



**Remarks for RADM Weahkee  
Direct Service Tribes Advisory Committee 3<sup>rd</sup> Quarter Meeting  
April 30, 2018 | 9:00 am | Albuquerque, New Mexico**

***Remarks as prepared***

Good morning, I'm Rear Admiral Michael Weahkee, acting director of the Indian Health Service. I'm happy to be here today to speak with all of you and to provide updates on what we're working on at IHS.

Let me begin by thanking you all for having me here today, and for the work you do to promote Native health. I want to especially thank Nicolas Barton for his leadership as chairman of DSTAC.

I appreciate your continued dedication to supporting the IHS mission of raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. The conversations we have here, and the feedback you provide, are very important. I appreciate the opportunity to speak with all of you and to provide updates from the Department of Health and Human Services as well as the ongoing work at IHS Headquarters and around the country.

To start, I'd like to quickly announce new leadership positions within IHS.

You've probably heard that Miss Roselyn Tso is the new director of the Office of Direct Services and Contracting Tribes. Miss Tso officially became the director on March 4th, after serving as the acting director since August 29, 2016.

Miss Jennifer Cooper is now the director of the Office of Tribal Self-Governance. Miss Cooper officially became the director on April 1st, after serving as the acting director since October 2016. Her office provides policy analysis and development support to tribal governments and the IHS director in the evolving area of self-governance and tribal and federal government relationships.

Miss Athena Elliott is now the director of the Office of Management Services effective April 1st. Miss Elliott served as the director of that office from 2005 to 2015. Since 2015, she has served as executive advisor to the IHS director, providing subject matter expertise and advice on administrative and financial issues that support the Agency's mission and program goals.

Doctor Beverly Cotton is now the acting director of the Office of Clinical and Preventive Services. Her office aims to improve and promote wellness for American Indians and Alaska Natives by serving as the primary source of national advocacy, policy development, budget development and allocation for clinical, preventive, and public health programs for IHS, Area Offices, and Service Units. Dr. Cotton previously served as the director of the IHS Division of Behavioral Health.

I want to now give you an update on some of the work at the Department of Health and Human Services and IHS on addressing the opioid crisis.

Recently at HHS, the U.S. Surgeon General Jerome Adams, released a public health advisory to urge more Americans to carry a potentially lifesaving medication that can reverse the effects of an opioid overdose. Naloxone is already carried by many first responders, such as EMTs and police officers.

The Surgeon General is now recommending that more individuals, including family, friends and those who are personally at risk for an opioid overdose, also keep the drug on hand.

At the IHS, the National Committee on Heroin, Opioids, and Pain Efforts, also known as the HOPE Committee, recently released the Indian Health Manual Chapter 35: Prescribing and Dispensing Naloxone to First Responders. This policy requires local policies and procedures for IHS-operated pharmacies to provide naloxone to law enforcement agencies and other first responders to prevent opioid overdose deaths. Captain Rudd, the chair of the HOPE Committee, will have more to share with you during this meeting.

IHS also has a large-scale naloxone distribution effort which began in partnership with the Bureau of Indian Affairs in December 2015. The established Memorandum of Agreement requires IHS to train and equip BIA first responders in an effort to reverse opioid overdoses and save lives in the field.

As of December 2017, the IHS has trained and provided naloxone at no cost to BIA for more than 300 law enforcement officers and has certified 47 BIA law enforcement officers as naloxone trainers. In direct care facilities, IHS has also provided naloxone supplies, training and tool kits to tribal law enforcement.

As I discussed with all of you in our last meeting, the HHS Secretary has made the opioid crisis one of his top priorities. Secretary Azar announced that Doctor Brett Giroir, the Assistant Secretary for Health, will be the Senior Advisor to the Secretary for Mental Health and Opioid Policy. Dr. Giroir will be responsible for coordinating HHS's efforts across the Administration to fight America's opioid crisis. We look forward to working closely with Dr. Giroir on this issue.

On March 14, our Chief Medical Officer, Dr. Michael Toedt, provided testimony during the Senate Indian Affairs Committee oversight hearing on "Opioids in Indian Country: Beyond the Crisis to Healing the Community". We welcomed the opportunity to provide the Committee information on the work that the Indian Health Service has been doing to address the opioid crisis. During his testimony, Dr. Toedt reminded the Committee of the immense impact of the opioid crisis on American Indians and Alaska Natives.

He informed the Senate Indian Affairs Committee of the work of the HOPE Committee in working towards improving the quality of IHS care as we provide safe and effective pain management, aim to prevent opioid misuse, and improve access to culturally appropriate treatment for opioid use disorders. The HOPE Committee has

- provided training opportunities for IHS clinicians in pain management and treatment of opioid use disorders;
- supported the implementation of naloxone programs to reduce overdose deaths;
- supported improved perinatal response to opiate use;
- and reviewed and updated policies to ensure they are aligned with the most current national guidelines.

Dr. Toedt also discussed our work with tribes and other organizations to achieve our goals. IHS recognizes the importance of collaborating and consulting with tribes and working closely with our partners and stakeholders. IHS partners with its tribal advisory committees and tribal organizations to gather input on critical next steps and to develop a comprehensive plan for addressing the crisis.

