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NOMINATION OF RADM MICHAEL D. WEAHKEE TO SERVE AS DIRECTOR OF THE INDIAN HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEARING

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

ONE HUNDRED SIXTEENTH CONGRESS

FIRST SESSION

DECEMBER 11, 2019

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NOMINATION OF RADM MICHAEL D. WEAHKEE TO SERVE AS DIRECTOR OF THE INDIAN HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

WEDNESDAY, DECEMBER 11, 2019

U.S. SENATE,
COMMITTEE ON INDIAN AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 2:48 p.m. in room 628, Dirksen Senate Office Building, Hon. John Hoeven, Chairman of the Committee, presiding.

OPENING STATEMENT OF HON. JOHN HOEVEN, U.S. SENATOR FROM NORTH DAKOTA

The CHAIRMAN. Good afternoon. I will now call the nomination hearing to order.

Today, the Committee will hear from Rear Admiral Michael D. Weahkee, who has been nominated by President Trump on October 30th, 2019, to be the Director of the Indian Health Service in the Department of Health and Human Services. The IHS Director oversees the administration and delivery of health care services to approximately 2.6 million American Indians and Alaska Natives. Operating in 37 States through a network of over 605 hospitals, clinics, and health stations, the IHS employs over 15,000 professionals and utilizes a budget of approximately $6.9 billion.

Rear Admiral Weahkee was born on the Navajo Reservation in Shiprock, New Mexico, in a public health service hospital. He is an enrolled member of the Pueblo of Zuni of New Mexico. He is a husband and father of three children.

Rear Admiral Weahkee received his Bachelor of Science degree from Southern Illinois University, Carbondale, in health care management, and his MBA and Master of Health Services Administration from Arizona State University. Rear Admiral Weahkee began his career in health with the United States Air Force, spent time as project manager for the Arizona Association of Community Health Centers, and then later became a commissioned Corps officer within the U.S. Public Health Service.

Admiral Weahkee has risen to the ranks from Lieutenant Junior Grade to his current flag rank of Rear Admiral. We appreciate your service.

Most recently, in June of 2017, he was appointed to be Acting Secretary of the IHS, becoming Principal Deputy Director in September 2018. Since his appointment, Admiral Weahkee has been filling the role of IHS Director, and is responsible for overseeing the operating budget, workforce, and administration of this important agency.

Just prior to his appointment, Admiral Weahkee served as Chief Executive Officer for the IHS Phoenix Indian Medical Center. As CEO, he was the lead official in overseeing the largest IHS facility in the Country, with a user population of over 111,000 Native Americans. The Phoenix Indian Medical Center serves as a hub for Arizona, Nevada, and Utah patients.

Admiral Weahkee has received a number of awards and recognition for his work with the Air Force and U.S. Public Health Service, including the Public Health Service Presidential Unit Citation, the Public Health Service Outstanding Service Medical, and the IHS National Director's Award. He is a member of a number of professional organizations, including the American College of Health Care Executives, Commissioned Officers Association, Military Officers Association of America, Reserve Officers Association, Association of Military Surgeons of the United States, and the Arizona State University Alumni Association, Native American Chapter.

Over 60 letters of support have been sent to the Committee regarding his nomination, including from the Pueblo of Zuni, the United States Air Force, National Indian Health Board, Seattle Indian Health Board, California Rural Indian Health Board, South Central Foundation, United South and Eastern Tribes, and the Northwest Portland Area Indian Health Board. I will include all letters received as part of the official hearing record.

The CHAIRMAN. We look forward to your testimony today, Admiral.

Specifically, I look forward to hearing about your vision for IHS. I want to know how IHS is responding to the Dr. Weber sex abuse incident, as well as getting off the GAO High-Risk List.

With that, I will turn to Vice Chairman Udall for his opening statement.

STATEMENT OF HON. TOM UDALL, U.S. SENATOR FROM NEW MEXICO

Senator UDALL. Thank you, Mr. Chairman. Before I start, I just want to acknowledge that the President of the Mescalero Apache Tribe in New Mexico, President Aguilar, is here in the audience. I think he is probably here with some of his councilmen and councilwomen. He has just newly become the President of the Mescalero Apaches.

Thank you, Chairman, for holding this hearing to consider Rear Admiral Michael Weahkee's nomination to serve as Director of the Indian Health Service. By way of an introduction, I am proud to note that Rear Admiral Weahkee hails from New Mexico. He is an enrolled member of the Zuni Tribe, one of 23 in my home State, who was born in IHS's Shiprock Indian Hospital on the Navajo Nation.

He is a dedicated public servant, and a veteran of the U.S. Air Force. Throughout his 23 years of service at the IHS, Admiral Weahkee has demonstrated hard work and commitment to Indian Country. He has received four IHS National Director's Awards, three Outstanding Service Medal awards, and a Presidential Unit Citation, the highest unit award issued to a uniformed service.

Admiral, your career has been a credit to New Mexico and to the Zuni Pueblo. Congratulations on being nominated to serve as the IHS Director.

IHS has been without a confirmed director since 2013. Unfortunately, the situation at the Service has grown even more critical in the intervening years. The crisis in the Great Plains worsened and spread to other IHS service areas, like Billings, Bemidji, and Navajo.

The Government Accountability Office added the Service to its High-Risk List of waste, fraud, and abuse. The Albuquerque, Navajo, and other service areas have had staffing vacancy levels shoot past 30 percent, and concerns over management practices have intensified as more and more information from the Weber patient abuse cases and reports of preventable patient deaths have surfaced. Now, perhaps more than ever, it is imperative that the IHS have a leader at the helm who has the experience and commitment to bring about real change.

The Director of the IHS is more than just a manager of a multibillion-dollar budget and 15,000 full-time Federal employees. If confirmed, Admiral Weahkee will be responsible for developing IHS health care policy, ensuring the delivery of quality, comprehensive care, advocating for the needs of all Native Americans, whether they live in the most remote corner of Alaska, or the busiest street corner in New York City, supporting tribal sovereignty and upholding the Federal trust responsibility.

That is why I view today's hearing as an opportunity not only to clarify your personal policy views and plans for reform, but also to get a firm commitment from you that you will fight for transparency, for the resources you need to get the job done, and for Indian Country.

Thank you again, Mr. Chairman. Thank you, Admiral Weahkee, for being here today.

The CHAIRMAN. Thank you, Vice Chairman Udall.

Are there other opening statements? If not, we will now swear in the witness. Rear Admiral Weahkee, will you please stand and raise your right hand?

Do you solemnly affirm that the testimony that you shall give today shall be the truth, the whole truth and nothing but the truth, under the penalty of perjury?

Mr. WEAHKEE. Yes, I do.

The CHAIRMAN. You can be seated.

I want to remind you that your full written testimony will be made part of the official record. With that, Admiral, we welcome your opening statement.

STATEMENT OF REAR ADMIRAL MICHAEL D. WEAHKEE, NOMINEE FOR DIRECTOR OF THE INDIAN HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. WEAHKEE. Thank you, Chairman Hoeven, Vice Chairman Udall, for the introduction. To all members of the Committee, I appreciate the opportunity to be here with you today.

I am joined today by my wife, Dr. Rose Weahkee, seated immediately behind me, as well as my son Nicolaus, who is one of our three children. His sisters Tamia and Sofia are both engaged in finals this week, we are at the end of the semester, and school commitments. So they are both out west.

My mother, Glinda Weddle, my brothers Charley and Tim Weahkee, my sister Jessica, and her husband Cory Weddle, as well as several other friends, colleagues and family members who have traveled here to Washington, D.C., to support me during today's hearing. I would also like to acknowledge and honor my father, Jim Weahkee, who could not be here with us today, as he is undergoing chemotherapy treatment back in Phoenix.

First, let me say that it is an extreme honor, and I am humbled to be here today. I am very grateful for your consideration of my nomination by President Trump to serve as the next Director of the Indian Health Service.

I want to thank all of the tribal leaders, all of the urban Indian organization leaders, the national Indian health stakeholder organizations, professional colleagues, and my IHS team members for the outpouring of support that I have received over the past two and a half years that I have served as the Principal Deputy Director and the Acting Director of the Indian Health Service.

As I reflect back on the significant points in my life that I believe helped to contribute to where I sit today, I am continually reminded of the many people whose influence played a part in shaping the person that I have become and the path that has led me here. From my mother, Glinda, I learned the importance of a strong work ethic and of selfless service. From my father, Jim, I inherited my "Indian-ness" and being Zuni, and I learned the value of culture and traditions, and of having a good sense of humor in life. My maternal grandparents instilled in me a strong Christian faith and a desire for service, which led me to follow in my grandfather's footsteps and enlist in the Air Force.

Remembering my paternal grandparents, my uncle, and my aunt, who were all taken away from our family way too early, I am reminded of the terrible toll that diabetes and heart disease, alcoholism and hepatitis C have inflicted upon our Native people, and why the health care path that I have chosen as my life's work is so very important. This Committee is well aware that American Indians and Alaska Natives are impacted disproportionately in comparison to the general U.S. population for many different diseases and health conditions. My family is not immune, and is representative of the issues that our patients face throughout Indian country.

As was mentioned, I was born in one of our Indian Health Service hospitals, on the Navajo reservation in Shiprock, New Mexico. I have been a lifelong user of our system and many of my family members continue to receive their care and treatment at our IHS tribal and urban Indian organizations.

The IHS has transitioned dramatically in many ways since its creation back in 1955, but there is still much work to do to adequately meet the needs of our patients. The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level, and it is our responsibility to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities and cultures, and to honor and protect the inherent sovereign rights of Tribes. It is a noble mission, and it is "My Why" for working in Indian Health and it keeps me energized to come in to work and face the many challenges that confront us each and every day.

As is evident from recent news stories, our agency continues to face many challenges, including the need to recruit and retain qualified health care professionals, to maintain aged facilities and meet certification and accreditation requirements, and to overcome community issues like inadequate housing, jobs, a lack of transportation and other social determinants of health that need attention in Indian Country.

In partnership with tribes and urban Indian organizations, we have developed a comprehensive and aggressive five-year strategic plan for the Indian Health Service that is focused on expanding access to care, improving the quality of the care, and improving the management and operations of the Agency. In the past two years we have made significant strides to remove the Indian Health Service from the Government Accountability Office's High-Risk List, implementing 12 of the 14 open recommendations that helped to land the agency on the list.

We have transitioned the Rosebud Indian Hospital from a facility that was on the brink of decertification by the Centers for Medicaid and Medicare Services to now being fully accredited by the Joint Commission. Just last week, CMS conducted a recertification survey of the Pine Ridge Indian Hospital, and we look forward to sharing the results of that survey soon.

If I am fortunate enough to be confirmed by the Senate, I promise to be guided by the core values of integrity and transparency. I pledge to faithfully execute the laws written by Congress, and to be responsive to your questions regarding the agency.

We cannot solve everything at once, but we can make a positive, real, and lasting difference in the lives and health of our patients. And we can make what some say is impossible possible.

Thank you for your consideration of my nomination and I look forward to answering your questions here today.

[The prepared statement and biographical information of Admiral Weahkee follow:]

PREPARED STATEMENT OF REAR ADMIRAL MICHAEL D. WEAHKEE, NOMINEE FOR DIRECTOR OF THE INDIAN HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Thank you Senator Udall for that kind introduction. Good afternoon Chairman Hoeven, Mr. Vice-Chairman, and members of the Committee. I am joined here today by my wife, Dr. Rose Weahkee, my son Nicolaus (one of our three children, his sisters Tamia and Sofia are both engaged in finals and school commitments this week out west), my mother Glinda Weddle, my brothers Charley and Tim Weahkee, my sister Jessica and her husband Cory Weddle, as well as several other friends, col-

leagues, and family members who have traveled here to Washington, DC, to support me during today's hearing. I'd also like to acknowledge and honor my father, Jim Weahkee, who could not be here with us today as he is undergoing chemotherapy treatment in Phoenix, Arizona.

First, let me say that it is an extreme honor, and I am humbled to be here today. I am very grateful for your consideration of my nomination by President Trump to serve as the next Director of the Indian Health Service. I want to thank all of the Tribal leaders, urban Indian organization leaders, national Indian health stakeholder organizations, professional colleagues, and my IHS team members for the outpouring of support that I have received over the past two and a half years that I have served as the Principal Deputy Director and Acting Director of the Indian Health Service.

As I reflect back on the significant points in my life that I believe helped contribute to where I sit today, I am continually reminded of the many people whose influence played a part in shaping the person that I have become and the path that led me here.

From my mother Glinda, I learned the importance of a strong work ethic and of selfless service. From my father Jim, I inherited my "Indian-ness" and being Zuni, and I learned the value of culture, traditions, and having a good sense of humor in life.

My maternal grandparents instilled in me a strong Christian faith and a desire for service, which led me to follow in my grandfather's footsteps and enlist in the Air Force as a young man.

Remembering my paternal grandparents, my uncle, and my aunt, who were all taken away from our family way too early, I am reminded of the terrible toll that diabetes, heart disease, alcoholism and hepatitis C have inflicted upon our native people, and why the health care path that I have chosen as my life's work is so very important. This committee is well aware that American Indians and Alaska Natives are impacted disproportionately in comparison to the United States general population for many different diseases and health conditions. My family is not immune and is representative of the issues that our patients face throughout Indian country.

I was born in one of our Indian Health Service hospitals, on the Navajo reservation in Shiprock, New Mexico. I have been a lifelong user of our system and many of my family members continue to receive their care and treatment at our Indian Health Service, Tribal and Urban Indian facilities. The IHS has transformed dramatically in many ways since its creation in 1955, but there is still much work to do to adequately meet the needs of our patients.

The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level, and it is our responsibility to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities and cultures, and to honor and protect the inherent sovereign rights of Tribes. It is a noble mission, and it is "My Why" for working in Indian Health and it keeps me energized to come in to work and face the many challenges that confront us each and every day.

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In partnership with Tribes and Urban Indian Organizations, we have developed a comprehensive and aggressive five-year strategic plan for the IHS, focused on expanding access to care, improving the quality of care that we provide, and improving the management and operations of the Agency. In the past two years we have made significant strides to remove the Indian Health Service from the Government Accountability Office's High Risk List, implementing 12 of the 14 unimplemented recommendations that helped to land the Agency on the list. We have transitioned the Rosebud Indian Hospital from a facility that was on the brink of decertification by the Centers for Medicaid and Medicare Services, to now being fully accredited by the Joint Commission. And, just last week CMS conducted a recertification survey of the Pine Ridge Indian Hospital and we look forward to sharing the results of that survey soon.

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Thank you for your consideration of my nomination and I look forward to answering your questions here today.

BIOGRAPHICAL INFORMATION

1. Name: Rear Admiral Michael Dean Weahkee (enrolled member of the Zuni Indian Tribe).
2. Position to which nominated: Director, Indian Health Service.
3. Date of nomination: October 22, 2019.
4. Address: [Information not released to the public.]
5. Date and place of birth: [Information not released to the public.]
6. Marital status: Married; Spouse's Name—Dr. Rose Lydia (Vazquez) Weahkee.
7. Names and ages of children: (A) Tamia Rose Weahkee (B) minor child (C) minor child. [Ages and names of minor children not released to the public.]
8. Education:

A) Master of Health Services Administration, Arizona State University, 1998
B) Master of Business Administration, Arizona State University, 1998
C) Bachelor of Science-Health Care Management, Southern Illinois University-Carbondale, 1996
D) Associate of Liberal Arts, San Juan College, Farmington, NM, 1991

9. Employment record: (See attached CV).
10. Government experience: (See attached CV).
11. Business relationships: (None).
12. Memberships: {See attached CV).
13. Political affiliations and activities:

{a) List all offices with a political party that you have held or any public office for which you have been a candidate. None/Not Applicable.

{b) List all memberships, offices held in, and services rendered to all political parties or election committees during the last 10 years. None/Not Applicable.

(c) Itemize all political contributions to any individual, campaign organization, political party, political action committee, or similar entity of $500 or more for the past 10 years. None/Not Applicable.

14. Honors and awards: {See attached CV).
15. Published writings:

Editorial in the Journal of American Medical Association, Ending the HIV Epidemic: A Plan for America *https://jamanetwork.com/journals/jama/fullarticle/2724455?utm__source=jps&utm__medium=email&utm__campaign=author__alert-jamanetwork&utm__content=author-author__engagement-tfl&utm__term=3m*

Op-Ed in Indian Country Today, Ending the HIV Epidemic in Indian Country *https://newsmaven.io/indiancountrytoday/opinion/ending-the-hiv-epidemic-in-indian-countryrCXSrHaH4EyGUBs6JnC8cw/*

16. Speeches: Provide the Committee with two copies, and any transcript of recording, if available, of any formal speeches you have delivered during the last 5 years on topics relevant to the position for which you have been nominated. Formal speeches include, but not limited to widely attended public addresses, commencement speeches, and conference lectures. Please include the date, place and organization where they were delivered.

See recent speeches at this url: *https://www.ihs.gov/newsroom/directorsspeeches/*

I have served as the Principal Deputy Director and Acting IHS Director since June 19, 2017.

17. Selection:

(a) Do you know why you were selected for the position to which you have been nominated by the President? I have successfully fulfilled the duties and responsibilities of this position for the past two and a half years as the Acting Director and Principal Deputy Director of the Indian Health Service.

(b) What in your background or employment experience do you believe affirmatively qualifies you for this particular appointment? My undergraduate and graduate education is in hospital and business administration. I have served my entire 26 year professional career in the government health care system, first in the United States Air Force, then in the State Primary Care Association in Arizona, and

for the past 21 years in the Indian Health Service. I have served at the headquarters, area and local service unit levels, as well as in both the federal and tribal setting. My entire Indian Health Service career has been in supervisory, management and leadership positions of progressively higher levels of responsibility and accountability. I have served as the CEO of the largest federally operated hospital in the Indian Health Service and I led the team that reopened the Rosebud Indian Hospital emergency department after it was closed in December of 2015. I am an enrolled member of the Zuni Indian Tribe.

B. FUTURE EMPLOYMENT RELATIONSHIPS

1. Will you sever all connections with your present employers, business firms, business associations, or business organizations if you are confirmed by the Senate? I am a career officer in the United States Public Health Service, with 23 years of retirement credit. Following this appointment, I would ideally return to service in another capacity somewhere in federal government to fulfill a 30-year service ca reer and retire at that time.

2. Do you have any plans, commitments, or agreements to pursue outside employment, with or without compensation, during your service with the government? If so, please explain. No/Not Applicable.

3. Do you have any plans, commitments, or agreements after completing government service to resume employment, affiliation, or practice with your previous employer, business firm, association, or organization? (See response to B.1. above).

4. Has anybody made a commitment to employ your services in any capacity after you leave government service? No.

5. If confirmed, do you expect to serve out your full term or until the next Presidential election, whichever is applicable? Yes.

C. POTENTIAL CONFLICTS OF INTEREST

1. Describe all financial arrangements, deferred compensation agreements, and other continuing dealings with business associates, clients, or customers. None/Not Applicable.

2. Indicate any investments, obligations, liabilities, or other relationships which could involve potential conflicts of interest in the position to which you have been nominated. None/Not Applicable.

3. Describe any business relationship, dealing, or financial transaction that you have had during the last 10 years, whether for yourself, on behalf of a client, or acting as an agent, that could in any way constitute or result in a possible conflict of interest in the position to which you have been nominated. None/Not Applicable.

4. Describe any activity during the past 10 years in which you have engaged for the purpose of directly or indirectly influencing the passage, defeat, or modification of any legislation or affecting the administration and execution of law or public policy, regardless if you were a registered lobbyist.

I have provided testimony at the request of Congress, for the purpose of informing and updating various oversight and appropriations committees on the status of IHS activities and budget requests. Testimony has been provided as follows: *https://www.ihs.gov/newsroom/congressionaltestimony/*

Senate Committee on Indian Affairs

—March 12, 2019
—June 13, 2018
—April 11, 2018
—September 13, 2017
—July 12, 2017

Senate Interior Appropriations Subcommittee

—May 1, 2019

House Interior Appropriations Subcommittee

—April 9, 2019

House Natural Resources Subcommittee on Indian, Insular and Alaska Native Affairs

—March 20, 2018

House Natural Resources Subcommittee for Indigenous People of the United States

—September 25, 2019

5. Explain how you will resolve any potential conflict of interest, including any that may be disclosed by your responses to the above items. (None/Not Applicable).

6. Please provide written opinions provided to the Committee by the designated agency ethics officer of the agency to which you are nominated and by the Office of Government Ethics concerning potential conflicts of interest or any legal impediments to your serving in this position? (None/Not Applicable).

D. LEGAL MATTERS

1. Have you ever been disciplined or cited for a breach of ethics by, or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, please explain. (No/Not Applicable).

E. RELATIONSHIP WITH COMMITTEE

1. Will you ensure that your department/agency complies with deadlines for information set by congressional committees? Yes.

2. Will you ensure that your department/agency responds to all congressional inquiries from members of Congress in a timely manner? Yes.

3. Will you ensure that your department/agency does whatever it can to protect congressional witnesses and whistle blowers from reprisal for their testimony and disclosures? Yes.

4. Will you cooperate in providing the committee with requested witnesses, including technical experts and career employees, with firsthand knowledge of matters of interest to the Committee in a timely manner? Yes.

5. Please explain how if confirmed, you will review regulations issued by your department/agency, and work closely with Congress, to ensure that such regulations comply with the spirit of the laws passed by Congress.

The Indian Health Service works closely with the leadership at the Department of Health and Human Services to promulgate regulations and policy that support the provision of safe, quality health care for American Indians and Alaska Natives. The Agency works closely with the HHS Office of General Counsel to review all legal considerations related to draft regulations and policy as they are being developed. In addition, the Indian Self Determination and Education Assistance Act and the Indian Health Care Improvement Act require that the IHS work closely and in partnership with the Tribes that we serve. This is typically done through formal consultation with Indian Tribes and Tribal Organizations, and through conferral with Urban Indian Health programs. I will commit to fully complying with these laws and the goals and intent of the Agency's Tribal Consultation and Urban Confer policies. I also commit to providing timely responses and feedback to Congress when information or technical assistance requests are made of the Indian Health Service.

6. Are you willing to appear and testify before any duly constituted committee upon request of the Congress on such occasions as reasonably requested to do so? Yes.

F. GENERAL QUALIFICATIONS AND VIEWS

1. How does your previous professional experiences and education qualify you for the position for which you have been nominated?

For the past two and a half years I have served in an Acting capacity, in the role for which I have been nominated (IHS Director). These two and a half years of real world, direct experience have been tremendously beneficial in preparing me to take on this challenge officially. In addition, I have more than 20 years of Indian Health Service-specific experience, working at all levels of the organization and in a variety of different roles.

