details about the budget and some important changes from Ann Church later this morning.

With our budget now in place, I'm pleased to tell you that we released the Indian Health Service Strategic Plan for fiscal year 2019-2023 on February 27th. The Strategic Plan will improve the management and administration of the IHS and sets the strategic direction of the agency over the next 5 years.

We remain committed to improving health care service delivery and enhancing critical public health services throughout the health system to strengthen the health status of American Indian and Alaska Native people. The plan focuses on three strategic goals centered on access, quality, and management and operations.

The Strategic Plan is the result of collaboration with our tribal and urban Indian organization partners who offered their feedback and expertise. We began the strategic planning process by initiating tribal consultation and urban confer in

2017. The final plan reflects the feedback received from tribes, tribal organizations, urban Indian organizations, IHS staff and other stakeholders. This collaborative effort supports our critical work in providing a comprehensive health care service delivery system. We are excited about what we will achieve together to improve the health of American Indians and Alaska Natives.

To guide our ongoing quality improvement efforts, in December we announced the new IHS Office of Quality, which will strengthen the Agency's ongoing efforts to ensure the delivery of quality health care at federally operated facilities serving American Indian and Alaska Native people. The Office of Quality will provide leadership and promote consistency in health care quality across the Agency by consolidating and enhancing oversight of these efforts at IHS Headquarters. The plan to create the new office was developed in consultation with the Indian tribes served by IHS to maximize our quality improvement efforts and integrate quality in a collaborative and organized manner across the entire IHS.

We are also doing work nationally to focus on the HIV epidemic across the U.S. The '*Ending the HIV Epidemic: A Plan for America*' initiative was announced during the president's State of the Union Address.

In partnership with American Indian and Alaska Native communities, we can end the HIV epidemic in Indian Country by strategically focusing our efforts on communities most impacted. With the resources and tools we have available today, we have an unprecedented opportunity to make a real difference in

reducing HIV transmission. Along with NIH, CDC, and HRSA, IHS is a key part of this HHS effort.

I look forward to joining my colleagues from these agencies on Thursday to speak at a meeting of the Presidential Advisory Council on HIV/AIDS. The council will be discussing recommendations regarding programs, policies, and research to promote effective, prevention, treatment and cure of HIV disease and AID.

As with any new initiative, we will engage in tribal consultation and urban confer to seek input and work together on implementation and decisions that have an impact to tribes and urban Indian organizations. Rick Haverkate will provide more information on this bold new initiative this afternoon.

One last health topic I want to mention is kidney disease. This is National Kidney Month, a time to raise awareness about the prevention and early detection of kidney disease. Diabetes, which disproportionately affects many tribal communities, is a significant factor in kidney disease. Last year, IHS and CDC reported a 54 percent decrease in the rate of new cases of end stage renal disease among American Indian and Alaska Native people with diabetes, while national data showed an increase in kidney failure in other populations. This decrease was associated with population-based approach like that supported by the Special Diabetes Program for Indians. This amazing progress shows what we tribal communities and IHS can do through partnership and collaboration.

In early February, the Administration for Native Americans Commissioner Jeannie Hovland and I convened the first HHS Intradepartmental Council on Native American Affairs meeting under the current administration. Authorized by the Native American Programs Act of 1974, as amended, Commissioner Hovland serves as chair and I serve as vice-chair of the committee comprised of HHS Operating Division and Staff Division senior officials.

The committee focuses on strategies, priorities, and recommendations on new partnerships and intradepartmental collaboration relating to American Indians, Alaska Natives, and other indigenous populations. During the first meeting, we discussed plans to update the council's 2005 Charter and identified possible areas of collaboration, including the president's HIV initiative, tobacco cessation, drug pricing, and value-based care. This is an exciting first step in broadening our partnership throughout the department and to other federal agencies.

I want to take this opportunity to also talk about an important issue to all of us at IHS. Regarding the recent media reports on patient abuse by a former IHS employee, we have taken every opportunity to speak with our tribal and urban partners, as well as our federal employees, about how this conduct is unacceptable and will absolutely not be tolerated at IHS.