IHS actively solicits feedback and works with the tribes to develop and implement models of care that are sustainable to combat the opioid crisis. We focus on treatments that are evidence-based and culturally effective that will have a significant impact on the prevention, treatment and recovery efforts. To sustain this strategy, IHS is collaborating with key stakeholders to develop viable reimbursement models for services provided, while advocating for reimbursement for traditional and culturally based practices, a critical approach to opioid recovery in tribal communities.

This comprehensive strategy will allow for a more unified approach with tribal communities and also afford IHS the time to evaluate the impact of these

interventions. IHS will continue to work with tribes to develop coordinated responses using every available resource possible to battle the opioid crisis in tribal communities.

IHS is also addressing the need to assist youth with substance use disorders including opioid dependency through twelve Youth Regional Treatment Centers. These centers provide a range of clinical services to provide treatment rooted in culturally relevant, holistic models of care. The IHS is working towards the construction of a YRTC in Northern California sometime next year.

Building on our current work and efforts to address behavioral health issues, on February 6 IHS published the Community Health Aide Program Tribal Advisory Group Charter in the IHS Indian Health Manual. The Group is comprised of tribal leaders from each of the IHS Areas.

This tribal advisory group will assist us to further explore the creation of a national Community Health Aide Program. The advisory group held its first meeting recently in Phoenix to begin developing a policy and implementation plan for community health aide expansion outside of the state of Alaska, “in the lower 48,” which could lead to greater numbers of community health aides. The efforts to develop the national program will continue and IHS intends to utilize best practices learned from the interim policy process in the national program.

I wanted to also update you on our activities in the Dental Health Program. We are currently in the planning phase of establishing a Dental Tribal Advisory

Committee, which would serve as an advisory body to the IHS Division of Oral Health and to the Director of IHS. This important group would provide guidance and recommendations on national oral health initiatives and projects, ensuring cultural competency through incorporation of tribal traditions, cultures and values. The charter is currently in internal review at IHS before it goes out for public comment.

The federal budget has been in the news a lot. The fiscal year 2018 Omnibus provides federal appropriations through the end of September. I am pleased to report that the spending bill includes \$5.5 billion for the IHS, which is an increase of \$498 million over the fiscal year 2017 enacted funding level.

Some of the increase highlights include:

- \$72 million for the Indian Health Care Improvement Fund,
- \$98 million for current services to cover the increasing cost of pay and medical inflation,
- nearly \$66 million for staffing of five newly-constructed health care facilities,
- an additional \$29 million for accreditation emergencies, and significant increases for our facilities budget lines totaling \$322 million.

Congress has also enacted legislation to provide \$150 million for each of fiscal years 2018 and 2019 for the Special Diabetes Program for Indians also known as the SDPI program. SDPI efforts have had an impact. Diabetes-related health outcomes have improved significantly in Indian communities since the inception

of the program. Congress' continued support of these funds is saving lives, improving quality of life, and reducing cost of care across Indian Country.

Our budget plays a critical role in providing for a healthier future for American Indian and Alaska Native people. Likewise, it helps us maintain the progress we have made over the years and plays a critical role in providing a healthier future for American Indian and Alaska Native people.

The Fiscal Year 2019 proposed budget reflects the Administration's strong commitment to Indian Country. The budget protects direct clinical health care investments. In order to prioritize direct clinical health care services and the staffing of newly-constructed health care facilities, the budget discontinues the Health Education Program and Community Representatives Programs. The budget also requests an increased level of funding to address accreditation issues in the IHS system and improve quality of care. A total of \$58 million is requested to assist IHS-operated hospitals that are at risk or out of compliance with the Centers for Medicare and Medicaid Services Conditions of Participation. These funds will be used to address CMS findings and may be used to sustain operations of any affected service unit.

The President's Fiscal Year 2019 budget request also includes \$150 million to provide multi-year competitive grants based on need for opioid abuse prevention, treatment, and recovery support in Indian Country. HHS is committed to ensuring funding is available to combat the opioid epidemic at all levels of government, including tribal governments. We want to hear from our tribal partners and

advisory groups like this one about the challenges tribal governments face and recommendations on how to structure opioid funding.

Before I wrap up, I want to thank everyone for their active involvement in the IHS strategic plan. The IHS received comments from 150 individual tribes, tribal organizations, urban Indian organizations, and federal employees. The Federal-Tribal Workgroup met from November through February to review comments and provide feedback on the Mission and Vision statements and recommended 70 strategies across 3 goals and 8 objectives for the draft Strategic Plan. One of the critical next steps includes a 30-day public comment period on the draft Strategic Plan. During the comment period, the IHS will hold a National All Tribal and an Urban Leader Call to share updates and provide a forum for additional comment on the draft strategic plan.

Finally, I know that you're aware HHS announced that we no longer have a nominee for the director of the Indian Health Service and you may have questions about that. I do not have any updates on a new nominee for the position. Even though we currently do not have a permanent director, I can assure you that our mission to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level has not changed. We continue to assure that quality and culturally acceptable services are available and accessible

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. And I am also grateful for the partnerships we have with tribes and tribal organizations. I look forward to our discussions here today. Thank you.