2. Why do you wish to serve in the position for which you have been nominated?

I have dedicated more than two decades of service to the Indian Health Service and I am very much invested in the fulfillment of the Agency's mission, to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. In addition, I was born in an IHS facility, at the Shiprock Indian Hospital on the Navajo reservation. My family and I continue to receive care at IHS facilities in New Mexico and Arizona, and I have many friends, neighbors and relatives who also receive their care at our facilities and through our system. I want to make a positive impact on the Agency, and instill lasting change and improvements. I want to improve the way that we do business, the culture of the

Agency, and the IHS brand. . .to make it an Agency that our Native people, our staff, HHS and Congress can be proud of.

3. What goals have you established for your first two years in this position, if confirmed?

In my first two and a half years as the Acting IHS Director, I have focused on addressing quality of care concerns across the system, but with a specific focus on facilities in the Great Plains Area, to include the Pine Ridge and Rosebud facilities. I have pressed the development and implementation of the new Office of Quality at the IHS Headquarters level. This new office provides us with the oversight structure and staffing needed to assure appropriate support, compliance and accountability at all levels of our Agency (HQ, Area Offices and Service Units). This new office is envisioned to grow to approximately 35 full time equivalent positions, each with a vitally important and value added role. To date we have been able (with the support of Congress and HHS leadership) to fund approximately 14 of those FTE positions. I intend to continue the work necessary to realize full implementation of this new office.

I have also focused intently on removing the IHS from the Government Accountability Office's (GAO) High Risk List. In 2017, just prior to when I came into the appointed role of IHS Principal Deputy Director, the IHS was placed onto the GAO High Risk List due to a number of factors, including lack of leadership and management capacity; no demonstration of an organized action plan to guide the Agency in moving forward with needed improvements; no demonstrated progress in addressing longstanding GAO recommendations to the Agency. In the two and a half years since, I have led to Agency to successfully address 11 of the 14 outstanding GAO recommendations. I have led the Agency to develop a new 5-year Strategic Plan, the first for the Agency in almost a decade, which will guide the IHS and our partner Tribes and Urban Indian health programs to address many of our long-standing challenges and capitalize on many of the opportunities that exist for improving care and treatment for our patients. I have focused on recruiting and filling key leadership positions in the senior executive ranks, both at the headquarters level and in the Area offices, as well as filling key chief executive officer and clinical director positions in our service units. The Rosebud Indian Hospital is now fully accredited by the Joint Commission.

My goals for the immediate future include:

—Regaining Centers for Medicare and Medicaid Services (CMS) certification status for the Pine Ridge Indian Hospital. We are within weeks of doing this and realizing this milestone is a top priority for me;

—Working with Congress, HHS and the Office of Personnel Management to equip the Agency with additional tools that will enable us to better recruit and retain needed health care professionals, both in clinical and administrative roles. Recruitment and retention of staff is the key contributor to many of our challenges within the IHS;

—Converting all I HS hospitals to an appropriate facility type. Currently the majority of IHS hospitals are classified by CMS as Acute Care Hospitals. Due to the low volume of inpatients at many of our sites, some facilities do not meet the criteria for being classified as acute care hospitals and should be reclassified as either Critical Access Hospitals or as Ambulatory health care facilities (Outpatient). Modernizing our facilities to the appropriate facility type, and evaluating whether new facility types and payment models should be considered for the IHS is a high priority for me.

—I will rely heavily on the new IHS strategic plan that was developed in partnership with Tribes and Urban Indian programs to guide my efforts. The three overarching goals of the new plan focus on improving access to care, quality of care, and management and operations of the Agency. I will ensure that everything that the Agency does incorporates the goals, objectives and tasks identified in the new plan (budget formulation, performance assessment, resource allocation, etc.).

4. What skills do you believe you may be lacking which may be necessary to successfully carry out this position? What steps can be taken to obtain those skills?

I have found that Washington, DC-based policy experience has been my largest deficit. I now have two and a half years of hard-earned experience with this, but there is much more to learn. I learned a very important lesson early in my tenure as the Acting IHS Director, when I was assigned to testify at a Senate Appropriations Subcommittee hearing in my third week on the job. My preparation for the hearing was not ideal and I have worked with HHS and IHS officials over the past

two years to develop a process that works for me. My very public dialogue with Senator John Tester (MT) during this hearing taught me the importance of speaking to the needs and interests of multiple audiences/stakeholders in my responses. Over the past two and a half years Tribal leaders have impressed upon me the importance of keeping Indian health care non-partisan, and that it is vitally important that we have the support of both sides of the aisle in order to best meet the needs and interests of our American Indian and Alaska Native patients. That will be my goal moving forward.

5. Please discuss your philosophical views on the role of government. Include a discussion of when you believe the government should involve itself in the private sector, when society's problems should be left to the private sector, and what standards should be used to determine when a government program is no longer necessary.

I have personally historically favored small government over heavy government engagement and oversight of the private sector. That being said there are definitely times when the federal government must step in to ensure that the obligations our country makes are honored and adhered to. One of those scenarios is the trust responsibility owed to Indian Tribes. I believe wholly in the federal government obligation and commitment to uphold our trust responsibility to Tribes. The Indian Health Service is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders. The IHS is the principal federal health care provider and health advocate for Indian people, and our goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for American Indians and Alaska Natives, in some of the most rural and remote locations across our country.

I have heard proposals and discussions from some in Congress and from other health care systems about privatizing Indian health care. These individuals point to the challenges and problems experienced in our current system, and assert that privatization would alleviate or at least mitigate many of these issues. I personally have no faith that the private sector would be able to meet the needs and interests of our Indian patients any better than the Indian Health Service, and in fact I am confident that privatization would diminish care and treatment for our patients. You can simply look to the large number of rural.hospitals and health care facilities that are closing across our nation, because private and non-profit health care organizations no longer find them to be financially viable nor are they able to maintain certification and accreditation in these low volume settings. The IHS is a safety net for the patients who rely upon it for their care and treatment, and ensures the fulfillment of the United States government's obligation to our American Indian and Alaska Native people.

That being said, there is definitely a role that private health care organizations can play to supplement the primary care and limited specialty services provided by the IHS system. A program similar to the Veteran's Choice program in the Veteran's Health Administration, would help to ensure that those Indian patients who live far away from IHS/Tribal/Urban facilities could have access to care. Currently the IHS only operates in 37 of the 50 States in the Union, and 70 percent of American Indians and Alaska Natives now live in Urban settings away from their home reservation-based health care facilities. Private health care organizations could help to fill that gap and meet the needs of our patients living outside of the current catchment area. I would support the federal government partnering with the private sector to develop such a program for our patients.

6. Describe the current mission, major programs, and major operational objectives of the department/agency to which you have been nominated.

The IHS Mission is to "Raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level."

The IHS Vision—"Healthy communities and quality health care systems through strong partnerships and culturally responsive practices."

IHS Strategic Plan Goals (Access, Quality, Management and Operations)

1) To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people.

2) To promote excellence and quality through innovation of the Indian health care system into an optimally performing organization.

3) To strengthen IHS program management and operations.

7. What do you believe to be the top three challenges facing the department/agency and why?

1) Recruitment and retention of qualified clinical and leadership staff;

2) Need to transform the system into one that meets the needs of patients. (Electronic Health Record Modernization, Use of innovative technology/equipment, telehealth, in home dialysis, right-size and appropriate facility types)

3) Need to improve the culture of the Agency with a focus on quality and accountability.

8. In reference to question number six, what factors in your opinion have kept the department/agency from achieving its missions over the past several years?

1) Appropriate planning (lack of strategic plan for a decade)

2) Prepared leadership/management (lack of investment in workforce, Executive Leadership Development, other)

3) Lack of Resources (Federal Disparity Index/Indian Health Care Improvement Fund)

9. Who are the stakeholders in the work of this department/agency?

1) American Indian and Alaska Native Patients
2) 573 federally recognized Tribes
3) 41 Urban Indian Health Programs
4) Congress
5) American Taxpayers
6) Sister HHS Operating Divisions and Federal Agencies outside of HHS
7) Other Health Care Providers and Health Systems
8) Academia

10. What is the proper relationship between the position to which you have been nominated, and the stakeholders identified in question number nine?

Mutual Respect, Transparency, Proactive Outreach, Consultative, Interdependent, Accountability

11. The Chief Financial Officers Act requires all government departments and agencies to develop sound financial management practices. (a) What do you believe are your responsibilities, if confirmed, to ensure that your department/agency has proper management and accounting controls?

As the Agency's Principal, it would be my responsibility to ensure full compliance with the Federal Managers Financial Integrity Act, as well as assuring the development and maintenance of an enterprise risk management system that complies with the goals and intent of 0MB Circular A–123. I also feel strongly that the IHS needs to develop a HQ level compliance program that includes inperson audits/inspections by HQ subject matter experts to each IHS Area Office on an annual basis.

(b) What experience do you have in managing a large organization?

I have successfully managed the Indian Health Service for two and a half years as the Acting Director and Principal Deputy Director. Prior to this role, I was the Chief Executive Officer of the largest federally operated hospital in the Indian Health Service.

12. The Government Performance and Results Act requires all government departments and agencies to identify measurable performance goals and to report to Congress on their success in achieving these goals. (a) What benefits, if any, do you see in identifying performance goals and reporting on progress in achieving those goals?

The Government Performance and Results Act (GPRA) requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. The law requires agencies to have both a 5-year Strategic Plan in place and to submit Annual Performance Plans describing specifically what the agency intends to accomplish toward those goals with their annual budget request. GPRA also requires agencies to set performance measures with specific annual targets.

GPRA measures for the IHS include clinical care performance measures, such as care for patients with diabetes, cancer screening, immunizations, behavioral health screening, and other prevention measures. The agency also reports many non-clinical measures, including rates of hospital accreditation, injury prevention, and infra-

structure improvements. The establishment of metrics helps to ensure that the Agency's expenditure of resources are actually impacting upon the ultimate goal of improving the health status of American Indians and Alaska Natives. Without performance goals and metrics we do not know if the programs and services being provided are impactful. When there is no progress we should adjust our programming so that it better meets the needs of patients.

(b) What steps should Congress consider taking when a department/agency fails to achieve its performance goals? Should these steps include the elimination, privatization, downsizing, or consolidation of departments and/or programs?

I believe that step one should be for Congress to review whether the Agency is appropriately resourced to fulfill the goals and objectives assigned to it. If appropriately resourced and still not meeting performance goals, then Congress should audit the Agency to pinpoint the cause for not meeting expectations. If it is lack of adherence to laws, regulations or policies, then leadership should be held accountable and dealt with. If it is lack of vision and leadership, then an appropriately pepared leader should be identified and appointed. In the case of the Indian Health Service, the federal government has a responsibility to ensure maintenance of the trust relationship, which establishes a responsibility for a variety of services and benefits to Indian people based on their status as Indians, including health care. As such, the elimination or downsizing of the program are contrary to this trust responsibility. Congress should support innovation and work with executive branch leadership to break down silos and provide resources when and where they are most needed.

(c) What performance goals do you believe should be applicable to your personal performance, if confirmed?

I believe that the goals that I laid out in response to questions F.3. and F.7. above should be used as the basis for creating my individual performance goals, should I be confirmed to serve as the IHS Director.

13. Please describe your philosophy of supervisor/employee relationships. Generally, what supervisory model do you follow? Have any employee complaints been brought against you?

I prescribe to the 'Golden Rule' leadership philosophy .... to lead as I would like to be led. As a health care professional, serving in an industry that is service oriented and patient and family focused, I also lean towards the use of servant leader and loving leader models. My priority is to nurture and support my employees to the extent possible. When this proves to not be enough, then I will help my employees to find a better fit for their knowledge, skills and abilities elsewhere in the organization, or if absolutely necessary outside of the Agency. I have served for more than 20 years in our Agency without having a formal complaint or lawsuit lodged against me directly.

14. Describe your working relationship, if any, with the Congress. Does your professional experience include working with committees of Congress? If yes, please explain.

See my previous responses to questions C.4. and F.4.

15. Please explain what you believe to be the proper relationship between yourself, if confirmed, and the Inspector General of your department/agency.

As the Acting IHS Director, I developed and issued guidance to all lHS employees outlining my expectations of the way that we work with both the OIG and the GAO. A summary of that guidance is as follows:

Working with and Reporting to the OIG and GAO

I want to remind everyone of the commitment of IHS to work positively and cooperatively with our external authorities, especially with the HHS Office of Inspector General and the Government Accountability Office. Consistent with that commitment, it is important for all I HS employees to build and sustain a positive relationship and to be responsive and cooperative in working with the OIG and the GAO. A critical part of this overall responsibility includes the proactive reporting of known or suspected fraud, waste, and abuse to appropriate authorities. Anyone with knowledge or suspicion of child abuse must report this information to local law enforcement, the IHS Headquarters Division of Personnel Security and Ethics, or the OIG. The IHS hotline number is (301) 443–0658, and the OIG hotline number is (800) 447–8477. IHS health care practitioners, administrators and other personnel have a legal duty to report known or suspected abuse. When reporting something you see or suspect, you can be confident that leadership will take the allegations seriously and without reprisal.

16. In the areas under the department/agency's jurisdiction to which you have been nominated, what legislative action(s) should Congress consider as priorities? Please state your personal views.

Advanced Appropriations for the IHS—To amend the Indian Health Care Improvement Act (IHCIA) to authorize advance appropriations for the Indian Health Service (IHS) by providing authority for two fiscal years in succession, and for other purposes, and, relatedly, to amend 31 U.S.C. § 1105(a} to make a conforming change to budget submission requirements.

The IHS proposes to have its budget set on a two-year cycle, establishing budget authority levels for a budget year and a separate funding level for a subsequent year, with funds only becoming available on October 1 of the second fiscal year. An advance appropriation is one made to become available one year or more beyond the year for which the appropriations act is passed. This change would protect IHS and Tribal programs, in the same way that VA facilities are protected. I fully support this proposal.

Sequestration Exemption for the IHS—To amend current law, section 256(e} of the Balanced Budget and Emergency Deficit Control Act (BBEDCA} (2 U.S.C. § 906(e)}, to exempt the Indian Health Service from future sequestration cuts. Similar to the advanced appropriations request, this proposal would protect IHS and Tribal health programs from funding reductions. I fully support this proposal.

ISDEAA Section 105(1) Lease Authority—To provide a new appropriation account for the IHS with a lease prospectus requirement for compensation provided to a Tribe or Tribal organization for a lease under section 105(/) of the Indian Self-Determination and Education Assistance Act (ISDEAA}. In order to protect funds for federally operated facilities a new funding source needs to be identified to meet this need. I fully support the development of a new budget line for this purpose.

Waiver of Indian Preference—Amend 25 U.S.C. § 5117 to authorize the HHS Secretary to waive Indian Preference laws, and issue related regulations, applicable to IHS positions that fall under specific conditions in order to fill positions in cases where the Secretary determines there is an urgent staffing crisis or chronic persistent vacancies in health professions. Currently waivers can only be granted with Tribal resolution and concurrence. We often face challenges filling key CEO and other service unit level positions because of the lack of qualified Indian preference candidates. I support the goals and intent of this new authority.

Elevate IHS Director to Assistant Secretary Level—Amend Federal law to designate the Director of the Indian Health Service (IHS} to be a reference to the Assistant Secretary of Indian Health. The main goal of this position elevation would be to provide more direct access to the HHS Secretary, Deputy Secretary and Chief of Staff without going through Assistant Secretary review and clearance.

Subsequent Reduction of ISDEAA Funding Level—Allow the Indian Health Service {IHS} to reduce an Indian Self-Determination and Education Assistance Act (ISDEAA) contra ctor's or compactor's ISDEAA funding in subsequent years if an increase in the contractor/compactor's funding was made pursuant to a statutory or regulatory "deemed approved" provision. This change would enable the Agency to reso lve administrative errors and technical issues with agreements. Currently there is no recourse for the Agency when errors are discovered.

Contractibility of IHS Facilities Serving Multiple Tribes—Ensure Indian Health Service (IHS) health care facilities serving more than one Tribe may be contracted or compacted by an eligible Tribe or Tribal Organization (T/TO) only if approved through Tribal resolution by all Tribes primarily benefitting from the IHS health care facility. There have been recent cases where Tribes served by a single facility have differences of opinion regarding the future of the organization. As the law is currently written, the IHS must enter into a PL 93–638 agreement when a Tribes desires to do so, forcing arrangements that are not always in the best interests of patients. Requiring consensus by all Tribes served would be in the best interest of patients and reduce administratively burdensome and unwieldy management/operations arrangements.

FTCA Coverage for Urban Indian Programs—The Indian Health Service {IHS) requests approval of the proposal to amend the Indian Health Care Improvement Act (IHCIA) to provide Federal Tort Claims Act (FTCA) coverage to I HS-funded Urban Indian Organizations (UIOs) in the same manner as Indian SelfDetermination and Education Assistance Act (ISDEAA) contractors and mandate that all medical malpractice claims and judgments be paid from the Department of Treasury's Judgment Fund. This amendment would cover medical, dental, pharmaceutical, and behavioral health counseling related health care services including ancillary services provided to eligible Urban American Indians and Alaska Natives (Al/AN) pursuant to grants and contracts awarded by the IHS, as authorized by 25 U.S.C. Subchapter IV—*Health Services for Urban Indians* of the IHCIA.

17. Within your area of control, will you pledge to develop and implement a system that allocates discretionary spending in an open manner through a set of fair and objective established criteria? If yes, please explain what steps you intend to take and a timeframe for their implementation. If not, please explain why.

Yes. The Indian Health Service allocates the vast majority of annually appropriated funds based on stable base funding levels that were established back in the mid 1990's. New funding and discrete purpose funds are typically allocated based on funding formulas that were developed in consultation and partnership with Tribes, and in conferral and partnership with Urban Indian organizations. These formulas include factors like active user counts, disease burden, tribal size adjustments, etc. The goals of these formulas are to ensure that all IHS, Tribal and Urban Indian programs receive an equitable level of funding to help address the many challenges that our patients face. Some of the programs that use formula allocation methodology include the Purchased and Referred Care (PRC) program, the Indian Health Care Improvement Fund (IHCIF) line, the Sanitation Facilities Construction (SFC) program, t he Special Diabetes Program for Indians (SDPI), etc.

Tribal Consultation occurs when there is a critical event that may impact Tribes. The appropriation of funds to the IHS for a new or expanded purpose meets this th reshold and would trigger the need for the Agency to consult with Tribes about the appropriate use and allocation of t hese funds. Several advisory committees have been established to provide leadership, advocacy, and guidance to t he Director on policy and program matters. Additional workgroups and task fo rces would be established when new policy changes are proposed, or when new sources of funding are provided by Congress. These committees provide the init ial review and recommendat ions to the IHS Director, and their feedback is sent out to all 573 Tribes and 41 Urban Indian Organizations for review and feedback via a Dear Triba l Leader and Dear Urban Indian Organization let ter. Once comments are received, this information is then shared again with the Tribal workgroup or task force for refinement of t heir recommendations to the IHS Director. As t he IHS Director, it would be (and has been) my responsibility to make a final decision about the allocation of new resources to the Agency. The process used by the Indian Health Service is very much open, fair and objective. . .and one of t he trade-off is t hat it does take some time to do it right. There are also times when disparate viewpoints arise between Tribes. In these cases, t he difficult role of deciding what is best for the Indian health care system and our patients overall falls to the IHS Director and I welcome t he challenge of fulfilling this vita lly important role.

G. FINANCIAL DATA

[Information not released to the public.]

Attachment

FY 2019 OFFICIAL HEALTH SERVICES CATEGORY CURRICULUM VITAE
RADM MICHAEL D. WEAHKEE, MBA, MHSA

USPHS CAREER PROGRESSION:

Date	Temp Rank and Grade	Billet Grade	Program/ Division	Agency Position Type	Agency Position Title	Agency Position	Agency
9/2018 – Present	RADM /O-7	O-7	Headquarters/ Office of the Director	Senior Executive	Principal Deputy Director (Pursuant to the Federal Vacancies Reform Act, delegated authorities of IHS Director position)	Mission Critical	Indian Health Service (IHS)
6/2017 – 9/2018	RADM /O-7	O-7	Headquarters/ Office of the Director	Senior Executive	Acting Director and Principal Deputy Director	Mission Critical	IHS
1/2017 – 6/2017	RADM /O-7	O-7	Phoenix Indian Medical Center (PIMC)	Senior Executive	Health Systems Administrator/ CEO	Mission Critical	IHS
1/2014- 12/2016	CAPT/ O-6	O-6 (X) Executive	Phoenix Area, PIMC	Senior Executive	Health Systems Administrator/ CEO	Mission Critical	IHS
11/2012 – 12/2013	CAPT/ O-6	O-6	Phoenix Area, PIMC	Hospital Operations Officer	Program Mgmt. Officer/ COO	Mission Critical	IHS
10/2010 – 11/2012	CAPT/ O-6	O-7	Headquarters/ Office of Mgmt. Services	Office Director	Deputy Director for Personnel Functions	Mission Critical	IHS
1/2010 – 10/2010	CDR / O-5	O-6	Headquarters/ OMS	Department Director	Senior Supervisory Program Management Officer	Mission Critical	IHS
11/2007 – 1/2010	CDR / O-5	O-5 & O-6	Headquarters/ Office of Clinical and Preventive Services	Executive Officer	Health Science Administrator/Senior Supervisory Program Management Officer	Mission Critical	IHS
1/2003 – 11/2007	LCDR/ O-4	O-6	California Area/Tribal MOA	Organizatio n Director	Health Systems Specialist	Mission Critical	IHS
5/2001 – 12/2002	LT/ O-3	O-6	California Area/Tribal MOA	Department Director	Health Systems Specialist	Mission Critical	IHS
9/1999 – 5/2001	LTJG/ O-2	O-6	Phoenix Area/ PIMC	Team Lead	Health Systems Specialist	Mission Critical	IHS

Current Billet Title and Grade: Principal Deputy Director, O-7 (Flag Grade Officer), Department of Health and Human Services/Indian Health Service/Office of the Director – Pursuant to the Federal Vacancies Reform Act, effective September 25, 2018, use of the title "Acting Director" was no longer authorized. HHS Secretary Alex Azar delegated by official memorandum all of the duties and responsibilities of the IHS Director position to me as the Principal Deputy Director of the Agency.