I recently visited the Blackfeet Nation in Montana, where I and other senior IHS leaders met with Chairman Tim Davis and the tribal council. The IHS Blackfeet Community Hospital also hosted a community meeting with tribal leaders, IHS staff, and school, social service, health, and judicial representatives to discuss

collaboration among agencies and leaders in order to better serve the community. We appreciate our close relationship with the tribe, and look forward to working in partnership with the Blackfeet community.

As I shared in a letter to tribal leaders in September 2018, I can promise you that IHS will continue our efforts to ensure safe and quality care for our patients. We are committed to doing whatever it takes and will continue to work closely with our tribal and urban Indian partners in transforming health care for the American Indians and Alaska Natives across the country.

Last month we posted a Request for Proposal for an outside organization to conduct a medical quality assurance review that will examine whether laws, policies, and procedures have been followed with regard to protecting patients from sexual abuse by health care providers, and to identify any further improvements IHS can implement to better protect both patients and staff. This step is one aspect of the agency's ongoing efforts to improve and sustain the culture of care throughout the IHS.

HHS Secretary Alex Azar has also directed the HHS Office of the Inspector General to conduct a review focusing on the effectiveness of the policies the agency has implemented to handle abuse allegations.

Other steps include agency policies that are being put into place to provide more stringent professional standards. The implementation of a new centralized credentialing system is helping us share information on clinician qualifications and

practice history across IHS. We are also issuing new guidance to help employees identify and respond to suspected child abuse, and our guidance on trauma informed care is being updated to better address violence and victimization.

IHS employees with knowledge or suspicion of abuse, are required to report this information to local law enforcement, the IHS Headquarters Division of Personnel Security and Ethics, or the HHS Office of the Inspector General. When reporting something they see or suspect, IHS employees can be confident that leadership will take the allegations seriously and without reprisal.

Lastly, I want to share a few personnel updates with you. Building and maintaining a workforce with the best health care professionals is important to all of us. We continue our efforts to recruit, develop, and retain a dedicated, competent, caring workforce to achieve the IHS mission.

I am pleased to tell you that Commander John Rael is now the director of the Office of Resource Access and Partnerships. Commander Rael is an enrolled member of the Pueblo of Isleta, and is responsible for providing direction and leadership in the areas of purchased/referred care, business office and third-party collections.

I am also happy to share that Jonathan Merrell, an enrolled member of the Delaware Tribe of Indians and the Cherokee Nation of Oklahoma by Delaware descent, is now the permanent IHS deputy director for quality health care. He had been acting in this role since March 2017.

I would also like to congratulate IHS Chief of Staff Brandon Taylor, Office of Public Health Support Director Francis Frazier, and Oklahoma City Area Office Director Travis Watts, on their promotions to the rank of Rear Admiral in the U.S. Public Health Service Commissioned Corps. With these promotions, they will also carry the title of Assistant Surgeon General and as such they are relied on to exhibit the highest caliber of public health leadership. I thank each of these officers for being highly valued members of our Indian Health Service team.

And finally, I want to inform you that Elizabeth Fowler has left her position as the deputy director for management operations. Liz, a member of the Comanche Nation with descendancy from the Eastern Band of Cherokee Indians, had served in this role since September 2014. She has taken a position in the IHS Oklahoma City Area as the Executive Officer. Liz has been an instrumental part of our headquarters team, and I am grateful for her dedicated service and commitment to the IHS mission.

Alaska Area Director Chris Mandregan is now acting deputy director for management operations.

We all want Indian programs to be successful. I am extremely proud of the commitment and successes of the IHS team working to improve our agency. We are also grateful for the partnerships we have with tribes, tribal organizations, and urban Indian organizations. Thank you again for your continued partnership and for inviting me to speak with you all today.

I am extremely grateful for the partnerships we have with the tribes. I look forward to our discussions over the next two days and as always thank you for your feedback. I truly value your opinions and advice. Thank you.