



**Remarks for RADM Michael D. Weahkee
National Indian Health Board (NIHB) Board of Directors
2018 2nd Quarter Meeting
April 10, 2018 | 10:00 a.m. | Washington, D.C.**

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 inviting me to your Board of Directors meeting, and for the work you do to promote Native health. I want to especially thank Mr. **Vinton Hawley** for his leadership as chairman of the National Indian Health Board, and Ms. **Stacy Bohlen** for her hard work as CEO. NIHB is a key partner, and 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.

I look forward to having a meaningful discussion with you today. To start, I would like to share a few updates about the ongoing work at the Department of Health and Human Services and at IHS. I'd like to quickly announce new leadership positions within IHS.

Miss Roselyn Tso, enrolled member of the Navajo Nation, is the new director of the Office of Direct Services and Contracting Tribes. Ms. Tso officially became the director on March 4, after serving as the acting director since August 29, 2016. Her office is responsible for a wide range of agency functions that are critical to the working partnership between the IHS and federally recognized Tribes. The ODCST is the focal point for Title I, Indian Self-Determination and Education Assistance Act activities and implementation for direct service tribes.

Jennifer Cooper, an enrolled member of the Seneca Nation of Indians, is now the director of the Office of Tribal Self-Governance. Ms. Cooper officially became the director on April 1, after serving as the acting director since October 2016. The OTSG provides policy analysis and development support to tribal governments and the IHS director in the evolving area of self-governance and tribal/federal government relationships. As many of you know, prior to federal service she served at NIHB as the Director of Federal Relations and Legislative Director.

Athena Elliott, an enrolled member of the Choctaw Nation of Oklahoma, is now the director of the Office of Management Services effective April 1. Ms. Elliott served as the OMS director 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. Ms. Elliott has demonstrated a strong commitment to improving Indian health, including more than 30 years in federal service with the IHS and more than 7 years working in tribal health programs and other Indian business enterprises.

Beverly Cotton, an enrolled member of the Mississippi Band of Choctaw Indians, 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 Division of Behavioral Health in OCPS.

At the Department of Health and Human Services, last week, 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.

Here at the IHS, IHS National Committee on Heroin, Opioids, and Pain Efforts, also known as the HOPE Committee, released the Indian Health Manual Chapter 35: Prescribing and Dispensing Naloxone to First Responders on March 30. 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.

We also have a large-scale naloxone distribution effort which began in partnership with the Bureau of Indian Affairs in December 2015. The established Memorandum of Agreement required 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 trained and provided naloxone at no cost to BIA for more than 300 law enforcement officers and certified 47 BIA law enforcement officers as naloxone trainers. In direct care facilities, IHS has also been providing naloxone supplies, training and tool kits to tribal law enforcement.

Also last week, Secretary Azar announced Doctor Brett Giroir will, in addition to his duties as Assistant Secretary for Health, serve as 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. He has spent his career leading major projects for academic institutions and the U.S. Departments of Defense, Health and Human Services, and Veterans Affairs.

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. The Centers for Disease Control reported that American Indians and Alaska Natives had the highest drug overdose death rates in 2015 and the largest percentage increase in the number of deaths over time from 1999-2015 compared to other racial and ethnic groups.

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.

He 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.

The federal budget has been in the news a lot lately. 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 – or SDPI.

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. The Fiscal Year 2019 proposed budget reflects the Administration's strong commitment to Indian Country. Specifically, 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 Program.

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, 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 discussion here today. Thank you.