EDUCATION:

Degree	Specialty	College/University	Year of Degree	Qualifying Degree (Y/N)
MHSA	Master of Health Services Administration (MHSA)	Arizona State University, Tempe, AZ	1998	Y
MBA	Master of Business Administration (W.P. Carey MBA)	Arizona State University, Tempe, AZ	1998	N
BS	Bachelor of Science in Health Care Management (BS)	Southern Illinois University- Carbondale, IL	1996	N

USPHS ASSIGNMENTS, DUTIES AND IMPACT:

Executive Service/Flag Grade
(Principal Deputy Director)
(O-7 Flag Grade Billet)
Sep 2018 – Present

Indian Health Service
Office of the Director
5600 Fishers Lane, Rockville, MD 20857
Supervisor: HHS Secretary Alex Azar

As the Principal Deputy Director of the Indian Health Service, I administer a nationwide health care delivery program that is responsible for providing preventive, curative, and community health care to approximately 2.2 million American Indians and Alaska Natives in hospitals, clinics, and other settings throughout the United States. I am entrusted with the responsibility to oversee an annual operating budget of $6 billion and a workforce of 15,400 health care professionals. The IHS is the principal federal health care advocate and provider of health care services for American Indians and Alaska Natives. (Pursuant to the Federal Vacancies Reform Act, effective September 25, 2018, use of the title "Acting Director" was no longer authorized. HHS Secretary Alex Azar delegated by official memorandum all of the duties and responsibilities of the IHS Director position to me as the Principal Deputy Director of the Agency).

Executive Service/Flag Grade
(Acting Director/Principal Deputy Director)
(O-7 Flag Grade Billet)
June 2017 – Sep 2018

Indian Health Service
Office of the Director
5600 Fishers Lane, Rockville, MD 20857
Supervisor: HHS Secretary Alex Azar

As the Acting Director of the Indian Health Service, I administer a nationwide health care delivery program that is responsible for providing preventive, curative, and community health care to approximately 2.2 million American Indians and Alaska Natives in hospitals, clinics, and other settings throughout the United States. I am entrusted with the responsibility to oversee an annual operating budget of $6 billion and a workforce of 15,400 health care professionals. The IHS is the principal federal health care advocate and provider of health care services for American Indians and Alaska Natives.

Executive Service/Flag Grade
(Health Systems Administrator/Chief Executive Officer)
(O-7 Flag Grade Billet)
January 2017 – June 2017; January 2014-December 2016 as O-6

Phoenix Indian Medical Center (PIMC)
Phoenix Area, Indian Health Service
Phoenix, AZ- Supervisor: RADM Ty Reidhead

As the PIMC CEO, I am charged with oversight and leadership, to include the planning, development, organization, integration, administration and evaluation of a comprehensive health care delivery system for the service unit. PIMC is

an extensive, multifaceted, community-oriented health care delivery system which also serves as a referral center for seven other IHS hospitals and five health centers in the Phoenix Area, IHS, consisting of Arizona, Nevada and Utah. The facility includes four broad organizational components: Clinical Services, Nursing Services, Community Health Services and Administrative Services. PIMC is licensed for 127 beds and employs more than 1,100 employees and contractors with an active user patient population of over 111,000 individuals. ***It is the largest Indian Health Service facility in the country.***

Health Systems Administrator
(Chief Operating Officer)
(O-6 in an O-6 Billet)
November 2012 – December 2013

Phoenix Indian Medical Center (PIMC)
Phoenix Area, Indian Health Service
Phoenix, AZ – Supervisor: Dr. John Molina

As the PIMC COO, I provided executive leadership and direct supervision for eleven GS-14 and GS-15 level senior managers, who together comprise the PIMC Executive Leadership Team. This team in turn supervises approximately 88 first line supervisors and Department Chiefs, who altogether provide leadership and direction for the organization's 1,200 employees. As the COO, I was responsible to ensure the smooth and efficient daily operations of the 127-bed hospital, enforcing the policies and procedures; managing human and material resources; ensuring patient and provider satisfaction; high employee morale, and hospital profitability. I was also responsible for promoting integration of the medical, nursing, and ancillary staff to achieve the highest quality, patient-focused care possible.

I managed an annual operating budget of approximately $156 million dollars, which is a combination of the federal appropriations allocated to PIMC (~$67 million), and the third party reimbursement revenues that we collect from Medicare, Medicaid and Private Insurance, which was approximately $89 million at the end of fiscal year 2013.

Supervisory Health Science Administrator
(Deputy Director for Personnel Functions)
(O-5 in an O-7 Billet)
October 2010 – November 2012

Indian Health Service Headquarters
Office of Management Services (OMS)
Rockville, MD – Supervisor: Athena Elliott

As the Deputy Director for Personnel Functions, I directed and managed three subordinate divisional organizations at IHS Headquarters (the Division of Human Resources, the Division of Commissioned Personnel Support and the Program Integrity and Ethics Staff office). Included in this responsibility was the direct supervision of one O-7 billet (99HG575) Agency Commissioned Corps Liaison, and two GS-15 level Division Director positions. Provided advice and support to the IHS Director and IHS managers on administrative and management regulations, policies and procedures, and provided IHS-wide leadership, guidance and support in the management of human resources; ethics; and personnel security.

I also served as the IHS liaison to the Office of Inspector General (OIG), the Government Accountability Office (GAO), and the Office of Special Counsel, coordinating the development, clearance and transmittal of IHS responses and follow-up, reports, and outside investigations issued by the OIG, the GAO, and other Federal internal and external authorities.

Supervisory Health Science Administrator
(Director, Management Policy & Internal Control Staff Office)
(O-5 in an O-6 Billet)
January 2010 – October 2010

Indian Health Service Headquarters
Office of Management Services (OMS)
Rockville, MD – Supervisor: Athena Elliott

As the Director of MPICS, I serve as the IHS authority and focal point for all matters involving IHS management policy. Provide independent initiative and supervision of a broad scope of activities that involve analysis and assessment of the IHS organization and functions, directives, delegations of authority and management control programs. Specifically responsible for performing the following duties:

- Conduct Planning and Coordination – Identify problems and issues that may require new or modified IHS policies or delegations of authority. May involve inter/intra-agency and inter-governmental issues of positions and policies having an affect on the relationship of American Indian/Alaska Native (AI/AN) people

to federal, state, and local governments and other institutions.

- Direct Policy Analysis and Reviews – Direct a process for the continual analysis and assessment of IHS policies and delegations of authority as they relate to the achievement of the IHS mission and goals. Designated as the Indian Health Service's Delegations and Directives Control Officer (DDCO).
- Evaluate the IHS Organization and Functions – Direct a program for the periodic review and analysis of organizations and functions IHS-wide.
- Maintain Management Control Systems – Designated as the Agency's Management Control Coordinator. Initiates and directs actions to assure IHS compliance with FMFIA.
- Exercise Supervisory Responsibilities for a staff of management analysts and support personnel ranging from GS-02 to GS-14.
- Designated to serve as the IHS Liaison to the Government Accountability Office (GAO).
- Designated to serve as the IHS Liaison to the HHS Office of Inspector General (OIG).
- Appointed Member of the IHS Property Board of Survey (BOS).

Senior Supervisory Health Science Administrator (Executive Officer) Indian Health Service Headquarters
(O-5 in an O-6 Billet) Office of Clinical and Preventive Services (OCPS)
March 2008 – January 2010 Rockville, MD – Supervisor: CAPT James Bresette, PharmD

The IHS expends more than $3.8 billion per year to provide health care to more than 1,800,000 American Indians and Alaska Natives with OCPS having direct and indirect responsibility for over $2 billion of the total IHS budget. OCPS is responsible for maintaining high quality patient clinical and preventive services, developing new programs to include implementing, monitoring, and evaluating overall program effectiveness, and promulgating policies to meet IHS healthcare needs. My position is specifically responsible for the following:

- Responsible for the overall administrative effectiveness of the OCPS. Conduct oversight and monitoring to ensure systems are in place to meet OCPS' fiscal, personnel, and administrative responsibilities consistent with existing policies, regulations, and statutes.
- Supervise OCPS' Executive Office and Administrative Support Staff (7-9 staff).
- Manage the OCPS budget formulation and execution activities (representing approximately $2 billion annually) and coordinate with OCPS professional staff on their individual division/program budgets.
- Oversee the OCPS grants management staff to ensure requests for proposals, review panels, grant awards, and management of OCPS grantees is in accordance with policies and procedures (13 programs, $159 million/year).
- As Delegations and Directives Control Officer for OCPS, reviews program plans, delegations and directives as submitted by the program staff to assess appropriateness and consistency with recognized fiscal, personnel, and administrative standards.
- Provide service-wide leadership in health program operations to accomplish IHS goals, objectives, policies, and priorities.

Health Science Administrator (Executive Officer) Indian Health Service Headquarters
(O-4 in an O-5 Billet) Office of Clinical and Preventive Services (OCPS)
November 2007 – March 2008 Rockville, MD – Supervisor: CAPT James Bresette, PharmD

This position included the same duties and responsibilities as the previously listed position, minus the supervision of Executive Office and Administrative Support Staff. After four months on the job, I was asked to take on the direct supervision of a number of OCPS employees and functions.

Director, Family and Community Health Services California Rural Indian Health Board, Inc. (CRIHB)
(O-4 in an O-5 Billet) Family and Community Health Services Department
May 2001 – November 2007 Sacramento, CA – Supervisor: Mr. James Crouch, MPH

In addition to serving as the Director of the Family & Community Health Services Department, I also performed as the CRIHB Deputy Director. This included the delegation to serve as the Acting Executive Director, in the absence of the CRIHB Executive Director. I was responsible for the overall development, administration and supervision of the Family

and Community Health Services Department at CRIHB. The Department provides training and technical assistance to Indian health clinics in California, in accordance with contract and grant requirements.

- Supervised department's professional and support staff (17 employees)
- Developed and monitored various department budgets (~$9.2 million per year)
- Researched and developed funding opportunities for the department, prepare grant proposals
- Coordinated program linkages with federal, state and other service agencies

Grants Manager/Program Administrator — Phoenix Indian Medical Center (PIMC)
(O-3 in an O-6 Billet) — Centers of Excellence, Indian Health Service
September 1999 - April 2001 — Phoenix, AZ – Supervisor: CAPT Charlton Wilson, MD

- Supervised professional and support staff for 3 separate departments (10 staff).
- Developed and monitored various department budgets (~$3 million).
- Researched and developed funding opportunities. Prepared grant and contract proposals
- Coordinated program linkages with federal, state and other service agencies.
- Charged with the fiscal monitoring of 5 programs. In all, I successfully monitored approximately $3,000,000 of federal funds on an annual basis.
- Assigned as Project Officer for various tribal diabetes grant programs in the Phoenix Area. Represent the National IHS Grants Management Officer in providing necessary and appropriate technical assistance as well as continuous monitoring of the grantee's technical performance.

Project Manager — Arizona Association of Community Health Centers (AACHC)
April 1997 - July 1998 — Phoenix, Arizona- Supervisor: Mr. Andrew Rinde, MA

Directed, Administered and Maintained the following programs:

- National Patient Satisfaction Survey Program marketed to and utilized by over 50 different health centers in the United States.
- Financial Ratio Productivity Program for the Financial Officer's, enabled various health centers within Arizona to compare financial ratios and other relevant indicators.

US AIR FORCE ASSIGNMENTS:

Public Health Technician — Birling Bergquist Hospital
JUL 93- AUG 96 — Offutt AFB, Omaha, Nebraska
Public Health Technician (Overseas Duty) — Operation Safe Haven
SEP 94- FEB 95 — Panama City, Republic of Panama

Directed, Administered and Maintained the following programs:

- Hospital Employee Health Program for staff of over 900 healthcare workers.
- Blood and Body Fluid Exposure Control Program for hospital, fire and emergency personnel.
- Animal Bite/Rabies Prevention and Control Program for Base population of over 13,000.
- Tuberculosis Detection and Control Program for base population.
- Communicable Disease Control Program for base population.
- Food and Public Facility Inspection Program for over 200 base facilities (food, child care, health).
- Occupational Safety and Health Program for 9,000 base employees.

AWARDS & RECOGNITION:

USPHS Awards

• PHS Presidential Unit Citation	US Public Health Service	2016
• PHS Outstanding Service Medal	US Public Health Service	2008, 2011, 2017
• PHS Outstanding Unit Citation	US Public Health Service	2018
• PHS Unit Commendation	US Public Health Service	2008 (2), 2011 (2)
• PHS Response Service Award	US Public Health Service	2017
• PHS Special Assignment Award	US Public Health Service	2008, 2006
• PHS Citation	US Public Health Service	2004
• Commissioned Corps Training Ribbon	US Public Health Service	2002

Other Awards

• IHS National Director's Award	Indian Health Service	2002, 2010, 2017
• Air Force Commendation	US Air Force	1996
• Unit Commendation	US Air Force	1996
• Good Conduct	US Air Force	1996
• Air Force Achievement	US Air Force	1995
• Humanitarian Service	US Air Force	1995
• National Defense	US Air Force	1993
• Air Force Basic Training	US Air Force	1993

CONTRIBUTIONS TO USPHS/HS CATEGORY/PROFESSIONAL ORGANIZATIONS:

Membership/Leadership/Involvement in PAC/Advisory Groups/COA and Other USPHS:

IHS Exceptional Proficiency Promotion (EPP) Board - Chair		2012/2013/2014
Appointed Member – HSO Appointment Board		05/10 – 12/12
Health Services Professional Advisory Committee (HS-PAC) Appointed Member		01/01/05 – 12/31/07
Membership Subcommittee Chair	2006	
HSO Ad-Hoc Committee – Fracking	2010	
AI/AN Commissioned Officers Advisory Committee Appointed Member		10/01/01 – 12/31/07
AI/AN Commissioned Officers Advisory Committee Non-voting Advocate Member		01/01/08 – 12/31/2010
Chair	2002	
Vice Chair	2003	
Secretary	2001	
Membership Subcommittee Chair	2006, 2007, 2008, 2009, 2010	
Minority Officers Liaison Council (MOLC) Voting Member		2002 & 2010
Vice Chair	2002	
AIANCOAC Representative	2010	
DC-COA - Volunteer Judge - Frederick County Science Fair		2009
DC-COA – Holiday Bowling Party Planning Committee Member		2009
Aide-de-Camp, IHS Director's Swearing In Ceremony (Robert G. McSwain)		2008

Collateral Duties/Agency Support Activities

Executive Council Member – Carl T. Hayden Veterans Administration Medical Center	01/2014 – 06/2017
Council Member - AzHHA Central Regional Hospitals	01/2014 – 06/2017
Assigned as the HSO Representative to the IHS Agency Network	10/2008 – 11/2012
CDC Comprehensive Cancer Control National AI/AN Workgroup Member	01/2005 – 11/2007

Building Healthy Native Communities IHS Fellowship Development Workgroup	June 2004
CRIHB Tribal Head Start Health Services Advisory Committee Member	2003-2007
Sacramento County Tobacco Control Coalition Advisory Committee Member	2002-2007
American Indian Tobacco Education Network Advisory Committee Member	2001-2007

Professional Organizations:

ACHE (American College of Healthcare Executives)	Since 1998
COA (Commissioned Officers Association)	Since 1999
MOAA (Military Officers Association of America)	Since 2002
ROA (Reserve Officers Association)	Since 2006
AMSUS (Association of Military Surgeons of the United States)	Since 2006
ASU Alumni Association (Native American Chapter)	Since 1998
ASU MBA Alumni Association	Since 1998

RESPONSE:

Rosebud Indian Hospital – Systems Improvement Agreement Phase I Management Team Chief Executive Officer	05/2016 – 10/2016

USPHS Response Team and Tier

Rostered on Tier 3, Roster B (Admin/Finance)	08/2011 – Present
Rostered on Mental Health Team 2 (MHT-2 Admin/Finance Chief)	09/2009 – 08/2011

The CHAIRMAN. Thank you, Admiral. We will start with five-minute rounds of questioning.

A recent Wall Street Journal article noted that inquiries into a physician's work history are not always screened by an IHS manager, which makes it easier for a doctor with conduct issues to be hired. If confirmed as Director, how would you ensure that all health care professionals hired by the Indian Health Service are credentialed and in good standing with the medical boards they are certified in?

Mr. WEAHKEE. Thank you for the question, Chairman Hoeven. One of the primary responsibilities I feel as the principal of the agency is to establish that tone at the top, and to create the policies and the controls necessary to not only equip the team members to identify when something doesn't quite look right, but to feel free to report those items up, that we should be creating a culture that celebrates success.

One of the items that we have worked on recently is the implementation of a centralized credentialing system. This enables transparency into the records of providers, not only at the local level, at the service unit level, but also by our area offices and at the headquarters level. So we have that ability to really open up and be transparent in the records.

We are working through Dr. Michael Toedt, our Chief Medical Officer, to firm up any loose ends in our policies. A good example of this is if we have providers with licenses in multiple States, and they may have an active license in one State but a restricted license in another, that it is clear in our policy that that person is not hirable, that that individual had a restricted license for a reason, and that we should not be employing them in our system.

Ultimately, the focus should be on keeping our patients safe and elevating the quality of the care that we provide.

The CHAIRMAN. How will you make sure that you don't have a repeat of something like what happened with Stanley Patrick Weber?

Mr. WEAHKEE. Thank you, Senator. Again, hearing from my mouth directly and from all members of our senior team that those types of activities are absolutely unacceptable and will not be tolerated. We cannot risk any harm to our patients. Creating knowledge and awareness of, if you see something that doesn't look right, report it, and let's let the investigation play out. We want to make sure that not only are employees trained, but that they have tested to that training, and that they know their roles and responsibilities in the process.

So establishing policy control, tone at the top, I think are the major items that I will be focusing on.

The CHAIRMAN. At the same time that you are making sure you have proper accountability, how are you going to recruit the health care professionals you need for IHS?

Mr. WEAHKEE. Thank you, Senator Hoeven. As I noted, tribal leaders and urban Indian organization leaders helped us to identify that recruitment and retention is one of our major challenges. Stories like that of Dr. Weber do not help us in that regard.

So what we need to do is focus really on all of the great work that the agency is doing. We hear in the news reports terrible stories like that of Dr. Weber, but we don't tell the story enough about all the great work that is going on throughout our Indian health care system, where we have places like the South Central Foundation that is a two-time Malcolm Baldridge Award winning health care system. People from around the world travel to Alaska to learn from them.

We don't tout that enough. We don't tell the story about Cherokee Nation standing up a medical school to train the next generation of medical providers in reservation-based medicine. So once those needs in Oklahoma are met, we will have these Indian-trained physicians going out throughout the rest of Indian Country.

We need to be innovative in our thoughts and how we recruit. We need to partner with you for flexibility on items like our scholarship and loan repayment program. We currently use that as one of our central tools in attracting new graduates and current students into our system, that we are not as attractive as other systems like the armed forces and the National Health Service Corps, because of the taxability issue. If we could work to eliminate that tax burden, we could compete better for a limited pool of students.

Also to have flexibility in the payback. Currently, our system requires a two-year clinical payback. If we were more like some of the other services, we could do a more flexible payback schedule, perhaps a half time over a four-year period, or a part time clinical, part time administrative payback. These types of legislative actions would be very beneficial to us in our recruitment efforts.

The CHAIRMAN. If you partner with the Public Health Service, that is something we talked about as a way to attract talent.

Mr. WEAHKEE. Thank you, Chairman. Very much, a primary strategy is to work with the Office of the Surgeon General to bring new commissioned officers into the Indian Health Service. We have gained both the Secretary's and the Assistant Secretary for Health, Brett Giroir's commitment that any new entrants into the public health service will be focused to Indian Health Service hard to fill slots as a priority. New physicians, new dentists, new nurses, all

professions, that those in direct clinical positions in Indian Health Service are being prioritized.

The CHAIRMAN. And if confirmed, will you commit to work to improve the credentialing system, so that more dentists, for example, who are more willing to come out and do pro bono work and that kind of thing, are able to do so?

Mr. WEAHKEE. Absolutely. If confirmed, we will do so. I know that Dr. Toedt and our dental professionals have already conducted some initial demonstration projects to assess how we can reduce that and streamline that process. So we look forward to that.

We also need to partner with Congress to look at Federal tort claims coverage for volunteers. Currently, our FTCA does not automatically extend to volunteers in the Indian Health Service.

The CHAIRMAN. Good. Thank you. Vice Chairman Udall.

Senator UDALL. Thank you, Chairman Hoeven.

Admiral Weahkee, we covered very extensively the medical malpractice issues reported in the Wall Street Journal. We have had several here, talking about Dr. Weber and the abuses there. But I just wanted to ask you very specifically, if confirmed, will you commit to full transparency with Congress and the tribes on these kinds of issues, and working with us to put an end to these abuses?

Mr. WEAHKEE. Thank you, Vice Chairman Udall. You have my full commitment to transparency and openness. I want to be candid with all the Committee's requests.

Senator UDALL. Thank you. If confirmed as Director of IHS, you will transition from a career civil servant and member of the uniformed services to a political appointee. As an appointee, you will be asked to balance advancing the Administration's policies with advocating for Indian Country's priorities at the highest level within the Executive branch. This balancing act can be difficult to achieve, especially when those two tasks stand in conflict with each other.

Since 2017, we have seen the budget process reflect this conflict. IHS and other Native programs at HHS have been the targets of budget cuts under this Administration. Will you be a fierce advocate for Indian Country at HHS? Will you be willing to take on the political leadership to fight for needed resources at IHS?

Mr. WEAHKEE. Thank you, Senator Udall. I will absolutely continue in the same manner that I have over the past two plus years to be a very vocal internal advocate within HHS. I do feel confident that there is a lot of support for Indian health within HHS, and the Secretary and Deputy Secretary have expressed directly that they are in full support.

So adding my voice to that of our ANA commissioner, Jeannie Hovland, and others within government, there is a lot of education to do. But I do feel confident that we are making a lot of progress, and that future requests are going to demonstrate that.

Senator UDALL. A Government Accountability Office study released in September found that the Affordable Care Act increased health insurance coverage among IHS patients, and that federally operated facilities increased third party revenues by 51 percent. The expansion in health insurance coverage, especially through the ACA's Medicaid expansion, has allowed the Federal, tribal and

urban IHS facilities to continue their operations and expand services beyond just life and limb.

Do you agree with the findings of this report?

Mr. WEAHKEE. Thank you, Senator Udall. We have analyzed data internally, and we have also met with our tribal partners. It is evident that in many parts of the Country where there are additional resources now available that our programs are able to see and provide services for diagnostics, prevention, where in the past they were only able to take care of life and limb medical priority level one.

So any opportunity that we have to expand resources coming into our Indian Health Care system definitely would be beneficial.

Senator UDALL. Do you believe that increased third party revenues will result in improved health care outcomes for IHS patients and Native communities?

Mr. WEAHKEE. I do believe that additional resources and third party revenues would be used to benefit our patients and improve health outcomes, reduce disparities, yes, sir.

Senator UDALL. You listed recruitment and retention of quality clinical and leadership staff as the top challenge facing IHS in one of your responses to the Committee's nomination questionnaire. The Albuquerque and Navajo service areas have two of the highest IHS medical provider vacancy rates in the Country. These staffing shortages have dire impacts on Native communities in New Mexico.

