



**Remarks for RADM Michael D. Weahkee
Tribal Self-Governance Advisory Committee
January 24, 2018 | 9:00 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 making time to attend this important meeting. I would like to extend my thanks and gratitude to **Chief Malerba** and **Chairman Allen** for their leadership of the IHS Tribal Self-Governance Advisory Committee.

TSGAC 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. 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.

Recruiting and retaining skilled, qualified people in positions throughout the Indian health system is vital to our success.

We continue to build future capacity through opportunities for students such as scholarships, externships, residencies, rotations, and even sponsoring students to attend medical school at the Uniformed Services University.

The University offers students a tuition-free education and the full salary and benefits of a junior-ranking Commissioned Corps officer while they earn their medical degree. These programs provide opportunities for the next generation of medical professionals, and bring them to both federal and tribal facilities.

I want to make sure I mention that we are looking for Senior Executive leaders at IHS. We'd like your assistance. We're currently accepting applications for Area Director in the Great Plains Area and Navajo Area. In addition to job-specific qualifications, these positions require

- demonstrated leadership,
- professional integrity,
- a broad perspective,
- and a commitment to the highest ideals of public service.

Please help us spread the word. More information on each of these positions is available on USAjobs.gov.

I also want to talk to you about an important meeting coming up. The newly formed Indian Health Care Improvement Fund Workgroup is scheduled to meet January 30-31 in Washington DC. The first meeting will focus on the purpose and history of the fund and the results of our recent work to update the data used in the current formula. We will also begin discussions on recommendations for future improvement. We anticipate this will be the first of several meetings and we will provide updates throughout the process.

Many of you may have seen my recent letter dated December 21, 2017 about an important policy update to the Contract Support Cost policy.

In October 2016, the IHS approved a revised CSC Policy. We implemented the new policy after robust tribal consultation, including many meetings of the CSC Workgroup. The workgroup is comprised of federal staff and tribal leaders.

With the revised policy, we aim to ensure efficient, accurate, and transparent CSC negotiations and provide a uniform and equitable system of determining, paying, and reconciling CSC funds for contracts and compacts. It is also our policy to preserve and support each awardee's right to contract or compact under the ISDEAA.

One of the CSC policy's guiding principles is that it will be reassessed on a regular basis. After a year of implementing the revised CSC policy, the IHS has found that in certain instances, the section of the policy relating to an alternative method for calculating indirect costs associated with recurring service unit shares – which

many of you know as the 97-3 split or the 97-3 method – does not conform with the statutory authority of the ISDEAA. The 97-3 method potentially would provide more CSC funding in some cases than the statute would allow.

The potential illegality of the 97/3 Split provision is major concern for IHS that required immediate and necessary action to temporarily rescind this section of the policy.

I have received a few responses to the December 21, 2017 letter. One of these responses was from the CSCWG Co-Chair requesting that IHS carry out the 97/3 option.

In addition, last week, the STAC members made a request to Acting HHS Secretary Eric Hargan that IHS immediately reconsider its position and reinstate the provision of the CSC policy.

At this time, we are reviewing this request and the concerns shared the CSC workgroup letter.

We have scheduled the next CSC workgroup meeting for March 6-7 in Albuquerque, New Mexico

You all have probably heard me say that providing quality health care is an important part of the work we do at IHS. Our quality work extends to addressing the opioid epidemic. Last month, I participated in a high-level meeting with Acting

Secretary Hargan. Leaders from across the department joined in discussing strategies for addressing America's opioid crisis. I had the opportunity to bring our perspective on the effects of opioids on the American Indian and Alaska Native population and share the work we are doing to combat misuse.

We're also working to address mental health by establishing a chartered tribal advisory group to consult with IHS on the creation of a national Community Health Aide Program. Our goal is for the advisory group to meet in March to begin developing a policy and implementation plan for community health aide expansion in the lower 48, which could lead to greater numbers of behavioral health aides and dental health aide therapists. Behavioral health aides are trained paraprofessionals who provide crisis counseling, mental health first aid, and connect individuals to an appropriate level of care. Dental health aide therapists are trained to provide dental care and procedures. I will be sending out a letter with more information soon.

I know there has been a lot of news about the federal budget lately. I'm sure you all know that we are operating under a continuing resolution that funds federal operations through February 8.

Previous continuing resolutions have included \$75 million for the Special Diabetes Program for Indians – or SDPI – for Fiscal Year 2018.

We await congressional action on further funding bills for the fiscal year. Both the House and Senate have recommended increased funding over 2017 levels for the IHS.

Finally, I want to quickly give you an update on the IHS strategic plan. We'll discuss it in more detail this afternoon. The IHS received comments from 137 individual tribes, tribal organizations, urban Indian organizations, and federal employees. The Strategic Planning Workgroup has met several times to develop the objectives, strategies and measures for each goal in the Strategic Plan. We anticipate the workgroup will complete a draft strategic plan by the end of January.

As a next step, we will initiate a 30-day public comment period on the draft Strategic Plan. During the comment period, the IHS will hold a National All Tribal and Urban Leader Call to share updates and provide a forum for comment on the draft strategic plan. We expect the final IHS Strategic Plan to be completed and published for use in April 2018.

As we begin a new year, I want to say I'm proud of what we accomplished in 2017. We could not have done it without our tribal partners. We are steadfastly committed to overcoming the longstanding systemic challenges that have hindered some of our efforts across the agency. I am pleased that our concerted efforts are producing results.

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 the tribes.

I look forward to our discussions here today. Thank you.