Just last month, the ACL Hospital, which is located about an hour west of Albuquerque, had to shut down its emergency room and urgent care departments. Based on your experience as Acting Director, what factors pose the greatest barriers to recruitment and retention at IHS? If confirmed, how will you overcome those barriers?

Mr. WEAHKEE. Thank you, Senator Udall. There are many different challenges to recruitment and retention efforts in the most rural and remote parts of our Country. Housing is a substantial issue, and we have been thankful for the support of Congress to provide funding for staff quarters. We have also turned to innovative strategies to address lack of housing, such as construction of 19-unit apartment complexes throughout many different sites in Indian Country, Chinle and Crown Point, Pine Ridge and Rosebud. We have been able to put these units in at approximately $5 million per complex. That alleviates the need to reserve homes for contract providers. We can provide those single-family homes to young health care professionals, extending the availability of housing throughout Indian Country.

Transportation, education systems, when we are recruiting a health care provider, we are also recruiting their family. We need jobs for spouses. So one of the areas that we have been working on through the Intradepartmental Council of Native American Affairs is to partner with our sister agencies who have funding to help meet these challenges and meet these needs, and to address the economic development issues and the housing issues, transportation issues, to help us attract talent into remote locations like Acoma, Canoncito, and Laguna.

Senator UDALL. Thank you for that answer. Thank you, Mr. Chairman.

The CHAIRMAN. Senator Murkowski.

STATEMENT OF HON. LISA MURKOWSKI,
U.S. SENATOR FROM ALASKA

Senator MURKOWSKI. Thank you, Mr. Chairman.

Rear Admiral Weahkee, thank you for visiting with me this past week. Also thank you for your several visits up to this date, to know and understand better some of the conditions that Alaska Natives are facing when it comes to delivery of health care.

I also appreciate your comments this afternoon as it relates to recruitment and retention and what can be done here, what we can help do in terms of encouraging more to come over to the IHS system, and making available the scholarship and the loan repayment programs that are offered by National Health Service Corps and the loan repayment programs and the exempt scholarship provisions that would help you, I think, be a little bit more competitive. I know that is something that I think is an important way that we can assist.

I also want to raise an issue that we had discussed, and this relates to water and sanitation. As you know, in far too many of our rural communities, we have communities that lack any level of basic sanitation needs being met. We have no running water; we have no sewer facilities. When you are not able to have clean water to drink, or to bathe in, or to clean your clothes, your home, disease is allowed to accumulate. We have issues, whether they are respiratory issues, whether they are just communicable diseases that are shared. I think we recognize that these are a key and an integral part to how you are able to better provide for the health care needs of so many in my part of the Country, up in Alaska.

We know that Public Health Service, IHS, has recognized that it makes sense to provide some incidental benefits to non-Indians in an Indian community in order to get the full sanitation benefits to the folks that are there. You have authority under the Sanitation Facilities Construction Act. But as we have discussed, there have been interpretations more recently through the IHS that are perhaps more stringent as to how those rules apply to non-Indian communities, requiring IHS to then pay the pro-rata contribution for whole projects, which then makes it absolutely impossible, infeasible to move forward.

So I am hoping that we can continue to work with you to ensure that we are able to do right when we say we want to meet the statutory obligation of serving our Native communities as a whole. This is something that is going to be a more complicated and a broader approach, but I hope I have your commitment to work in these areas where we know we will have direct and positive impact on health outcomes.

Mr. WEAHKEE. Thank you, Senator Murkowski. I really enjoyed our conversation. You have my full commitment to continuing the dialogue and to work with our partners throughout government, the Environmental Protection Agency and the U.S. Department of Agriculture, to bring the resources that they receive to meet the needs of our Indian communities and our Indian homes as well.

We know that, in personal visits that I have had the opportunity to make, to Shishmaref and Wales, I have had the opportunity to

see first hand the limited facilities, the solid waste concerns, the PASS system in some communities that has been used as an innovative way of addressing sanitation. You definitely have my commitment to continue scanning the landscape for innovative solutions, and to best use the Indian Health Service's resources to meet the needs throughout Indian Country. We are talking about Alaska here specifically, but Navajo Nation has many homes still without running water as well. Ensuring that those formulas are constructed in a manner that gets the money to the locations that need it the most.

In today's day and age, as I have heard you say many times, we should not be relying on honey buckets, and we should really take a public health approach to meet these needs.

Senator MURKOWSKI. I appreciate the recognition that we need to have these various Federal agencies working together. The end goal is the overall health of our Native peoples. When we get siloed because USDA has an interpretation, a language that is one way, EPA has another, and we can't migrate through these siloes, we are not able to accomplish what we need.

Mr. Chairman, I have raised the issue of the 105(l) leases with Rear Admiral Weahkee. It is a big issue for IHS. It is going to have significant budget impact. Senator Udall knows full well, as we look at our Interior Appropriations bill, if we don't find a solution to this soon, IHS is going to have to reduce part of their budget to pay for these leases.

I have raised this issue with the Rear Admiral. I think it is fair to say that you agree that this is a growing concern, it is something that we need to get our arms around in terms of understanding what the number of proposals is that we might anticipate, what is the trajectory of growth. This is something I am going to continue to press on. You have given me your assurance that you are going to be working with us on that. I think that is something that we all need to be very aware that this could literally take over our IHS budget if we don't have a greater understanding.

Mr. WEAHKEE. Thank you, Senator Murkowski. You have my commitment to continue providing the assistance needed. And we do have very willing tribal partners to help us project that out-year cost. We have a Federal tribal work group that is ready to help us identify the inventory of tribally owned buildings being used for health care. And just to update the rest of the Committee on the trajectory, it has basically doubled every year. At the end of fiscal year 2019, we have received 205 proposals, at an approximate cost of $100 million.

The CHAIRMAN. Senator Smith.

STATEMENT OF HON. TINA SMITH,
U.S. SENATOR FROM MINNESOTA

Senator SMITH. Thank you, Mr. Chair, and Vice Chair Udall. Thank you very much, Rear Admiral Weahkee, for coming in to speak with me last week, I think it was. I enjoyed our conversation very much. I appreciate your willingness to serve in this role.

During my time on this Committee, I have heard from both my Republican and Democratic colleagues a real concern about budget cuts and inadequate funding for programs of Indian Country, par-

ticularly Indian Health. Of course, we are always balancing priorities, and it is a challenge. We are always living in a world of limited resources. Yet I think when it comes to our relationships with tribal nations, this is a matter not of priorities, this is a matter of solemn trust and obligation and agreement.

I bring this up because, as you and I discussed when you came to my office, when the Federal Government shut down earlier this year, we really failed in that obligation. So many of us were deeply aware of the consequences this had in Indian Country. Mr. Chair, Mr. Vice Chair, we are talking about the challenges of recruiting health care providers to Indian Health Service hospitals as an example, in Indian Country, recruiting people. Yet the shutdown, we had this experience of making it even harder to recruit people.

So my question, to start out with, is, will you commit to be a fierce advocate within the Administration for advanced appropriations in Indian Country?

Mr. WEAHKEE. Thank you, Senator Smith. In partnership with the tribes and the National Indian Health Board, we did conduct quite a bit of work in January and February of this year to really assess the impacts of government shutdown on the Indian Health system of care. We learned things like patients not being able to make it to their appointments, or to emergency care, even, because roads were not able to be plowed. So that is a real patient safety issue.

We had some tribes that were in a situation where they had to go and take short-term loans out, with high interest rates, in order to make payroll. So these things are really creating a lot of havoc throughout Indian Country. Internally, when we have continuing resolutions or questions about continued funding, we are not able to plan or prioritize as well as we should be able to. So looking forward to the future, if we have an unclear budget picture, or we don't know when and how we will be able to modernize our electronic health record, or roll out our community health aid program in the lower 48, or further stand up our Office of Quality and Compliance Program.

So I have heard very loudly from tribal leaders that they would like to see advanced appropriations in the same way that the Veterans Administration has advanced appropriations for the provision of direct health care, and not wanting to interrupt and put patients at risk. I think that logic is very clear. We have had robust dialogue within HHS and with appropriators about this topic.

Senator SMITH. Would you be willing to advocate for advanced appropriations?

Mr. WEAHKEE. I am willing to share all of the impacts of what not having advanced appropriations does to us.

Senator SMITH. Maybe I can just take that for a yes.

Mr. WEAHKEE. I will go right up to the line with you.

[Laughter.]

Senator SMITH. I am hearing a yes. Thank you, Senator Murkowski, I am hearing a yes there.

We had a really interesting conversation about the connection between mental health and physical health and the importance of really looking at all of the factors that affect people's whole health, really everywhere, but we were talking specifically about your work

in Indian Health Service. Senator Murkowski and I have been thinking a lot about this, and working on it, particularly when it comes to rural moms and looking at the vast disparities that we see in health outcomes and maternal mortality for women living in Indian Country, Native women compared to white women around the Country.

Would you just talk a little bit about how you see that issue, and how you would see working on that issue, should be you confirmed in this role?

Mr. WEAHKEE. Thank you, Senator Smith. Maternal mortality has definitely been a major focus area for us. In the past months, we have had CDC roll out some recent reports that demonstrate that our Native women continue to have much higher rates of maternal mortality in comparison to non-Native women. We have some strong partnerships with the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics.

We have been able to put together some patient bundles. Dr. Michael Toedt, who is our chief medical officer, sitting here to my right, has been very engaged in these activities. We have invested resources and have hired a maternal and child health expert at IHS headquarters to focus on issues like this. We expect that this will be a significant focus area for the agency moving forward, so that we can bring those disparate rates down.

Senator SMITH. Thank you very much. Mr. Vice Chair, I see that I am out of time. I would just like to add that I would like to enter into the record letters of support from the Red Lake Nation and the Mille Lacs Band of Ojibwe in Minnesota.

Senator UDALL. [Presiding.] Senator Tester.

STATEMENT OF HON. JON TESTER,
U.S. SENATOR FROM MONTANA

Senator TESTER. Thank you, Senator Udall.

I want to thank you for your willingness to serve, Admiral. A special thank you to your wife, Rose, thank you for being here, and thank you for being a big part of the team. I mean that.

The first question is for you, Admiral. You spoke of your leadership team. Is it fully staffed at this moment in time?

Mr. WEAHKEE. Thank you, Senator Tester. We have, of all of our Indian Health Service senior executive service positions only two vacancies currently, out of about 35 positions. It is the best we probably have ever been.

Senator TESTER. That is good. So overall, in the IHS, can you tell me what your staffing is?

Mr. WEAHKEE. Yes, sir, historically, and our current vacancy rate, is at 20 percent across all professions out of 15,400 employees.

Senator TESTER. Okay. So your vacancy rate is 20, and I am not sure, we didn't cover this in the office, and thanks for stopping in, I had a nice visit. Did you say your turnover is about 5 percent, or was that somebody else I was talking to?

Mr. WEAHKEE. It must have been somebody else.

Senator TESTER. Okay. What is your turnover rate?

Mr. WEAHKEE. We are probably, depending on the profession, which we do track very specifically by profession, would likely run into the thirties.

Senator TESTER. Okay. So I have a parochial issue I want to take up with you really quick, and you don't have to handle it yourself, but it is why I asked if your leadership team was fully staffed. You can pass this on. There is a dispute right now between health care given by Glacier County, up by the Blackfeet Reservation, and IHS. I am not saying IHS is wrong, and I am not saying Glacier County is wrong. But it would be great to put somebody on this, to get this resolved, if you could. I would certainly appreciate this, once you are confirmed.

I have a couple other questions. They kind of revolve around what has already been said. I really, really appreciate your answer to the Ranking Member on being an advocate for funding. As I told you in my office, I have been through three administrations now. We have had folks in front of this Committee several times, and funding has always been a problem.

You are uniquely qualified to be in this position, because you are Native American, you have used the services, you have been in the system as an employee and as a utilizer. I think that if anybody knows the challenges out there from a money standpoint, it is you. It is important that you are a fierce advocate for funding.

Have you had an opportunity, when it comes to retaining people, and you are involved with the military, so you get this, to take a look at some of the tools that the VA, that Congress has given the VA to be able to hire and retain employees? If you have, tell me if you would like those authorities. If you haven't, I would just encourage you to have somebody go over and work with the VA to determine what they have to see if they would work for you.

Mr. WEAHKEE. Thank you, Senator Tester. I thank you for bringing up the VA. I have, actually, looked quite in-depth at the VA's authorities with envy. Title 38 authorities enable the VA to compensate at higher rates. Their benefits packages are much better than Title 5 and the hiring authority that we have within the IHS.

Senator TESTER. So they can actually be competitive with the private sector that they are in competition with?

Mr. WEAHKEE. They can get a lot closer than we can, yes, sir. Across many different professions, we have actually used the VA's work to create our own pay scales for professions like podiatry.

Senator TESTER. Would you be willing to work with any of us on the Committee, but I think it starts with the Ranking Member and the Chairman, to try to get those authorities for IHS?

Mr. WEAHKEE. Absolutely, sir. We would very much love to partner with you on that.

Senator TESTER. I think there are some opportunities for success here. I think you guys have a hard time. And it is for a number of reasons. Part of it is compensation, part of it is housing, which is more difficult than compensation, from my perspective. We would love to work with you, and I know there are other folks on this Committee that would love to work with you. Since I am ranking on the VA committee, we are pretty much up to our waist in some of the stuff that they have done there.

I want to thank you for being here. I want to thank you for being in my office. Probably the only folks that know this are the folks in your family that are in this room, but we had a dust-up a few

years ago. I want to tell you that we—evidently you do know about that.

[Laughter.]

Senator TESTER. I want to tell you that when I went back to Montana and talked to the Native American population, they were happy about that. They liked that. They loved me, and not for any other reason but the fact that, and I will just say this quite frankly, and this isn't on you, it is on the agency in general, over decades and decades and decades, they don't believe there is anybody in IHS that is fighting for them.

I would just tell you that, I think you are going to get confirmed, and you should get confirmed. But if you leave here without anything, I would just ask you to be a fierce fighter for the Native Americans that you serve. If you do, they will build statues to you. They need somebody.

IHS is, you know this, I don't need to preach to you, you have been there, you have done that. But it really is oftentimes a life and limb situation. If you are able to break through that, you have a lot of people on this Committee that are on your side, on both sides of the aisle, that will help you be successful. I would just say, be aggressive and good luck. Thank you.

Mr. WEAHKEE. Thank you, Senator Tester.

The CHAIRMAN. [Presiding] Vice Chairman Udall.

Senator UDALL. Thank you, Mr. Chairman.

Today seems to be the day for New Mexico tribes in the Committee. Also present are a number of members of the Tesuque Pueblo, including the Governor, Governor Herrera. Welcome here today, and it is good to have you.

We talked about the facilities, Admiral, especially the ones in New Mexico that have had some issues over emergency rooms and urgent care and keeping them open. Will you commit to making sure that the IHS facilities in New Mexico, like the ACL, Crown Point, and Gallup IHS hospitals have enough staff to keep the doors of their emergency rooms and urgent care open?

Mr. WEAHKEE. Thank you, Senator Udall. I commit to doing all that we can to ensure that those emergency physicians, emergency nurses, are there for our patients. That is really the sole purpose and the reason for our agency, is to be that safety net for our Native communities.

We do, when we are not able to hire directly, we contract for those individuals to locums companies, at sometimes two to three times the cost of what it would be if we could hire them outright. But we are dedicated to identifying those resources and having those individuals in place.

Senator UDALL. Great. Thank you for that commitment.

It is no secret there is a severe health care provider shortage in Indian Country. Indian Country needs more doctors, more midwives, nurses, and lab techs. However, Indian Country also needs more ways to help support Native youth who want to serve their communities and earn a living.

Admiral Weahkee, do you believe IHS has a role to play in developing a pipeline of Native youth into health professions?

Mr. WEAHKEE. Thank you, Senator Udall. I do believe strongly that developing our own youth to work in our facilities is a primary

strategy that we should be using. I have already initiated conversations internally with ANA Commissioner Jeannie Hovland, and with the Office of Minority Health, to look at their grant-making abilities to fund programs that will introduce our Native youth to health care professions at an early age, we are hoping as early as elementary school and junior high, in fact, so they can start along a path towards a health care profession.

Dr. Weahkee and myself are doing our own part. We are really pushing our kids to pursue health careers. So we are trying to train our own for the next generation of health care professionals.

Senator UDALL. We would like to see that. We are very encouraged.

Earlier this year, you collaborated with your counterparts at the CDC to publish an op-ed on efforts at the Department of Health and Human Services to address HIV in Indian Country. I am glad to hear you are working on this initiative. I was a bit surprised, because just a few months before the op-ed was published, the Department proposed eliminating the CDC's Good Health and Wellness in Indian Country program, a program specifically created to address HIV and other chronic diseases. I am sure you would agree that this seems like a bit of a disconnect.

If confirmed, will you continue to build partnerships with sister agencies at HHS and will you commit to advocating for Native programs like Good Health and Wellness at those agencies?

Mr. WEAHKEE. Thank you, Senator Udall. I was ecstatic that the Indian Health Service was involved early in the ending HIV initiative. It is typical that IHS is an afterthought, but we were included early in this endeavor. That is through the leadership and vision of the Secretary and Director Redfield from the CDC seeing how many of the communities were overlapping with our rural reservation sites, Oklahoma being one of those seven States that has a high number of new HIV infection rates, and Maricopa County being another of those 48 communities.

Using science, using data to really direct the resources to where they are needed, I think, is vitally important. Again, the role of the IHS Director being that vocal internal advocate to my sister agencies and their leaders about the needs in Indian Country is of primary importance. You have my commitment that, if confirmed, I will do that, yes, sir.

Senator UDALL. That is great. Advocacy is so important. Sometimes I hear from tribes where they are trying to just open the door and get in and talk about a program with one of your sister agencies. I think a call by your leadership team and being a vocal advocate would just really make a difference there.

Thank you very much, and we look forward to working with you.

The CHAIRMAN. Senator Cortez Masto.

STATEMENT OF HON. CATHERINE CORTEZ MASTO, U.S. SENATOR FROM NEVADA

Senator CORTEZ MASTO. Thank you.

Admiral, it is good to see you again. Thank you for meeting with me last week.

When we talked, we talked about maximizing Medicare enrollment in Indian Country. I appreciated the conversation.

There are a handful of different public data points on how many tribal members are actually enrolled in Medicare. They give a broad range of estimates. For example, the American Community Survey data says 96 percent of tribal members report Medicare coverage. The Survey of the Elders finds a Medicare coverage rate of 78 percent. And the National Health Interview Survey finds a Medicare coverage rate of 88 percent.

So does IHS have data that would help us to understand actually how many tribal members who get coverage from IHS facilities are Medicare eligible? And of those, how many are enrolled in Part A, B, or D coverage? That is the data that I am looking for, and I am curious if IHS has that already.

Mr. WEAHKEE. Thank you, Senator Cortez Masto. I appreciated our conversation the other day as well.

We do work very closely in partnership with the Centers for Medicare and Medicaid Services. We have a regular conversation with them about the needs and interests of Indian Country.

In terms of our data sets, we are very quickly building our capacity, both on the Medicaid and the Medicare side, to track all of our third-party reimbursements. I will have to go back to determine whether or not we have the ability to split by parts. But we do, of course, track very closely our coverage rates and our reimbursements through Medicaid and Medicare.

Senator CORTEZ MASTO. Thank you. And that information is helpful, for the reasons that I think we talked about in our conversation in my office. I am working on a bill to enable tribes to pay Medicare premiums on behalf of their members. Making sure that our eligible tribal members are enrolled would help provide access to care for seniors. It would help tribes stretch their dollars further.

So do you see that type of policy, one that would boost enrollment in health insurance, as beneficial to Indian Country?

Mr. WEAHKEE. Thank you, Senator. I feel that any initiative that will expand coverage for our American Indian and Alaska Native beneficiaries would be helpful.

Senator CORTEZ MASTO. Thank you. I look forward to hopefully working with you on this policy.

One final question. As you well know, of the Federal programs in Medicaid, it is Medicaid that provides the greatest volume of coverage to Indian Country. The ACA was a major boon to that coverage. I saw that in Nevada, working with my tribes. Today, Medicaid covers more than a quarter of the American Indian and Alaska Native populations.

Like Medicare, Medicaid helps stretch IHS dollars farther, and improves access to quality care. Does IHS know what portion of the individuals you serve are eligible for Medicaid but not enrolled, and whether there is a gap or not?

Mr. WEAHKEE. We do have data, and thank you again, Senator, for the question, regarding our coverage rates. I feel strongly that one of the challenges that we have within Indian Country, not only on the Federal side, but on the tribal and urban side, is educating our patients about the importance of enrolling in Medicaid. Because it expands our purchasing power.

Many people see IHS as their health care plan, and why should I apply for Medicaid or Medicare, IHS will take care of me. So it is really an education opportunity for us to tell the story about expanded services that we could provide, the greater capacity that we could have if we were able to enroll more people into the Medicaid coverage.

So in terms of rates, I will have to talk to our Office of Resource Access and Partnerships. I don't have those percentages off the top of my head. But we do track by State, we do track, in many instances, by service unit or location.

Senator CORTEZ MASTO. Thank you. I look forward to that information, and working with you and your team on how we can close that gap.

Thank you so much. Congratulations on your nomination.

Mr. WEAHKEE. Thank you, Senator.

Senator CORTEZ MASTO. I yield my time.

The CHAIRMAN. There being no further questions, if there are any questions, they can be submitted in writing. Also, we would ask that you respond within two weeks to any of those.

With that, unless there is any other question, or business for the good of the order, I would like to again thank you, Admiral Weahkee, for being here. We appreciate it very much, and appreciate your testimony.

Thank you so much.

Mr. WEAHKEE. Thank you, Senator.

The CHAIRMAN. We are adjourned.

[Whereupon, at 3:45 p.m., the hearing was adjourned.]

A P P E N D I X

PREPARED STATEMENT OF JAMES L. BRESETTE, PHARM.D., MEMBER, RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA

For the record, I am an enrolled member of the Red Cliff Band of Lake Superior Chippewa. I do not take this action lightly as I am concerned that my tribe may face IHS retribution based on me providing this information.

As we discussed, please find the attached 2013 House Appropriations Bill for the Indian Health Service* that was not voted upon in the Senate due to a series of continuing resolutions for that fiscal year and Senator Harry Reed's failure to take up a separate budget bill opting for an omnibus spending bill instead.

Note on page 80 in the IHS Direct Operations requirement for the Agency to explain the departure of more than 25 senior leaders. These longstanding and competent IHS employees were harassed, threatened and chased from the IHS at the direction of IHS Director Yvette Roubideaux's expressed policy of removing from IHS senior management positions non-Indians without cause other than their race and others she deemed to not be her people and "loyalists".

IHS under Roubideau'x direction and through the actions of her "loyalists" such as then-CDR Michael Weahkee conspired to and violated multiple OPM personnel regulations to drive competent and qualified federal employees from the IHS. While IHS can legally hire based on Indian preference, IHS under Roubideaux's direction and with Weahkee's assistance sought to replace non-Indians from senior management positions based upon their race.

During this period, then-CDR Michael Weahkee was the IHS Office of Management Services (OMS) Deputy Director and was fully cognizant as well as an active participant in these highly suspect and illegal personnel and funding violations.

Additionally, Roubideaux's "loyalists" directly worked, assisted and tolerated bringing more Roubideaux "loyalists" into IHS Headquarters (Rockville, MD) during 2010 and 2011 on extended temporary duty (TDY) of multiple 180 day tours to reward them with high per diem Washington D.C. as additions to their pay. IHS records will show direct evidence of the excessive amount of funds spent in this manner unlike any prior years.

Several long-term IHS and former IHS employees subsequently contacted and met with members of the Senate Committee for Indian Affairs and Appropriations staffs in late 2011 and early 2012. At that time the SCIA and Appropriations staff were alarmed and yet not surprised due to other information they had received. When they asked how could they follow up surreptitiously as not to "tip off" IHS from hiding evidence or obfuscating their committee oversight, the current and former IHS employees advised them to "follow the money" spent in TDY costs as a logical and evidentiary means to conduct their review and open up additional areas of personnel and fiscal malfeasance.

When CDR Weahkee was charged and convicted of driving under the influence of alcohol in Montgomery County, Maryland. rather than disciplining CDR Weahkee, IHS at Director Roubideaux's direction promoted him by assigning him to Phoenix Indian Medical Center (PIMC) as COO and CEO to protect him, advance his career as a "loyalist" and get him "out of sight and out of mind" at IHS Headquarters.

RADM Weahkee and the Agency should be questioned about these occurrences both in the confirmation hearing and in written responses from the Agency to assure RADM Weahkee has the opportunity to explain these events and that these practices have been subsequently corrected by the IHS.

Former and current IHS employees can be interviewed to assist with additional facts and evidence as needed in support of and in addition to that provided here.

Sincerely and respectfully submitted.

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*The information referred to has been retained in the Committee files.

WINNEBAGO TRIBE OF NEBRASKA
December 18, 2019

On behalf of the Winnebago Tribe of Nebraska, I write this letter in support of the confirmation of Rear Admiral Michael D. Weahkee to serve as the Director of the Indian Health Service ("IHS"), U.S. Department of Health and Human Services.

The Winnebago Tribe of Nebraska ("the Tribe"), a federally recognized Indian tribe, is located in the northeast comer of what is now known as Nebraska. The Tribe was historically served by the IHS Winnebago Service Unit, which is part of the Great Plains Area, and operated a thirteen (13) bed hospital, clinic and emergency room on our Reservation. These facilities serve the citizenry of the Winnebago, Omaha, Ponca and Santee Sioux Tribes, a service population of approximately 10,000 people. In 2018, through the IHS Self-Governance Program, the Tribe established the Winnebago Comprehensive Healthcare System to transition IHS operations to tribal management and assume the functions of the Winnebago Hospital which is now the Twelve Clan Unity Hospital, the first of its kind in the Great Plains Area.

The Tribe appreciates Admiral Weahkee's support and attentiveness throughout the transition of its hospital from IHS to tribal management. Admiral Weahkee's leadership and integrity lend to his keen sense of listening and deliberative manner in working with tribes. His impressive leadership style is mission driven and he is effective and genuine in his approach for creative and patient centered solutions. Indian Country would do well with Admiral Weahkee at the helm of IHS.

I urge the Committee to swiftly approve Admiral Weahkee's nomination and I look forward to his confirmation by the full Senate.

Thank you for your attention.

Sincerely,

COLY BROWN, CHAIRMAN.

GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD
December 11, 2019

I, Jerilyn Church, President and CEO of Great Plains Tribal Chairmen's Health Board, strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his Bachelor of Science in health care management degree from Southern Illinois University-Carbondale, and both a Master of Health Services Administration and Master of Business Administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five-year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

JERILYN CHURCH, MSW, PRESIDENT/CEO

GILA RIVER INDIAN COMMUNITY
December 11, 2019

On behalf of the Gila River Indian Community I write in support of the confirmation of Michael Weahkee as Director of the Indian Health Service.

It is critical for the position of Director of the Indian Health Service to be filled. The health crisis facing Native Americans is well documented. The Director is charged with carrying out the programs and policies that have a direct effect on the health of our tribal citizens. At the Gila River Indian Community, we run a comprehensive health system with seven health facilities including hospitals, clinics, and a dialysis center. It is imperative that our federal partner at the Indian Health Service is engaged with the Community and has the authority to carry out the policies of the Administration.

While we are aware that many in Indian Country have raised concerns about Mr. Weahkee's commitment to consult and engage, the Community has been encouraged by the level of outreach that Mr. Weahkee has conducted in the past with us and his willingness to engage the Community and Indian Country around budgetary issues, programs such as the Special Diabetes Program for Indians, behavioral health issues, and tribal inclusion in dealing with the opioid crisis. We hope that Mr. Weahkee will continue to engage Indian Country upon confirmation and seek ways to partner effectively with the Tribes so that we can improve the health of our tribal citizens.

It is for these reasons that the Gila River Indian Community supports the nomination of Mr. Weahkee as Director of the Indian Health Services and hopes the Senate will promptly act on this confirmation.

Sincerely,

STEPHEN ROE LEWIS, GOVERNOR.

PORT GAMBLE S'KLALLAM TRIBE
December 10, 2019

I am writing on behalf of the Port Gamble S'Klallam Tribe to express our support for the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe for the position of Director of the Indian Health Service (IHS) in the Department of Health and Human Services (DHHS). We respectfully request that you support his confirmation for this position.

Our Tribe is a sovereign nation comprised of over 1,200 citizens and located on Kitsap Peninsula in Northwest Washington State. In 1992, we became one of the first Self-Governance tribes in the United States and assumed control of our BIA and IHS programs. Providing quality health care to our citizens and approximately 800 other American Indians, Alaska Natives, and nonIndians living on our Reservation is one of our paramount priorities. For this reason, we participate in the Self-Governance Advisory Committee meetings, the DHHS Secretary's Tribal Advisory Committee meetings, IHS and DHHS tribal consultation sessions, and other meetings related to health care and tribal governance. We do this with an eye towards improving our services to our people and holding the United States accountable to its treaty and trust responsibilities relating to health care.

We have had the opportunity to meet with RADM Weahkee in these meetings and separately. We believe RADM Weahkee is well suited to be the IHS Director and that his more than two years as Acting IHS Director has provided him invaluable experience for the role. We find RADM Weahkee not only to be competent to carry out the duties of the IHS Director, but to do so in a manner that is respectful of tribal sovereignty and with the best interests of Native Peoples at the forefront. We believe he understands treaty and trust responsibilities and expect that he will work diligently to carry them out. We ask you to support RADM Weahkee's nomination and to work toward his quick confirmation for the position of IHS Director.

Sincerely,

JEROMY SULLIVAN, CHAIRMAN

SPOKANE TRIBE
November 25, 2019

The Spokane Tribe of Indians strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States

Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years and, in that time, he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five-year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully;

CAROL EVANS, CHAIRWOMAN.

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

December 6, 2019

I am happy and honored to provide a personal letter that strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). I am an enrolled member of the Navajo Nation and reside in Rocklin, CA. Although this is a personal letter of support, in my professional career, I currently serve as the Director of the Research and Public Health Department at the California Rural Indian Health Board, Inc. (CRIHB) located in Roseville, CA. CRIHB is a network of 19 Tribal Health Programs, controlled and sanctioned by 59 federally recognized Tribes, serving American Indian and Alaska Native (AIAN) people residing in California. I have had the privilege of knowing RADM Weahkee for over 15 years, while he worked at CRIHB as the Director of Family and Community Health Services. RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving IHS and raising the physical, mental, social, and spiritual health of AIAN to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a Master of Health Services Administration and Master of Business Administration degree from Arizona State University in Tempe, Arizona.

During my personal and professional relationship with RADM Weahkee, I have come to know him as a person with a high level of commitment and dedication to improving the health and well-being of AIAN across the country. He has dedicated his professional and personal life to AIAN health care. He has served in a variety of different roles within the Indian health system of care, including in both the federal and Tribal setting (i.e. CRIHB). He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led IHS forward in a very trying time, overseeing the development and implementation of a new IHS five year strategic plan, the first in over a decade. He has pressed IHS forward to address long-standing and unimplemented, external oversight recommendations from the Government Account-

ability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that Tribal and Urban AIAN communities face in addressing the various health concerns that they are confronted with. It is this type of leadership, commitment, and character that is needed in the IHS Director. Thank you for your strong consideration of this endorsement.

Respectfully,

VANESSCIA L. CRESCI, MSW, MPA,
Director, Research and Public Health Department.

ALASKA TRIBAL HEALTH COMPACT
December 3, 2019

The Indian Self-Determination and Education Assistance Act, Pub. L. 93–638, as amended authorizes the Alaska Tribal Health Compact (ATHC or the Compact) which represents 229 tribes and their tribal health organizations to operate health and health-related programs. The Compact is the umbrella agreement that sets forth the terms and conditions of the government-to-government relationship between Alaska Native tribes and/or tribal organizations, and the United States government. We write on behalf of the ATHC, in support of Rear Admiral Michael D. Weahkee to be confirmed as permanent Director of the Indian Health Service.

The Indian Health Service (IHS) is obligated to provide healthcare services to Alaska Natives and American Indians (AN/AIs) in fulfillment of the federal government's trust responsibility, however IHS has lacked permanent leadership since 2015. On October 22, 2019, RADM Weahkee was formally nominated by President Donald J. Trump to be permanent IHS Director. Throughout his career, RADM Weahkee, a citizen of the Pueblo of Zuni, has been a commendable advocate for AN/AIs. Since assuming the role of Acting IHS Director in June 2017 and continuing in his current role as IHS Principal Deputy Director, he has worked to address numerous challenges facing the IHS and had made concerted efforts to visit the IHS Areas and many rural Alaska Native Villages in particular.

The Alaska Tribal Health Compact Co-Signers supports the appointment of RADM Weahkee as permanent Director of the Indian Health Service and requests expeditious Senate confirmation of him as permanent Director of the Indian Health Service.

Sincerely,

NATASHA SINGH; DIANA L. ZIRUL, CO-LEAD NEGOTIATOR.

AMERICAN INDIAN HEALTH & FAMILY SERVICES OF SE MICHIGAN-DETROIT URBAN CLINIC
November 22, 2019

The American Indian Health & Family Services of SE Michigan-Detroit Urban Clinic strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency

forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

CHASITY DIAL, CEO.

BRISTOL BAY AREA HEALTH CORPORATION
November 26, 2019

The Bristol Bay Area Health Corporation a consortium of 28 tribes in Southwest Alaska strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five-year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address longstanding and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

ROBERT J. CLARK, PRESIDENT/CEO

CHEROKEE NATION
November 6, 2019

Osyio. On behalf of the Cherokee Nation, the largest tribal government in the United States with more than 380,000 citizens, I strongly endorse Rear Admiral (RADM) Michael D. Weahkee to be the next Director of the Indian Health Service (IHS).

His leadership and commitment to improved health care access for American Indians and Alaska Natives is second to none. He has been a tremendous asset to Indian Country, serving as both the Principal Deputy Director and Acting Director of IHS and deserves the opportunity to lead the agency. I believe RADM Weahkee, a citizen of the Zuni Indian Tribe, will improve the physical, mental, social and spiritual health of tribal citizens across the country.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration from Arizona State University in Tempe, Arizona.

At Cherokee Nation, we collaborated with RADM Weahkee and IHS on the historic joint venture project that recently opened and is now the largest health care facility in Indian Country. It is a world-class health center, and we are proud to partner with IHS and RADM Weahkee to deliver the best possible care to our tribal citizens and to all Native people in northeast Oklahoma.

Without a doubt, he has moved IHS forward in a positive manner, and in a short amount of time. To better understand the challenges our sovereign governments face in delivering health care, he has traveled extensively throughout Indian Country, including many stops in Cherokee Nation.

He would make an exceptional IHS Director and I ask that you support his confirmation.

I am proud to offer my highest recommendation for Rear Admiral (RADM) Michael D. Weahkee. If you have any questions or require further information, please call me at (918) 323–5411.

Wado,

CHUCK HOSKIN JR., PRINCIPAL CHIEF

CHEYENNE AND ARAPAHO TRIBES
November 13, 2019

As Governor of the Cheyenne and Arapaho Tribes, I write to offer my support for the nomination of RADM Michael D. Weahkee for the Director of the Indian Health Service (IHS).

RADM Weahkee has been serving as the Acting IHS Director for over two years and prior to that he served as the chief executive officer at the Phoenix Medical Center. A champion of Indian health responsibility, RADM Weahkee is an extraordinary choice for the Director of IHS. In good times and in bad, RADM Weahkee has always emphasized the utmost importance of serving the public and Native American people. After being named the Acting Director in 2017, RADM Weahkee led the IHS through one of the most difficult crises ever experienced in Indian Country. With remarkable courage and integrity, RADM Weahkee's highest priority during the long-standing problems in the Great Plains Region was to help resolve those issues while at the same time improve the recruitment and retention of physicians at our IHS facilities.

Using all available means, RADM Weahkee's vision and leadership has sparked extraordinary hope across Indian Country and has put the IHS on the right track to provide quality health care for all Native Americans. The IHS has a long history of being grossly underfunded by Congress which greatly affects any IHS leadership from being effective. With the strategic plan released by the IHS under RADM Weahkee's leadership earlier this year, our tribe is confident that this plan will improve the delivery of health care across Indian Country. The fact that RADM Weahkee values the consistent input from tribes and tribal organizations is a key element that shows he is the right person to lead the IHS.

Thank you for your consideration, Mr. Chairman. I am truly blessed to know RADM Weakhee. His leadership of the IHS over the past 2 years has touched the lives of over 2 million Native Americans and we are all better for it.

Sincerely,

REGGIE WASSANA, GOVERNOR.

THE CHICKASAW NATION
November 26, 2019

The Chickasaw Nation strongly supports the nomination of Rear Admiral Michael D. Weahkee of the Zuni Indian Tribe, and asks that you support his confirmation as director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). Admiral Weahkee has served as the principal

deputy director and acting director of the IHS for the past two-and-a-half years, and in that time he has proven that he is capable and dedicated to improving the agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

Admiral Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degrees from Arizona State University in Tempe, Arizona.

Admiral Weahkee has served in a variety of different roles within the Indian health system of care, including in both federal and tribal settings. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. He has successfully led the IHS forward in a very trying time, overseeing the development and implementation of a new five-year strategic plan for the agency—the first in over a decade. Admiral Weahkee has pressed the IHS forward to address long-standing and unimplemented external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS headquarters level, to ensure appropriate management oversight and accountability by the area offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans commissioner, Admiral Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian Country.

Admiral Weahkee has moved the IHS forward in a positive manner, and in a relatively short period of time. He has traveled extensively throughout Indian Country to see and hear firsthand the challenges and issues that Native communities face in addressing the various health concerns with which they are confronted.

We believe Admiral Weahkee will make an excellent director of the Indian Health Service, and that he will continue to work for all of Indian Country. Your consideration is appreciated.

Sincerely,

BILL ANOATUBBY, GOVERNOR.

CONGRESS OF THE UNITED STATES—HOUSE OF REPRESENTATIVES

I write to express my support for the nomination of Rear Admiral (RADM) Michael D. Weahkee, member of the Pueblo of Zuni, for the position of Director of the Indian Health Service in the U.S. Department of Health and Human Services (HHS). I respectfully request that you support his long-overdue confirmation for the IHS Director position.

Indian Health Service (IHS) is a fundamental health care system for Native Americans that provides services to 573 federally recognized Tribes in the United States. Since the onset of the Trump administration, the IHS Director position has remained without leadership, which is extremely concerning since it provides critical health care to approximately 2.2 million American Indians and Alaska Natives (AI/ANs) who have lower life expectancies and disproportionate disease burden because of discrimination in the delivery of health services.

During the past two and a half years, the IHS Director position has remained vacant. However, RADM Weahkee has exhibited and continues to exhibit leadership, professional qualifications, and understanding of a complex healthcare system as the intermediate Principal Deputy Director and Acting Director of the II–IS. RADM has thoroughly shown his ability to lead this department on behalf of Indian Country during this elongated amount of time and further lead IHS in this capacity to ensure that healthcare standards are upheld for AI/ANs.

Acting Director Weahkee's current position, and his past experience and oversight of healthcare programs in Indian Country, makes him an easy choice. His skills and institutional knowledge further add to support his selection as the IHS Director. It is also important to note that he is widely respected amongst tribal leaders and health professionals due to his diligence in improving the lives of AI/ANs, strong leadership, and development of IHS.

I thank you for your consideration of this endorsement and strongly urge you to act on behalf of the approximately 2.2 million American Indians and Alaska Natives who have gone without leadership in this agency for too long. I would greatly appreciate your support of his confirmation to ensure Congress upholds its trust responsibility to provide health care services to federally enrolled tribal members who deserve a Director at IHS.

Sincerely,

DEB HAALAND, MEMBER OF CONGRESS

DECEMBER 6, 2019

I strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS), RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale. and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters; at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS lntradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

I personally know RADM Weahkee's abilities as I supervised him directly in his capacity as the Chief Medical Officer of the Phoenix Indian Medical Center (PIMC), often referred to as the "Flagship of the Indian Health Service", During his time at PIMC, RADM Weahkee, reopened the Pediatric Outpatient Clinic, which had been closed under a previous administration. Additionally, he revitalized and expanded Obstetric services to better serve the pregnant American Indian women; a service deeply valued by the surrounding Tribal communities. What better focus can a leader have but to ensure a healthier American Indian children's population? Additionally, RADM Weahkee, worked closely with me to establish a more focused Hospital Governing Board, focusing on and improving the quality of care direction, continually surveying to Medicare Quality Standards, PIMC passed its most recent quality of care survey conducted by The Joint Commission, RADM Weahkee was a pleasure to work with and has devoted his entire health career to preparing and serving the American Indian population.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

DOROTHY A DUPREE, FORMER AREA DIRECTOR

JOHNS HOPKINS CENTER FOR AMERICAN INDIAN HEALTH

November 20, 2019

I am writing to offer my strong support for the nomination of Rear Admiral (RADM) Michael D. Weahkee, MBA, MHSA of the Zuni Indian Tribe, asking that you support this confirmation as Director of the Indian Health Service (IHS) of the U.S. Department of Health and Human Services (HHS). RADM Weahkee has served as Principal Deputy Director and Acting Director of the IHS for the past two and a half years, during which time he has proven highly capable and dedicated to improving the Agency and raising the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee's deep familiarity with IHS, experience at the tribal level, and continued responsiveness to local issues show that he will serve as a reliable and committed leader for IHS. Born in the Shiprock Public Health Service Hospital on

the Navajo Nation, RADM Weahkee was a direct service user of IHS who went on to earn an MBA and serve as CEO of Phoenix Indian Medical Center (PIMC), the Agency's largest federally operated facility. With an annual operating budget of $156 million during his tenure, PIMC was and remains an extensive, multifaceted, community-oriented health care delivery system serving as a referral center for seven other IHS hospitals and five health centers in the Phoenix Area.

This management experience guided RADM Weahkee as he stepped into a variety of roles at IHS headquarters including Executive Officer for the Office of Clinical and Preventive Services, Director of the Management Policy and Internal Control Staff office, and Deputy Director for Personnel Functions in the Office of Management Services. He encouraged the Agency to address longstanding external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General, and he oversaw the development and implementation of a new five-year strategic plan for the Agency, the first in over a decade.

His many accomplishments and steady management experience to date show that he will continue to serve as a reliable and expert leader for the Agency.

Sincerely,

ALLISON BARLOW, PH.D, MPH, DIRECTOR.

GLOBALPOV
December 3, 2019

GlobalPOV strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a visionary and compassionate leader, with deep understanding of the complexities of health services administration tailored to diverse native communities.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. IHS, and the Nation, would be well served by his confirmation. Thank you for your strong consideration of this endorsement.

Respectfully,

CYNTHIA K. HANSEN, PH.D.,PRESIDENT.

FRIENDSHIP HOUSE
Nov. 18, 2019

I am writing to you today to strongly support the nomination of RADM Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation

as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Service (HHS).

RADM Weahkee has served honorably as the Principal Deputy Director and Acting Director of IHS for the past two and a half years. During that period, he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

As a veteran of the United States Air Force, RADM Weahkee served as a military public health specialist. His Bachelor of Science degree in Health Care Management from Southern Illinois University-Carbondale preceded his earning Master's degrees in both Health Services Administration and Business Administration from Arizona State University, Tempe, Arizona.

RADM Weahkee's impressive span of experience and expertise includes his service in a variety of different roles within the Indian Health Service (IHS) system of care, in both federal and tribal settings. He has served in the field at the service unit and regional office level, as well as at IHS headquarters at the national level.

To his great credit, RADM Weahkee has successfully led the Agency forward in a very trying time, including developing and implementing a new 5-year strategic plan for the Agency, the first in over a decade. Under his leadership, the Agency is successfully addressing long standing external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General.

He is to be commended for establishing and implementing a new Office of Quality at the IHS Headquarters level to assure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native AmericancAffairs which provides a forum at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has earned or strong support because he has been successful in moving the Agenda significantly forward in a positive manner and relatively short amount of time. His travel throughout Indian country to see and hear firsthand the challenges and issues that our communities face in addressing their serious health concerns had earned RADM Weahkee the trust and respect of urban, rural and tribal communities.

RADM Weahkee has earned our strong support because he has been successful in moving IHS significantly forward in a positive manner and in a relatively short amount of time. His travel throughout Indian country to see and hear firsthand the challenges and issues that our Indian communities face in addressing their various health concerns has earned RADM Weahkee the trust and respect of our urban, rural and tribal American Indian communities.

In short, RADM Weahkee is a man of integrity and extensive expertise and experience, and as such the kind of leader that we need in this position. I write to you as an American Indian woman (Navajo born and bred on the reservation, and urban area resident since 1963), founder and CEO of Friendship House Assoc. of American Indians, Inc., a residential substance abuse prevention, treatment and recovery facility with a proud 50 plus year record of success in serving American Indians of all tribes.

Thank you for your consideration of this strong endorsement of RADM Weahkee for Director of Indian Health Service (IHS) of HHS.

Respectfully,

HELEN WAUKAZOO, CHIEF EXECUTIVE OFFICER.

December 6, 2019

I write today in support of RADM Michael Weahkee's nomination for the position of Director-Indian Health Service.

I have known Mr. Weahkee professionally for many years and have the highest regard for his work ethic, team approach and his administrative capability. His commitment to a better quality of life for Native communities via an improved health care system is unflagging. He has begun building an IHS headquarters team that is equally committed to the goal of providing the best system of health care, despite the many serious challenges that IHS faces. A political appointee is absolutely necessary to have in place since many important budget and policy decisions are made at the Secretarial level at HHS and needs the input from the political Directorship.

I spent 25 years at IHS headquarters as both a senior policy analyst and External Relations director and can tell you first hand that input from the Directorship at the HHS Secretarial level is critical to ensuring that all of HHS and its agencies understand that federal government health care is a responsibility of all of HHS.

Please do not hesitate to contact me if I can provide more testament on behalf of Mr. Weahkee.

Leo J. Nolan

THE INTER TRIBAL ASSOCIATION OF ARIZONA
November 1, 2019

The Inter Tribal Association of Arizona, (ITAA), strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriated management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native American Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internalyl at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

SHAN LEWIS, PRESIDENT.

INDIAN HEALTH CARE RESOURCE CENTER OF TULSA
November 4, 2019

Indian Health Care Resource Center of Tulsa strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has

pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

CARMELITA SKEETER, CEO.

AMERICAN ACADEMY OF PEDIATRICS
December 10, 2019

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization representing over 67,000 pediatricians and many pediatricians caring for American Indian and Alaska Native (AI/AN) children, I am writing to offer principles to consider as you begin the process of confirming a U.S. Indian Health Service (IHS) Director.

IHS directly provides and administers, in partnership with Tribes, critical child health services. This care is vital given the significant health disparities the AI/AN population faces. The impact of historical trauma continues to manifest in the lives of AI/AN women and children in the form of poor health outcomes and exposure to ongoing trauma such as domestic violence and child maltreatment. The preterm birth rate among Native women is 25 percent higher than the rate among non-Hispanic white women,[1] and the rate of AI/AN infant mortality is nearly double the rate among non-Hispanic white infants.[2] Native children face higher risks for suicide, unintentional injuries, and a variety of chronic conditions like Type 2 diabetes, compared to all U.S. races.

These serious disparities are not the result of lifestyle choices, but are associated with the social conditions in which Native families live. Approximately one third of Native families live below the poverty line, the highest percentage of any group and twice that of the general population.[3] Improved access to quality health coverage is essential to successfully addressing these disparities. An effective IHS director with management experience providing direct care to this patient population is needed to ensure that AI/AN children receive the quality health services they need. The following are key principles we believe are essential for the next IHS Director.

Prioritizing Child Health

Nearly one-third of the AI/AN population is under the age of 18, compared to 24 percent of the total U.S. population.[4] This means that high-quality child health care is foundational to the success of IHS. The next IHS director should demonstrate a commitment to guiding the agency in a way that honors the importance of providing safe, effective, timely, and culturally appropriate child health services.

Continuing Expansion of IHS Emphasis on Behavioral Health Services

We know that Native children and families face substantial health disparities, many of which are rooted in social determinants of health that stem from the historical trauma Native communities have faced throughout our history. Poverty, alcoholism, substance use disorder (SUD), chronic illness, mental health disorders, child abuse, and other poor health and social conditions are the symptoms of these underlying health crises in Native communities, not the cause of them. In recognition of these issues, IHS has initiated efforts to better address behavioral health needs, through programs such as the Zero Suicide Initiative. The provision of effective and

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[1] March of Dimes Foundation. 2019 Premature Birth Report Card. November 2019. Retrieved from *https://www.marchofdimes.org/materials/US_REPORTCARD_FINAL.pdf.*

[2] U.S. Centers for Disease Control and Prevention. Infant Mortality. March 2019. Retrieved from: *https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm#rates*

[3] Health care for urban American Indian and Alaska Native women. Committee Opinion No. 515. American College of Obstetricians and Gynecologists. Obstet Gynecol 2012;119:201–5.

[4] National Congress of American Indians. Indian Country Demographics. Retrieved from: *http://www.ncai.org/about-tribes/demographics*

culturally appropriate behavioral health services has been vital to addressing these disparities and their harmful sequelae. It is also important to expand access to behavioral health professionals with the appropriate training to serve pediatric populations. The next IHS Director should continue expanding the availability and quality of behavioral health services to meet AI/AN children's health needs, including through more effective use of appropriate telehealth services.

Addressing the Impact of NAS and Other Perinatal Substance Disorders

The ongoing impact of the opioid epidemic on women and children's health is enormous. It is particularly acute in the AI/AN population, which faces high SUD rates and experiences significant numbers of births with neonatal abstinence syndrome (NAS). IHS has demonstrated a commitment to addressing this complex issue, and it is critically important that the next IHS Director expand that effort and work closely with Tribes, states, communities, and other stakeholders to appropriately address this complex and serious issue with a treatment-focused and trauma-informed public health approach that prioritizes family-centric care.

Improving Health Provider Recruitment and Retention to Meet Need

Effective recruitment and retention programming is central to ensuring IHS has the workforce necessary to meet the health needs of AI/AN children. There are many providers throughout the IHS system providing quality child health care services that improve the wellbeing of their communities, and we need to continue to build and expand that workforce. The challenges of the remote nature of many IHS sites, housing shortages, provider burnout and vicarious trauma, and limited amenities can make recruiting and retaining quality maternal-child health providers difficult. The next IHS director should focus on improving recruitment and retention efforts to ensure that IHS has the child health workforce needed to meet the needs of the communities they serve.

Conclusion

The next IHS Director will fill a critical role and oversee important health service delivery and public health programs benefitting AI/AN children and families. As you work to confirm an IHS Director, we urge you to ensure that they have the qualifications, expertise, and experience to uphold these key principles as well as a commitment to partnering with tribes and communities to improve the crucial health services offered by IHS. We look forward to working with you during this important process.

Sincerely,

KYLE E. YASUDA, MD, FAAP, PRESIDENT.

CALIFORNIA RURAL INDIAN HEALTH BOARD

November 25, 2019

It was my honor to serve as the Executive Director of the California Rural Indian Health Board Inc., (CRIBB), a tribally sanctioned Indian Self Determination Act contractor, providing training and technical support to tribally operated health programs in California from January 1987 to December 2013. I am a member of the Cherokee Nation enrolled since 1976 and a graduate of the University of California Berkeley School of Public Health class of 1982.

In my capacity as Executive Director of CRIHB I recruited, hired, oriented and directly supervised Michael Weahkee where he served as the Director Family and Community Health from May of 2001 until he was took on a new assignment at the Phoenix Indian Medical Center January of 2008. As a member of the Commission Corp then Lieutenant Weahkee's assignment to CRIHB was facilitated by the California Area Office of the Indian Health Service. In January of 2003 in recognition of his administrative competence and numerous contributions to the effective implementation of our organizational goals he was designated Deputy Director of CRIHB. In that capacity we worked closely together to improve CRIHB organizational infrastructure, increase the number of state and federal grant awards and to respond to the needs of Tribal Health Programs and the communities they serve. I believe that this frontline experience working for a tribal contractor under the authorities of the Indian Self Determination Act expanded RADM Weahkee's understanding of both the limits and opportunities available to that portion of the IHS program that operates under contracts and compacts and that this experience continues to inform his decisionmaking to this day. I know RADM Weahkee to be a person of the highest character, a strong and thoughtful leader, a good team member and an experienced administrator.

In closing I would like to express my fullest support for the nomination of RADM Michael D. Weahkee to serve as Director of the Indian Health Service and hope that you will confirm him to that position.

JAMES ALLEN CROUCH MPH, RETIRED SENIOR ADVISOR.

CREATIVE HEALTH CARE MANAGEMENT
November 4, 2019

Please consider my strong support for the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe for confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS).

RADM Weahkee has served as Principal Deputy Director and Acting Director of the IHS for the past two and a half years. Prior to that he served as CEO of the Phoenix Indian Medical Center (PIMC) for three and a half years. It is in that capacity that I observed his extraordinary leadership skills as PIMC successfully engaged every staff member, manager, executive, and provider in a cultural transformation process designed to heal the organizational culture of PIMC while meeting all of their strategic objectives. His active involvement in leading and managing this process earned him the respect, admiration, and gratitude of staff members, leaders, and providers throughout this organization.

I have been impressed with his strategic thinking, vision, and commitment to the IHS mission, and I have learned that this man has great integrity, compassion, humility, and sense of duty. As co-author of a chapter in a multi-award-winning book called *Advancing Relationship Based Cultures*, I had the privilege of interviewing RADM Weahkee and seven other distinguished executives whose leadership acumen had caught our attention. We learned that all of these leaders prized authenticity, vulnerability, and humility in other leaders and aspired to demonstrate these same qualities in their own leadership. Each had been mentored formally or informally by loving leaders. RADM Weahkee's comments poignantly provide a glimpse into who he is as a man and a leader:

> The risk of not developing the next generation is that you have undeveloped resources, and you'll have to take on more yourself. When I develop others, eventually they will get to the point where they can develop the next generation. They'll have the knowledge, education, and modeling of how to continue. It won't stop with me. I feel like I have a personal responsibility to pass it on ... to take what has been given to me and share it with others and support others. I have the capacity to teach more than one as many as are willing.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his Bachelor of Science in Healthcare Management from Southern Illinois University at Carbondale, and both his Master of Health Services Administration degree and MBA from the Arizona State University in Tempe, Arizona.

RADM Weahkee has moved the IHS forward in a short period of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that Native communities face in addressing the health concerns that confront them.

RADM Weahkee's education, military service, IHS leadership experience, and personal integrity make him the right person to be the National Director of the Indian Health Service. In RADM Weahkee, you have someone who is not only the right person to lead right now; he is also the right person to mentor and prepare the next generation of IHS leaders.

It has been a highlight of my long career and one of the greatest honors of my life to work alongside this extraordinary man. Please consider endorsing RADM Weahkee for this vital role.

Respectfully,

JAY A FELGEN, RN, MPA, FORMER CEO/PRESIDENT EMERITUS.

JEANNIE HOVLAND, ALEXANDRIA, VA
December 9, 2019

It is with great enthusiasm that I write in support of President Trump's nomination of Rear Admiral Michael Weahkee for the position of the Director of the Indian Health Service (IHS).

My first opportunity to work with RADM Weahkee was in 2016 when he was detailed to the Rosebud IHS facility located in Rosebud, South Dakota. During that

time, I worked for Senator John Thune. I was impressed by RADM Weahkee's professionalism and kind approach towards tribal leaders, congressional staff, and IHS employees. He showed respect as he listened and displayed strong leadership by responding with workable ideas and solutions.

In June 2017, RADM Weahkee was promoted to Principal Deputy Director of IHS and I continued to work with him in that capacity. He participated in regular briefings with tribal leaders and congressional staff from South Dakota and the Senate Committee on Indian Affairs. Under stressful situations he seized ownership and maintained a professional and respectful demeanor welcoming feedback and recommendations.

In my current position as Commissioner of the Administration for Native Americans, I have been able to work more closely with RADM Weahkee. I have witnessed first-hand the respect and appreciation many tribal leaders have expressed for his leadership at IHS. Currently, I chair the Department of Health and Human Service's Intradepartmental Council on Native American Affairs (ICNAA) and RADM Weahkee serves as the Vice Chairman. He has been a remarkable partner in revamping the ICNAA and his leadership is appreciated and relied upon across HHS. The confirmation of RADM Weahkee would be a huge benefit to IHS and the people they serve.

Thank you for your consideration of my support.

Kind regards,

JEANNIE HOVLAND.

JOHN J. DIMAGGIO
October 31, 2019

Please allow me to offer my highest recommendation of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe to be confirmed as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

As the Chairman of AMSUS Sustaining-Members (Industry), as a Trustee with the USPHS Commissioned Officers Foundation, as an advisor to the Nurses Organization of Veterans Affairs, and as .an Assistant Director of Federal National Accounts with US WorldMeds, I seek to develop and support ethical public/private partnerships which promote and advance our Nation's Public Health. RADM Weahkee has done, and will continue to do, a brilliant job of leading & fostering better health through better partnerships for IHS, and the Sovereign Tribal Nations, by providing optimal care for American Indian & Alaskan Native Patients, and optimal systemic value for IHS.

Please support RADM Michael Weahkee's confirmation as Director of IHS. I deeply appreciate your, and your fellow Committee Members', service to our Country, and your tireless efforts to provide the best possible health and well-being for American Indian and Alaskan Native Patients.

Warm Regards,

JOHN J. DIMAGGIO,
Trustee, USPHS Commissioned Officers Foundation
Chairman, AMSUS Sustaining-Members (Industry)
Assistant Director, Federal National Accounts, US WorldMeds
Advisory Committee, Nurses Organization of Veterans Affairs

KASHIA BAND OF POMO INDIANS OF STEWARTS POINT RANCHERIA
November 13, 2019

The, Kashia Band of Pomo Indians of Stewarts Point Rancheria, "Tribe", strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

DINO FRANKLIN JR., TRIBAL CHAIRMAN.

KAW NATION
November 19, 2019

The Kaw Nation strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

LYNN WILLIAMS, CHAIRWOMAN.

RADM (RET.) KEVIN D. MEEKS
December 1, 2019

I am writing to express my strong support of the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit/tribal, and regional office level, as well as at IHS headquarters at the national level. I trust you are familiar with his official service record and many of his accomplishments. I would like to focus this letter on my personal observations of RADM Weahkee.

I first met RADM Weahkee in 2010 when he was working in the Office of Management Services at IHS Headquarters. We worked on a number of Agency specific Commissioned Corps issues together. We did not work closely together again until April, 2016, when I contacted then CAPT Weahkee, who was then serving as the Chief Executive Officer of the Phoenix Indian Medical Center, on behalf of the Agency to inform him that we needed him to lead a team of experts to oversee and lead the IHS Rosebud Service Unit (RST). RST was undergoing significant hardships at the time directly related to the provision of quality health care, recruitment, retention, accreditation, certification, and more. CAPT Weahkee readily agreed to fulfill this critical and important request. He worked at RST from May-October, 2016 and significantly improved the operation and moral in the Service Unit. Even after he returned to his duty station, he continued to provide assistance to the new RST leadership.

When he returned to his position as the Chief Executive Officer of the Phoenix Area Medical Center (PIMC), I watched RADM Weahkee from afar as he focused his staff's efforts on improving the quality of and access to needed health care services. He led PIMC in several new initiatives including Patient Centered Medical Homes, Improving Patient Care, and developing various centers of excellence targeting major health issues such as Hepatis C, HIV/AIDS, and others.

After RADM Weahkee was reassigned to IHS Headquarters as the Principal Deputy Director, and acting IHS Director, he became my supervisor. As the former Deputy Director for Field Operations, I oversaw the twelve IHS Area Directors and the Office of Environmental Health and Engineering. In this role, I was in daily contact with RADM Weahkee and got to know him extremely well.

I have found RADM Weahkee to be extremely dedicated and committed to improving the health of American Indian/Alaska Natives. He is honest, sincere, and compassionate. He is a man of integrity, a proven leader, one who leads by example. I do not believe that you can find a better candidate for the position of IHS Director.

As you know, RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

You may hear reports of IHS shortcomings from various individuals and entities in the next few weeks, but if you listen to them closely, almost all of their concerns are related to issues that occurred many years in the past and very little if any of their criticism is based on current events.

There is no doubt that the Agency still has many issues to work on, but RADM Weahkee has moved the Agency forward in a positive manner in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. He is a strong advocate for Indian healthcare, whether that care is delivered by the tribes, IHS, or Urban

programs. Thank you for your strong consideration of my endorsement of RADM Michael Weahkee and I urge you and your Senate colleagues to confirm him as the next Director of the Indian Health Service as quickly as possible.

Respectfully,

RADM (RET.) KEVIN D. MEEKS

KEWA PUEBLO HEALTH CORPORATION
December 6, 2019

The Kewa Pueblo Health Corporation (KPHC), a Public Law 93–638 Title I program serving the Pueblo of Santo Domingo strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

Given that RADM Weahkee has moved the Agency forward in a positive manner and in a relatively short amount of time, the Health Board and Governing Body of KPHC easily passed Resolution #2019–10 on December 2, 2019 supporting his confirmation (enclosure).* Consequently, given his commitment to the stewardship of Indian Health across the nation, we strongly urge the Senate Committee on Indian Affairs to endorse his confirmation as the Director of the Indian Health Service, with all due speed and enthusiasm, to the entire Senate of the United States of America.

Respectfully,

ALAN K.. BARLOW, MS, MSHR, CEO.

LITTLE RIVER BAND OF OTTAWA INDIANS
December 4, 2019

The Little River Band of Ottawa Indians strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

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*The information referred to has been retained in the Committee files.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

LARRY ROMANELLI, TRIBAL OGEMA.

MAJOR LARRY MAHANA, RN
December 3, 2019

I strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

MAJOR LARRY MAHANA, RN
Emergency Services Officer
AZWG-Civil Air Patrol.

MATHURAM SANTOSHAM, MD, MPH
November 20, 2019

I strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee, MBA, MHSA of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) of the U.S. Department of Health and Human Services (HHS). RADM Weahkee has served as Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in this time he has proven highly capable and dedicated to improving the Agency and raising the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee draws from his experience as a veteran of the United States Air Force, where he served as a military public health specialist. His training in health care management from Southern Illinois University-Carbondale and health services from Arizona State University in Tempe has equipped him well to oversee a complex Agency dedicated to service excellence.

RADM Weahkee's work within the Indian Health system, in both federal and tribal settings, demonstrates a deep understanding of the Agency and steady management experience. He has served in the field at the service unit and regional office level and at IHS headquarters at the national level. I admire the way RADM Weahkee has successfully led the Agency forward, overseeing the development and implementation of a new five-year strategic plan for the Agency. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country. Recently under his oversight the Agency updated guidance to better deliver trauma-informed healthcare.

I appreciate that he has also traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that Native communities face in addressing the various health concerns. His commitment to quality healthcare is unwavering and he takes this responsibility seriously.

Thank you for your strong consideration of this endorsement.

Respectfully,

MATHURAM SANTOSHAM, MD, MPH
Director Emeritus, Johns Hopkins Center for American Indian Health
Professor, International Health, Johns Hopkins Bloomberg School of Public Health

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MDPROVIDER
December 9, 2019

I strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of

a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

Let us reiterate that in a relatively short amount of time, RADM Weahkee has successfully led the Agency with salient skill sets and moved it forward into the future. He has traveled extensively throughout Indian country, to visit and listen firsthand, the challenges and issues that native communities face in addressing the risk agents and various health burdens Thank you for your strong consideration of this endorsement.

Respectfully,

BABAK MICHAEL NAYERI, PRESIDENT/CEO
BGEN XAVIER STEWART, EXECUTIVE VICE PRESIDENT

MILLE LACS BAND OF OJIBWE INDIANS
November 4, 2019

As Chief Executive of the Mille Lacs Band of Ojibwe Indians, I am writing in strong supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee is an outstanding candidate and the Mille Lacs Band respectfully requests that his nomination be expedited through the confirmation process.

Over his two and a half years serving as the Principal Deputy Director and Acting Director of the IHS, RADM Weahkee has proven his competency and commitment to supporting Indian tribes in our battles to restore the physical, mental, social and spiritual health of American Indian people. He has a depth of experience serving in a variety of positions within the Indian Health care system, and most important, he has on-the-ground experience working in Indian country for reservation-based health care systems.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

MELANIE BENJAMIN, CHIEF EXECUTIVE

MISSISSIPPI BAND OF CHOCTAW INDIANS
November 26, 2019

The Mississippi Band of Choctaw Indians strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee

has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Yakoki,

CYRUS BEN, TRIBAL CHIEF.

FORT BELKNAP INDIAN COMMUNITY
December 9, 2019

The Fort Belknap Indian Community strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

ANDREW WERK, JR., PRESIDENT.

MUSCOGEE (CREEK) NATION
October 27, 2019

The Muscogee (Creek) Nation strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

JAMES R. FLOYD, PRINCIPAL CHIEF.

NATIVE AMERICAN REHABILITATION ASSOCIATION OF THE NORTHWEST, INC.
December 3, 2019

The Native American Rehabilitation Association of the Northwest an Urban Indian Health Program strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Tribe, and ask that you support his confirmation as permanent Director of the Indian Health en ice (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time, he has proven that he is capable and dedicated to the American Indian and Alaska Nation patients IHS serves, and also to improving the Agency to the highest level in partnership with stakeholders.

This nomination is a continuation of service to the United States for RADM Weahkee. He previously served the United States in the Air Force (1993–96) as a military public health specialist. RADM Weahkee has also served the United States and his Indigenous community in a variety of different roles within the Indian Health system of care, including in both the federal (1999–01 & 2007–Present) and tribal (2001–07) setting and the role of Director of IHS is a natural progression for such a recognized leader. RADM Weahkee obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

Drawing on his long term and specific understanding of IHS operations, RADM Weahkee has pressed the Agency forward to address long-standing and unimplemented external oversight recommendations from the Government Account-

ability Office and the HHS Office of Inspector General. RADM Weahkee has served in the field at the service unit and regional office level, as well as at IHS headquarters at the national level. He has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new fiscal-year strategic plan with a focus on agency goals (1) To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people; (2) To promote excellence and quality through innovation of the Indian health system into an optimally performing organization; and (3) To strengthen IHS program management and operations.

RADM Weahkee has moved the Agency forward in a positive manner in his tenure as the Principal Deputy Director of IHS. He has visited our facilities to see and hear firsthand the challenges and issues that our community faces and to meet our patients in person. He is committed to continue his diligent work to provide high quality health care services for American Indians and Alaskan Natives. Thank you for your strong consideration of this endorsement.

Respectfully,

JACQUELINE MERCER, CEO.

NATIVE AMERICAN HEALTH CENTER
December 2, 2019

The Native American Health Center, (a non-profit, Urban Indian community clinic serving14,000 patients annually with 17 sites, 300 employees and a $35M operating budget in the SanFrancisco Bay Area) strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Sincerely,

MARTIN WAUKAZOO, CEO.

NATIVE AMERICAN LIFELINES
December 4, 2019

Native American LifeLines, a Title V Urban Indian Health Program serving Baltimore (MD) and Boston (MA), strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as

the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level, never forgetting that the over 70 percent of tribal citizens residing in urban settings are an important constituency.

RADM Weahkee's qualifications are impressive. While in the United States Air Force, he served as a military public health specialist. Later, he obtained his Bachelor of Science in Health Care Management from Southern Illinois University-Carbondale, and both a Master of Health Services Administration and Master of Business Administration from Arizona State University.

With regard to his service within the Indian Health system of care, RADM Weahkee has served in a number of capacities in both federal and tribal settings, as well as field, service unit, and regional office levels, and of course at IHS Headquarters. It is important to note his successful leadership in a particularly trying time for the IHS. Specifically, RADM Weahkee oversaw the development and implementation of a new five-year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. Finally, in partnership with the Commissioner of Administration for Native Americans, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has clearly moved the Agency forward in a positive manner, and in a relatively short amount of time. And while his accomplishments have significant national impact, we would be remiss not to acknowledge the impacts felt at a local level in programs like ours. RADM is engaged and accessible in Indian Country, which at a senior level is a rare quality indeed. We appreciate his approach to addressing the health care concerns in Urban Indian communities, specifically viewing our challenges from a social determinants of health lens, acknowledging the impacts of federal policies and historical trauma among our people, and honoring our unique culture through support of practice based evidence and culture as prevention strategies. This perspective is well in tune with the priorities of the community we serve and for the reasons outlined, we heartily support RADM Weahkee's nomination.

Thank you for your strong consideration of this endorsement.

Respectfully,

KERRY HAWK LESSARD, MAA, EXECUTIVE DIRECTOR.

NATIVE DIRECTIONS INC.
November 27, 2019

Native Directions Inc. is an Inpatient Drug and Alcohol Program for Native American Men. Our Program was founded in 1974, and has provided treatment for our Native American brothers in a culture based treatment facility, offering treatment from a Native American perspective and a an Inipi on grounds for spiritual growth.

Native Directions Inc. strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has

pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

RAMONA VALADEZ, EXECUTIVE DIRECTOR.

NATIONAL COUNCIL OF URBAN INDIAN HEALTH
December 5, 2019

On behalf of the National Council of Urban Indian Health (NCUIH), and the 41 Urban Indian Health Programs (UIHPs) receiving grants under Title V of the Indian Health Care Improvement Act (IHCIA) and the American Indian and Alaska Natives (AI/ANs) they serve and who we represent, we write to express our support of the nomination of Rear Admiral (RADM) Michael D. Weahkee. Furthermore, NCUIH would support any action taken by this committee to ensure his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has voiced his support and pledged to commit the Agency's efforts to ensuring the federal trust responsibility to AI/AN people who live in urban communities and receive health care services at an Urban Indian Organization (UIO).

Despite comprising over two-thirds of AI/ANs, urban Indians are too often excluded from federal policies and programs designed to carry out the trust responsibility. The federal trust responsibility extends not only to tribal governments but also to individual Indians. Among the most sacred of the duties encompassed within the federal trust responsibility is the duty to provide for Indian health care. Congress has long recognized the federal government's obligation to provide health care for AI/AN people follows them off reservations.

While serving in his post, RADM Weahkee has repeatedly established his understanding that UIOs are an integral part of the Indian health system, which is comprised of the Indian Health Service (IHS), Tribes, and tribal organizations, and urban Indian organizations (collectively, I/T/Us). NCUIH looks forward to a continued partnership with him as together, we work to ensure the overall health of Indian Country.

Thank you for your consideration of this endorsement.

Respectfully,

MAUREEN ROSETTE, BOARD PRESIDENT.

NEW YORK INDIAN COUNCIL, INC.
November 14, 2019

The New York Indian Council, Inc. a subsidiary of the Rhode Island Indian Council, Inc. strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

DARRELL WALDRON,
Executive Director.

NORTHERN CHEYENNE TRIBE
December 4, 2019

The Northern Cheyenne Tribal President strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

RYNALEA PENA, PRESIDENT.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
November 20, 2019

On behalf of the Northwest Portland Area Indian Health Board (NPAIHB), I strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). Established in 1972, NPAIHB is a tribal organization formed under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93–638, representing the 43 federally-recognized Indian Tribes in Idaho, Oregon, and Washington on specific health care issues.

NPAIHB's relationship with RADM Weahkee began when he worked at the California Rural Indian Health Board and continued through positions he held at IHS at the service unit and regional office level. In his role as Principal Deputy Director/Acting Director of IHS, he has proven that he is strong leader, capable and committed to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. He has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five-year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has traveled extensively throughout Indian country, including to visit Northwest Tribes, to see and hear firsthand the challenges and issues that American Indian and Alaska Native communities face in addressing various health concerns. NPAIHB leadership have also had the opportunity to address RADM Weahkee on various issues through the tribal consultation process and other meetings.

Lastly, RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona. RADM Weahkee's experience in working with tribes, demonstrated leadership, and education strongly support his confirmation.

Thank you for your strong consideration of this endorsement.

Sincerely,

CHERYLE A. KENNEDY, VICE CHAIR.

OKLAHOMA CITY INDIAN CLINIC
December 6, 2019

The Oklahoma City Indian Clinic, an Urban Indian Health Program, strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Tribe, and ask that you support his confirmation as permanent Director of the Indian Health en ice (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time, he has proven that he is capable and dedicated to the American Indian and Alaska Nation patients IHS serves, and also to improving the Agency to the highest level in partnership with stakeholders.

This nomination is a continuation of service to the United States for RADM Weahkee. He previously served the United States in the Air Force (1993–96) as a military public health specialist. RADM Weahkee has also served the United States and his Indigenous community in a variety of different roles within the Indian Health system of care, including in both the federal (1999–01 & 2007–Present) and tribal (2001–07) setting and the role of Director of IHS is a natural progression for such a recognized leader.

Drawing on his long term and specific understanding of IHS operations, RADM Weahkee has pressed the Agency forward to address long-standing and unimplemented external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. RADM Weahkee has served in the field at the service unit and regional office level, as well as at IHS headquarters at the national level. He has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five-year strategic plan for the Agency, the first in over a decade.

RADM Weahkee obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has moved the Agency forward in a positive manner in his tenure as the Principal Deputy Director of IHS. He has visited our facilities to see and hear firsthand the challenges and issues that our community faces and to meet our patients in person. He is committed to continue his diligent work to provide high quality health care services for American Indians and Alaskan Natives. Thank you for your strong consideration of this endorsement.

Respectfully,

ROBYN SUNDAY-ALLEN, CEO.

ONE SKY CENTER
November 26, 2019

As Director of the One Sky Center and a Psychiatrist who has worked on American Indian issuesfor 45 years, I strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. I have worked and interacted with RADM Weahkee since 2003 and believe he is most suited for this position at this time.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. The IHS has a long history of lack of enough funding and critical physician and staff shortages; both of which effect access to care and ability to provide quality of care that much of the rest of the citizens of the United States receive. Please appoint RADM Weahkee to this position and provide the resources the IHS needs to get the job done. Thank you for your strong consideration of this endorsement.

Respectfully,

ROGER DALE WALKER, M.D., DIRECTOR.

PROFESSIONAL GROWTH SYSTEMS
December 5, 2019

I wish to lend my support to the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS).

My relationship with Rear Admiral Weahkee began in 2013 when he was selected as Administrator for the Phoenix Indian Medical Center (PIMC). At the time, I was providing consulting services to PIMC that included strategic planning, management team development and design/implementation of a new model for delivery of primary care services. I continued to work with Admiral Weakkee after his appointment as Service Unit Director at PIMC and through 2016.

At the time, Admiral Weakhee assumed his position at PIMC, the organization was still experiencing a crisis of leadership. Six Service Unit Directors had served at PIMC over a six plus year period. Data we gathered for purposes of an organizational assessment found that lack of leadership was the number one issue holding PIMC back from improving performance.

From the moment, Admiral Weahkee took the helm as hospital administrator until the end of his service as Service Unit Director, the faith in leadership grew and the organization made substantial improvements as a result.

The leadership strengths demonstrated during his tenure include the following:

- Integrity. His word was his bond.
- Confrontation of key issues that had been avoided for years
- Rational and decisive decisionmaking
- Even temperament despite crisis conditions in some cases
- Innovation. The finding of creative solutions to facility deficiencies and lack of services.
- Accountability for results with managers reporting to him
- Improved performance of his management team and individual members
- Elevated morale of a formerly dispirited workforce who came to believe a better future was possible
- Consistency. He enforced policies that had gone largely ignored in the past
- Effective partnerships with tribal governments and organizations throughout the Service Unit
- An unwavering commitment to performance improvement

I have been associated in some fashion with the Indian Health Service since serving two years as a commissioned officer in Alaska from 1968–1970. The IHS has always been capable of attracting talented medical officers with a strong commitment to serve beneficiaries. It has often been the case that that commitment has been betrayed by leadership that lacked the courage or ability to make needed changes.

I strongly believe that Admiral Weahkee can fulfil the need the transformational leadership. His standards for rational thought, his courage to make difficult decisions, his skill at building strategic relationships and his even temperament coupled with persistence will enable IHS to make substantial improvements.

I appreciate this opportunity to support his candidacy.

William Dann, Founder/Chairman

PROFOUND KNOWLEDGE PARTNERS, INC.
November 13, 2019

We are in a unique position as owners of a small, woman-owned business, Profound Knowledge Partners (PKP), headquartered in Georgetown, Texas. As one of the authors of The Improvement Guide, healthcare's reference book used worldwide, we were introduced to healthcare by the Institute for Healthcare Improvement (IHI) in 2001, working with Sweden, National Health Care System in the UK (NHS), Canada, and Singapore. In that capacity, we have also had the privilege of working with Indian Health Service (IHS) since 2009. Our first exposure to the leadership of IHS was Rear Admiral (RADM) Charles Grim at Cherokee Nation. It has been a pleasure to work with such professionals at IHS over the last decade.

Our 2013 book, Transforming Healthcare Leadership, written with Dr. Michael Maccoby, has allowed us to continue to work with Healthcare leaders worldwide. In 2016, we conducted a leadership workshop in Phoenix, Arizona, requested by the Area Director, ADM Charles Reidhead. It was during this workshop that we had the privilege of meeting and working directly with RADM Michael Weahkee and Rose Weahkee. Both are exemplary healthcare leaders and professionals. Indian Health Service is fortunate to have their dedicated service.

Since that time, we have been working directly with the leadership of three regions of Indian Health Service (Portland, Phoenix, and Great Plains). We have facilitated and developed others to improve Indian Health Service's processes and services. Through the leadership and strategic direction and support of RADM Michael D. Weahkee, improvement work has expanded to Billings, Navajo, Oklahoma, Bemidji, and Nashville Regions of IHS. Just this year, at Portland's Quality Symposium (where the Tribes shared completed projects and results), Tribal leaders confirmed the real and positive impact of these improvements on their Tribal members.

Currently, at least 57 additional projects are led by Healthcare Improvement Professionals in training. These projects entail engaging IHS subject matter experts, identifying and testing changes, using statistical evidence for improvement, implementing, sharing and spreading improvements throughout the Indian Healthcare Service system. This intense focus has increased the number of improvement efforts to a total of 91 since 2016. Many of these efforts have improved service to patients and families while reducing costs. Without RADM Michael D. Weahkee's leadership and dedication to the Native Americans and Alaskan Natives, the continued hard work and commitment to improvement of Indian Health Service would not easily be sustained.

RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years. In that time, he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

In this short time, we have seen signs of transformation to a stronger, more engaged Indian Health Service striving to become a Learning Organization. At the same time, they influence and positively impact the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

We strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS).

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they confront. Thank you for your strong consideration of this endorsement.

Respectfully,

C. JANE NORMAN, PRESIDENT;
CLIFFORD L. NORMAN, VICE PRESIDENT.

PUEBLO OF JEMEZ
December 3, 2019

The Pueblo of Jemez strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

The Pueblo of Jemez, a Title V Self-Governance tribe, has had the great privilege of directly working with him at the self-governance advisory committee meetings in Washington, DC and secured his support on health and human services issues critical to the Pueblo. He visited the Pueblo in summer, 2019 to learn about our community and the needs we have. We feel that he heard our needs and will work to help our Pueblo secure the funds and support needed to provide quality health care services.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a mas-

ter of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country, including the Pueblo of Jemez, to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. As a member of our sister Pueblo, Zuni Pueblo, the Pueblo of Jemez strongly requests your approval of his confirmation.

Respectfully,

DAVID M. TOLEDO, GOVERNOR;
JOHN GALVAN 1ST LT. GOVERNOR;
ELSTON YEPA, 2ND LT. GOVERNOR.

PUEBLO OF ZUNI
November 11, 2019

The Zuni Tribe strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

VAL R. PANTEAH, SR., GOVERNOR.

RED LAKE BAND OF CHIPPEWA INDIANS
November 22, 2019

The Red Lake Band of Chippewa Indians strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

DARRELL G. SEKI, SR., CHAIRMAN.

IHS OFFICE OF QUALITY, DIVISION OF PATIENT SAFETY
December 5, 2019

The Northern Cheyenne Tribal President strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. As a friend and colleague with Michael D. Weahkee (Zuni) for over 15 years, I have witnessed firsthand his passion and commitment to public service. I also share personal roots from the state of New Mexico.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external

oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

REGENA DALE, MPH, BSN, RN.

RISING STAR, LLC
November 7, 2019

I strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

JOANNE SCHLOSSER, PRESIDENT.

BROWARD HEALTH MEDICAL CENTER
December 2, 2019

I, Roberto Cuesta, strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a mas-

ter of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

ROBERTO R. CUESTA, RPH.

SACRAMENTO NATIVE AMERICAN HEALTH CENTER, INC.
November 21, 2019

The Sacramento Native American Health Center, Inc. (SNAHC) strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

BRITTA GUERRERO. CEO.

SAGINAW CHIPPEWA INDIAN TRIBE OF MICHIGAN
October 27, 2019

The Saginaw Chippewa Indian Tribe of Michigan strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

RON F. EKDAHL, TRIBAL CHIEF.

SAN CARLOS APACHE TRIBE
November 7, 2019

On behalf of the 16,800 members of the San Carlos Apache Tribe ("Tribe"), I provide our wholehearted support of the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS).

RADM Weahkee's service is impeccable, one that has demonstrated honorable service to Indian Country and the United States. As Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. As a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

Throughout his career within the IHS, he has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He es-

tablished and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has been supportive of tribes in working to improve services. His prior work with the California Rural Indian Health Board gave him experience in the need for tribes to develop systems specific healthcare amenities. With the constant changes in healthcare. it is vital to have someone who is knovvledgeable for continued growth of all Native Nations.

In our case. I came to know RADM Weahkee in 2015 during our Tribe's negotiation of its assumption of the IHS Service Unit on our Reservation. pursuant to the Indian Self-Determination and Education Assistance Act (P.L. 93-638, 25 U.S.C. § 5301, *et seq*.). which included a newly constructed. $160 million hospital facility. We had reached an impass on the state of the facility's water plant system. RADM Weahkee graciously gathered together his team and effected a solution that worked. Today. the San Carlos Apache Healthcare Corporation, a subsidiary enterprise of the Tribe, runs the facility and employs some 700 employees, including some 150 physicians, and our hospital has on average 20,000 patient contacts per month. Having a Director who understands that need is vital for our growth and future.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with.

For these reasons, I respectfully request your endorsement of RADM Weahkee. As we say in our Apache language, Ahi'yi'é (thank you) for your review of our request.

Sincerely,

TERRY RAMBLER, CHAIRMAN.

SALT RIVER PIMA–MARICOPA INDIAN COMMUNITY

RESOLUTION NUMBER: SR–3744–2020

A RESOLUTION TO SUPPORT THE NOMINATION OF REAR ADMIRAL MICHAEL D. WEAHKEE FOR THE DIRECTOR OF THE INDIAN HEALTH SERVICE AT THE UNITED STATES DEPARTMENT OF HEAL TH SERVICES AND HUMAN SERVICES.

WHEREAS, Article VII, Sections l(c)(4) and (c)(5) of the Constitution of the Salt River PimaMaricopa Indian Community ("Constitution") authorizes the Salt River PimaMaricopa Indian Community ("Community") Council to protect the public health and morals and to provide for the public welfare; and

WHEREAS, Article VII, Section l(h) of the Community Constitution authorizes the Community to consult, negotiate, contract, conclude and perform agreements with the federal government; and

WHEREAS, Article VII, Section 1 (j) of the Community Constitution authorizes the Community to advise and recommend to the United States Government; and

WHEREAS, Rear Admiral (RADM) Michael D. Weahkee, Principal Deputy Director of the Indian Health Service (!HS) and Assistant Surgeon General of the United States Public Health Services and the Department of Health and Human Services has been nominated by President Trump to be the Director of the Indian Health Service at the Department of Health and Human Services; and

WHEREAS, RADM Michael D. Weahkee is an enrolled member of the Zuni Indian Tribe and a veteran of the United States Air Force where he was a public health specialist; and

WHEREAS, RADM Michael D. Weahkee obtained his Bachelor of Science in Health Care Management from Southern Illinois University-Carbondale and later a Master of Health Services Administration and Master of Business Administration degree from Arizona State University; and

WHEREAS, the Community has had experience working with RADM Michael D. Weahkee when he was the Chief Executive Officer (CEO) of the Phoenix Indian Medical Center (PIMC); and

WHEREAS, while the CEO of the PIMC; RADM Michael D. Weahkee worked diligently to improve health service delivery, expand programs, understand patient

needs, partner with other health care providers outside the !HS system so additional health services could be provided to patients; and

WHEREAS, RADM Michael D. Weahkee while working as the PIMC CEO also sought to maximize the existing limited resources by reengineering their health systems that resulted in cost savings which were then put toward providing additional patient care; and

WHEREAS, RADM Michael D. Weahkee prioritized transparency and communication as the PIMC CEO making monthly visits to the Community to discuss operations, policies and services; and

WHEREAS, while working as the PIMC CEO, RADM Michael D. Weahkee created a true partnership with the Community so that needed health care could be provided to his membership; and

WHEREAS, RADM Michael D. Weahkee as the Principal Deputy Director supports tribal selfgovernance and has supported the Community in their efforts to compact the Salt River Clinic, the Northeast Ambulatory Care Clinic ("NEACC") construction project; and

WHEREAS, RADM Michael D. Weahkee has demonstrated through his work as the PIMC CEO and the Principal Deputy Director that he is committed to improving the lives of American Indians through enhanced health care services provided by the Indian Health Services.

NOW, THEREFORE, BE IT RESOLVED that the Salt River Pima-Maricopa Indian Community supports the nomination of RADM Michael D. Weahkee as the Director of Indian Health Services, Department of Health and Human Services.

BE IT FINALLY RESOLVED that the President or Vice President is authorized to take all steps reasonably necessary to carry out the purposes and intentions of this resolution.

CERTIFICATION

Pursuant to the authority contained in Article VII, Section l(c)(4), l(c)(5), l(h), and lU) of the Constitution of the Salt River Pima-Maricopa Indian Community (as amended), ratified by the Tribe on February 28, 1990, and approved by the Secretary of the Interior on March 19, 1990, the foregoing resolution was adopted this 13th day of November, 20 I 9, in a duly called meeting of the Community Council at Salt River, Arizona, at which a quorum of 6 members was present, by a vote of 6 for; 0 opposed; 0 abstaining; and 3 excused.

SAN JUAN COLLEGE
November 15, 2019

It is a true pleasure to write a letter of recommendation that supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). I have known RADM Weahkee for over thirty years. We actually attended high school together in Aztec, New Mexico. In May of 2018, he was San Juan College's commencement speaker. I am writing this recommendation from the perspective of someone who has spent over 20 years working as an administrator. Therefore, I can speak with authority about his attributes and extraordinary accomplishments.

I am tremendously impressed with RADM Weahkee's background, knowledge, and commitment to his endeavors. He is extremely intelligent and a highly motivated individual. He obtained his Bachelor of Science in Health Care Management from Southern Illinois University-Carbondale. He also received a Master's degree in Health Services Administration and a Master of Business Administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has a wealth of experience that uniquely qualifies him to serve as the Director of the Indian Health Service. He has served at the local, regional, and national level in multiple capacities. For instance, he has served as the Principal Deputy Director and Acting Director of the Indian Health Services for the past two and a half years. He administers a nationwide health care delivery system that is responsible for providing health care to approximately 2.2 million Native American and Alaska Natives throughout the United States. Within this role, he oversees an annual operating budget of $6 billion and a workforce of 15,400 health care professionals. In addition, he has experience serving as the Chief Executive Officer and the Chief Operating Officer for Phoenix Indian Medical Center. Moreover, RADM Weahkee has served in several senior executive level positions at the Indian Health Service Headquarters in Rockville, Maryland. He is also a proud veteran of the United States Air Force, where he served as a military public health specialist.

RADM Weahkee possesses excellent leadership skills. For example, RADM Weahkee has led the development and execution of a new five-year strategic plan. He also established and implemented a new Office of Quality to ensure appropriate management oversight and accountability.

RADM Weahkee is a person of character and conviction. He truly cares about his constituents and his devoted his life to this vocation. He has traveled extensively throughout Indian country to witness the challenges and issues that native communities face and has strived to address their health concerns.

RADM Weahkee is an amazing individual and has my unqualified endorsement and recommendation.

Sincerely,

TONI HOPPER PENDERGRASS, PH.D., PRESIDENT.

SAN JUAN SOUTHERN PAIUTE TRIBE
October 30, 2019

San Juan Southern Paiute Tribe strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

CARLENE YELLOWHAIR, TRIBAL PRESIDENT.

SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS

As the elected Chairperson of the Sault Ste. Marie Tribe of Chippewa Indians, I am writing on behalf of my Tribe. Last week, President Trump nominated Rear Admiral (RADM) Michael D. Weahkee to serve as the Director of the Indian Health Service. My Tribe urges you to support his confirmation.

RADM Weahkee currently serves as the Principal Deputy Director and as the Acting Director of the Indian Health Service. He is also an Assistant Surgeon General of the United States Public Health Services at the Department of Health and Human Services.

For years, RADM Weahkee has worked to improve the Indian Health Service. Previously, he served as the Executive Officer for the Office of Clinical and Preventive Services; the Director of the Management Policy and Internal Control Staff office; and, as the Deputy Director for Personnel Functions in the Office of Management Services.

He is a member of the Zuni Tribe and grew up as a direct user of the Indian Health Service. This is important to my Tribe: We know he has experience as both a user of the Indian Health Service and as an administrator within the Indian Health Service. This background will help him meet the needs of Indian Country.

For years, my Tribe has worked with RADM Weahkee. We support his nomination for Director of the Indian Health Service. We ask that you support him as well.

If you have any questions or want additional information, please do not hesitate to contact me or the Legislative Director of the Sault Ste. Marie Tribe of Chippewa Indians, Mike McCoy.

Respectfully Submitted,

AARON A. PAYMENT, CHAIRPERSON.

SEATTLE INDIAN HEALTH BOARD
November 25, 2019

The Seattle Indian Health Board strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

The IHS is in need of bold Indigenous leadership that understands and advocates for tribal and urban Indian healthcare needs. As a Zuni tribal member with ample experience with the Indian health care system, RADM Weahkee brings an Indigenous perspective to IHS administration by contining to advocate for increasing overall funding to the IHS and supporting Indigenous data tribal sovereignty and autonomy.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

ESTHER LUCERO, MPP, CEO;
ABIGAIL ECHO-HAWK, MA, CHIEF RESEARCH OFFICER;
AREN SPARCK, MUP, GOVERNMENT AFFAIRS OFFICER.

SOUTHCENTRAL FOUNDATION
November 8, 2019

The Southcentral Foundation strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation.

Southcentral Foundation (SCF) is the Alaska Native tribal health organization designated by Cook Inlet Region, Inc. and eleven Federally-Recognized Tribes—the

Aleut Community of St. Paul Island, lgiugig, lliamna, Kokhanok, McGrath, Newhalen, Nikolai, Nondalton, Pedro Bay, Telida, and Takotna—to provide healthcare services to beneficiaries of the Indian Health Service pursuant to a compact with the United States government under the authority of P.L. 93-638, as amended, the Indian Self Determination and Education Assistance Act.

SCF provides services to more than 65,000 Alaska Native and American Indian people living in the Municipality of Anchorage, the Matanuska-Susitna Borough and 55 rural Alaskan villages. Services provided by SCF include outpatient medical care, home health care, dentistry, optometry, psychiatry, mental health counseling, substance abuse treatment, residential treatment facilities for adolescents and for women, suicide prevention and domestic violence prevention. We employ numerous staff, all of whom work in harmony to treat patients for the best access to quality care.

RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Sincerely,

KATHERINE GOTTLIEB, MBA, DPS, LHD, PRESIDENT/CEO.

SOUTHERN PLAINS TRIBAL HEALTH BOARD
November 27, 2019

The Southern Plains Tribal Health Board (SPTHB) is a non-profit organization based in Oklahoma City, Oklahoma. The Health Board was established in 1972 to provide a unified voice on tribal public health needs and policy for the 44 federally recognized tribes located in Oklahoma, Kansas, and Texas. Board membership includes representatives from the 12 service units in the Indian Health Service (IHS) Oklahoma City area.

On behalf of the Board, I am writing this letter of support and recommendation to the United States Senate Committee on Indian Affairs for RADM Michael Weahkee for the Indian Health Service (IHS) Director.

RADM Weahkee has been serving as Acting Director and Principal Deputy Director for IHS since June 2017. Before that time, RADM Weahkee has been employed in various capacities within the IHS system since December 2007. Through his tenure, RADM Weahkee has exhibited exemplary work performance with tribes and tribal communities, he continues to display unique ability, aptitude, and character in his actions and understanding of the complex issues surrounding Native American health and wellness. I believe RADM Weahkee will continue to deliver positive impact to the Indian Health Service roles and responsibilities.

In the changing landscape of healthcare RADM Weahkee has the vision to direct the Indian Health Service, under the Department of Health and Human Services with improved leadership throughout Indian Country, by signaling a united voice to provide increased accountability, defend quality delivery of healthcare, and navigate standards of care in a thoughtful and productive way with tribal nations.

RADM Weahkee is the collaborator, leader, listener, and visionary to deliver culturally appropriate care as expected. SPTHB believes Tribal sovereignty and self-

determination should be respected and innovative approaches should be implemented. Therefore, we urge this administration to confirm this nomination, as RADM Weahkee is widely viewed as committed to dialogue, seeking to implement solutions to the challenges of health-care access, to bring safe and modern facilities to serve Indian Country, and deliver adequate provider services with culturally diverse competencies.

Respectfully,

MRS. MARTY WAFFORD, CHAIR OF THE BOARD.

SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE
December 4, 2019

I am currently the Director of Interprofessional Education, Practice, and Research at Saint Louis University School of Medicine. Prior to joining SLU, starting in 2001, I was the Director of Health Services for United American Indian Involvement, Inc. an Urban Indian Health Program in Los Angeles, CA. In that capacity, it was my honor to serve on the Urban Programs National Diabetes Workgroup, support the previous IHS Director's response to 0MB inquiry, and secure 5-year federal funding in the initial round of Diabetes Prevention Program Community-Based Demonstration Projects. My personal and professional relationship with RADM Weahkee and my ongoing support for Indian Health Programs, is the basis of this letter.

I strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS).

RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, where he has consistently demonstrated his capability and dedication to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. His strength of character, collaborative and inclusive practices, and his experience in hospital and healthcare administration are fully expressed in his leadership and behaviors.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona. RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field and at all levels of leadership for IHS, demonstrating his commitment to representing front-line and community voice while developing policies and systems to enable and sustain better care and outcomes.

RADM Weahkee has successfully led the Agency forward in a very challenging time for Native communities across the country, overseeing the development and implementation of a new five-year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

I fully support the recommendation of RADM Weahkee as Director of IHS and I am confident he will continue his leadership and tremendous dedicated efforts in service to lndian Country, the DHHS, and the Nation to move the Agency forward. Thank you for your consideration of this endorsement.

Respectfully,

David Pole, Ph.D, MPH.

THE CONFEDERATED TRIBES OF THE COLVILLE RESERVATION
November 26, 2019

On behalf of the Confederated Tribes of the Colville Reservation ("Colville Tribes"), please consider this letter of support for the nomination of RADM Michael D. Weahkee to be the Director of the Indian Health Service (IHS). Mr. Weahkee's

tenure in the IHS serving in various capacities, and his current role as Principal Deputy Director of the IHS, demonstrate that he is well qualified for this important position.

Mr. Weahkee is a member of the Pueblo of Zuni and grew up as a direct user of IHS services. As a direct service tribe, the Colville Tribes appreciates the importance of the Federal Government's responsibility to provide quality health care services to our citizens. We believe that Mr. Weahkee's prior service managing the largest federally-operated IHS hospital will ensure that the needs of direct service tribes are considered in IHS decision-making.

In July of this year, Mr. Weahkee visited the Colville Reservation community of Keller to meet with our tribal leadership and staff regarding the Colville Tribes' health care needs. Before and since that visit, Mr. Weahkee has been responsive to our requests for information and technical assistance on various issues, including the Joint Venture Construction Program.

We respectfully urge the Committee to swiftly approve Mr. Weahkee's nomination and advance it to the full U.S. Senate. If you have any questions, please feel free to contact me.

Sincerely,

RODNEY CAWSTON, CHAIRMAN.

THE NATIVE PROJECT
December 3, 2019

The NATIVE Project, a non-profit Urban Indian Clinic in Spokane, WA, strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee, a member of the Zuni Indian Tribe, has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years. In that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee, is a military veteran and is extremely well educated. He has served in a variety of different roles within the Indian Health system of care, in both the federal and tribal settings. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

I have personally experienced Acting Director RADM Weahkee's example of leadership when he and his administrative team visited our Clinic here in Spokane in June 2019. After operating an Urban Indian Health Clinic for over 20 years, RADM Weahkee is the first IHS Director to ever visit our clinic. Staff were excited, impressed and appreciative that the accomplishments and concerns of the urban Indian community were acknowledged by a national leader of his caliber. RADM Weahkee has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. He is a savvy communicator and has done a great job connecting the Indian Health Service providers and patients together is a 21st century medium. We have appreciated his effective leadership! Thank you for your strong consideration of this endorsement. Call me if you have questions.

Respectfully,

TONI LODGE, CEO

TRIBAL EMERGENCY MEDICINE
December 3, 2019

Tribal Emergency Medicine unequivocally supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and asks that you sup-

port his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years. During this time, he has led Indian Health Service through some very challenging times.

For example, my organization, Tribal EM, provides the nurse, doctor and advance practice providers at the Pine Ridge and Rosebud Service Units. During our tenure, RADM Weahkee has made numerous visits to the Great Plains and has been instrumental in improving the delivery of care at these facilities. The changes that he championed have been life changing for members of the tribes and will have a multi-generational impact.

For example, both the quality and the delivery of care in these service units has improved dramatically. Both have recently gone through their Joint Commission and CMS surveys and both service units did very well. Their success was due, in no small measure to RADM Weahkee's leadership, vision and direction.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. As I mentioned, he has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. I support RADM Weahkee's nomination and give him my highest recommendation. For those of us committed to improving the delivery and quality of care in Indian Country, RADM Weahkee has been a huge blessing!

Respectfully,

JOHN SHUFELDT, MD, JD, MBA, FACEP, CEO

TULE RIVER INDIAN TRIBE OF CALIFORNIA
November 12, 2019

The Tule River Tribal Council of the Tule River Indian Tribe of California strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

NEIL PEYRON, CHAIRMAN.

TURTLE MOUNTAIN BAND OF CHIPPEWA INDIANS
November 20, 2019

The Turtle Mountain Band of Chippewa Health Board strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

JAMLE AZURE, TRIBAL CHAIRMAN;
NATHAN DAVIS, DISTRICT TRIBAL COUNCILMAN;
PATRLCK J. MARCELLAIS, HEALTH BOARD CHAIRPERSON.

TUCSON INDIAN CENTER
December 2, 2019

The Tucson Indian Center strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Com-

missioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

JACOB BERNAL, EXECUTIVE DIRECTOR.

UNITED AMERICAN INDIAN INVOLVEMENT, INC.
November 22, 2019

The United American Indian Involvement, Inc. (UAII) is a 501 c3 nonprofit Urban Indian Health Organization that has been providing Health and Human Services to the American Indian/Alaska Native community that resides in the urban Los Angeles area since 1974. UAII strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

EUGENE MARTINEZ, MBA, INTERIM CEO/COO.

USET SPF RESOLUTION NO. 2020 SPF:011

SUPPORT FOR THE CONFIRMATION OF REAR ADMIRAL MICHAEL D. WEAHKEE AS DIRECTOR OF THE INDIAN HEALTH SERVICE

WHEREAS, United South and Eastern Tribes Sovereignty Protection Fund (USET SPF) is an intertribal organization comprised of thirty (30) federally recognized Tribal Nations; and

WHEREAS, the actions taken by the USET SPF Board of Directors officially represent the intentions of each member Tribal Nation, as the Board of Directors comprises delegates from the member Tribal Nations' leadership; and

WHEREAS, the Indian Health Service (IHS) is obligated to provide healthcare services to American Indians and Alaska Natives (AI/ANs) in fulfillment of the federal government's trust responsibility; and

WHEREAS, throughout his career, Rear Admiral Michael D. Weahkee, a citizen of the Pueblo of Zuni, has been a commendable advocate for AI/ANs and ensuring our people have access to quality healthcare; and

WHEREAS, beginning in June 2017, Rear Admiral Weahkee served as Acting IHS Director for a year before assuming his current role as IHS Principal Deputy Director; and

WHEREAS, on October 22, 2019, Rear Adm. Weahkee was formally nominated by President Donald J. Trump to be permanent IHS Director; and

WHEREAS, IHS has lacked permanent leadership since 2015; and

WHEREAS, in December 2010, the United States recognized the rights of its First Peoples through its support of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), whose provisions and principles support and promote the purposes of this resolution; therefore, be it

RESOLVED the USET SPF Board of Directors supports the appointment of Rear Admiral Michael D. Weahkee as permanent Director of the Indian Health Service; and be if further

RESOLVED the USET SPF Board of Directors requests expeditious Senate confirmation of Rear Admiral Michael D. Weahkee as permanent Director of the Indian Health Service.

CERTIFICATION

This resolution was duly passed at the USET SPF Annual Meeting held on the Sovereign Territory of the Mississippi Band of Choctaw Indians at which a quorum was present on November 7, 2019.

CHIEF KIRK E. FRANCIS, SR., PRESIDENT;
CHIEF LYNN MALERBA, SECRETARY.

URBAN INTER-TRIBAL CENTER OF TEXAS
November 13, 2019

The Urban Inter-Tribal Center of Texas would like to offer our support for the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

ROBERT BRADY MALONE MD, MBA, CEO.

VERONICA A. MOODY, MS GT, USAF (RETIRED)
November 20, 2019

I, Veronica A. Moody strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

I had the pleasure of serving with Michael when we were both stationed at Offutt, Air Force Base in Nebraska. Michael was always very knowledgeable and a productive member of our team. As a young airman, he was well respected as a diligent and thorough food and public facility inspector was known to have impressive ideas and self-driven to take on program tasks with impressive results.

I have had the pleasure of following his career after he separated from the Air Force and had no doubts that he would succeed in any path he chose to follow. I am proud to have served with him and I believe his confirmation as Director of the Indian Health Service is a natural fit and he will serve in a spectacular capacity in this role. Thank you for your strong consideration of this endorsement.

Respectfully,

VERONICA A. MOODY, MS GT, USAF (RETIRED).

WALKER RIVER PAIUTE TRIBE
November 25, 2019

The Walker River Paiute Tribe strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

AMBER TORRES, CHAIRMAN.

ILDA AHARONIAN
December 5, 2019

I, Ilda Aharonian, strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

ILDA AHARONIAN, PH.D.

AI/AN HEALTH PARTNERS
December 5, 2019

The AI/AN Health Partners, a coalition of health organizations dedicated to improving health care for American Indians and Alaska Natives (AI/ANs), strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe.

RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS since 2017, and in that he has proven he is capable and dedicated to improving the Service and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his Bachelor of Science in health care management from Southern Illinois University-Carbondale, and both a Masters of Health Services Administration and Masters of Business Administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the IHS in both the federal and tribal settings. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level.

RADM Weahkee has successfully led the Service forward in a very trying time, overseeing the development and implementation of a new five-year strategic plan for the Agency, the first in over a decade. He has pressed the IHS to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure

appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that confront them. As a result, RADM Weahkee has moved the IHS forward in a positive manner during a short period of time.

We strongly urge the Committee to confirm RADM Weahkee as Director of the Indian Health Service (IHS).

Thank you for considering our request,

AMERICAN ASSOCIATION OF COLLEGES OF NURSING
AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY
AMERICAN OPTOMETRIC ASSOCIATION
ASSOCIATION OF AMERICAN INDIAN PHYSICIANS
COMMISSIONED OFFICERS ASSOCIATION OF THE U.S. PUBLIC HEALTH SERVICE, INC

PASKENTA BAND OF NOMLAKI INDIANS
November 21, 2019

The Paskenta Band of Nomlaki Indians strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

ANDREW ALEJANDRE, TRIBAL CHAIRMAN.

SOUTHWEST OKLAHOMA lNTERTRIBAL HEALTH BOARD
December 5, 2019

The Southwest Oklahoma Intertribal Health Board passed the attached resolution supporting the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and asking that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). I am available if you or your staff have any questions or if follow

up is needed, and appreciate your consideration for this very important position for American Indians that needs a permanent director.

RESOLUTION FY2020–004

WHEREAS, the Southwest Oklahoma lntertribal Health Board was organized by constitution and by-laws and is comprised of seven (7) tribes in southwest Oklahoma that include the following tribes: Apache, Caddo, Comanche, Delaware, Fort Sill Apache, Kiowa and Wichita; AND

WHEREAS, the Southwest Oklahoma lntertribal Health Board was established to provide an organized structure and to support in the development of existing and additional services being provided by the Lawton Service Unit; to cooperate with and seek the assistance of various federal and state agencies and other sources in furthering mutual programs designed to accomplish these purposes; to continuously promote the improvement of health services for the membership of tribes in this organization; and to enter into Memorandum of Agreement and contracts with Indian Health Service and other federal and state agencies; AND

WHEREAS, the Lawton Service Unit encompasses ten counties in the southwestern corner of Oklahoma, where 25,000 members of the Caddo, Comanche, Delaware, Fort Sill Apache, Kiowa, Apache, and Wichita tribes are concentrated; AND

WHEREAS, I.H.S. has lacked permanent leadership since 2015 and the United States has a unique and special relationship with AI/ANs and I.H.S. is obligated to provide health care services to Al/AN in fulfillment of the federal government's trust; AND

WHEREAS, RADM Michael D. Weahkee, a citizen of the Pueblo of Zuni, has been nominated by President Trump on October 22, 2019, to be the permanent I.H.S. Director; AND

WHEREAS, throughout his career, RADM Weahkee has been a commendable advocate for Al/Ans and ensuring our people have access to quality healthcare. RADM Weahkee has served as the Principal Deputy Director and Acting Director ofthe IHS for the past two and a half years, and in that time, he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Ala ska Natives to the highest level; AND

WHEREAS, RADM Weahkee is a veteran of the United States Air force and American Indians and Alaska Natives service in the armed forces has been at a much higher rate than any other ethnicity, and providing the highest quality health care for our Al/AN veterans is a priority; AND

WHEREAS, in December of 2010, the United States recognized the rights of its first Peoples through its support of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), whose provisions and principles support and promote the purposes of this resolution; AND

WHEREAS, although the trust relationship requires the federal government to provide for the health and welfare of Tribal nations, the Indian Health Service remains chronically underfunded and AI/ANs suffer from among the lowest health status nationally; AND

WHEREAS, RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with; AND

NOW THEREFORE BE IT RESOLVED, that the tribal leadership of the Southwest Oklahoma lntertribal Health Board hereby supports the appointment of RADM Michael D. Weahkee as permanent Director of the Indian Health Service and request expeditious Senate confirmation as permanent Director of the Indian Health Service.

CERTIFICATION

The foregoing resolution was adopted by the Southwest Oklahoma lntertribal Health Board on December 5, 2019, by a vote of 4 for, 0 against and 1 abstaining, a quorum being present.

LYNDA DELAUNE, SECRETARY
TERRI PARTON, CHAIR.

DEPARTMENT OF VETERANS AFFAIRS
December 4, 2019

I strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

I have known RADM Weahkee for approximately 17 years as a professional colleague in the Indian healthcare system. RADM Weahkee's service to American Indian and Alaska Native people is remarkable. He has served in a variety of roles in the Indian healthcare system including urban Indian health programs, tribal health programs and the IHS Federal system. I had the opportunity to work with RADM Weahkee at the IHS Headquarters and I am confident he has the leadership qualities and dedication to lead the Agency.

RADM Weahkee has successfully led the Agency as Principle Deputy Director, overseeing the development and implementation of a new five-year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee is a Veteran of the United States Air Force, where he served as a military public health specialist. He obtained his Bachelor of Science in Health Care Management from Southern Illinois University-Carbondale, and both a Master of Health Services Administration and Master of Business Administration from Arizona State University in Tempe, Arizona.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

DAVID CLAY WARD, MS, OFFICE OF TRIBAL GOVERNMENT RELATIONS

WICHITA AND AFFILIATED TRIBES
December 5, 2019

The Wichita and Affiliated Tribes strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external

oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with.

On a personal note, as a tribal leader who has worked directly with Admiral Weahkee on the Secretary's Tribal Advisory Committee (STAC), the Direct Service Tribes Advisory Committee (DST AC) and in various capacities over the last few years, as a tribal leader I am in support of his nomination. I offer the following comments in regards to support of his nomination:

- Admiral Weahkee knows the Indian Health Service system.
- An outsider to IHS would have to learn the Indian Health Service system and would probably be less responsive to resolving issues.
- Admiral Weahkee provides stability.
- Admiral Weahkee knows the Tribes and the needs of both the Self-Governance and Direct Service Tribes.
- Admiral Weahkee makes himself available to the Tribes.
- While he can't always accommodate all of our requests, Admiral Weahkee is responsive.
- Finally, I would also hope that being appointed as the director that he would be able to have a stronger voice in working for the needs of our people like on the issues of the need for advanced appropriations. Sometimes once someone moves from acting to the actual director or position, they take more ownership to the position and its success. *The resolution attached has been retained in the Committee files.*

Thank you for your strong consideration of this endorsement.

Sincerely,

TERRI PARTON, PRESIDENT.

ASSOCIATION OF AMERICAN INDIAN PHYSICIANS (AAIP)

November 20, 2019

The Association of American Indian Physicians (AAIP) strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Tribe for the office of Director of the Indian Health Service. Our Executive Board and Policy and Legislation Committee recently interviewed RADM Weahkee regarding his qualifications for the position and we were extremely pleased that he met our qualifications.

RADM Weahkee is a veteran of the United States Air Force where he served as a public health specialist. He obtained his Bachelor of Science in health care management from Southern Illinois University-Carbondale and both a Master of health services administration and Master of business administration from the Arizona State University in Tempe, Arizona.

RADM Weahkee has served as Principal Deputy Director and Acting Director of the IHS since 2017. He has also served in the field at the service unit and regional office level as well as at IHS headquarters at the national level. Because of his many years of service in IHS, he has an intimate knowledge of the health status of American Indians and Alaska Natives throughout Indian country in the United States. He has proven that he is capable and dedicated to raising the health status of American Indians/Alaska Natives to the highest level. He also demonstrated an excellent knowledge of the complex health problems of American Indians/Alaska Natives as well as the IHS administrative structures caring for Indian people throughout the United States.

RADM Weahkee has been overseeing the implementation of a new five year strategic plan for the IHS. It has been over a decade since the IHS has had a strategic plan. He has also addressed the unimplemented external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He has also implemented a new Office of Quality at the IHS headquarters level to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers.

He has traveled extensively throughout Indian country and both seen and listened to the challenges and issues that Indian communities face in addressing the health concerns that Indian communities deal with. AAIP feels that RADM Weahkee has moved the IHS in a positive manner in a short period of time. The Association of American Indian Physicians strongly urges the Committee on Indian Affairs to confirm RADM Weahkee as Director of the Indian Health Service (IHS).

Thank you for your time and consideration in this manner on behalf of AAIP members and we hope you consider our request.

Respectfully Yours,

WALTER HOLLOW M.D., PRESIDENT/CHAIRMAN OF THE BOARD

BURRELL COLLEGE OF OSTEOPATHIC MEDICINE

November 20, 2019

The Burrell College of Osteopathic Medicine strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

JOHN L. HUMMER, PRESIDENT.

THE CHIPPEWA CREE TRIBE OF THE ROCKY BOY'S RESERVATION

November 18, 2019

The Chippewa Cree Business Committee strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

HARLAN BAKER, CHAIRMAN.

COMMISSIONED OFFICERS ASSOCIATION, U.S. PUBLIC HEALTH SERVICE

December 4, 2019

It is my pleasure to support the nomination of RADM Michael D. Weahkee to become Director of the Indian Health Service. In my capacity as Executive Director of the non-profit, non-partisan organization that represents the uniformed officers of the US Public Health Service, I have gotten to know RADM Weahkee and have worked with him on Native American healthcare issues for the past five years, dating back to when he was at the Phoenix (AZ) Indian Medical Center, the largest hospital in the Indian Health Service.

I know RADM Weahkee to be a capable and qualified administrator who cares deeply about the state of healthcare for our country's Indian population. He has been serving for the past two-plus years as Principal Deputy Director of the Indian Health Service and has done a superb job of running the agency as Acting Director.

RADM Weahkee is an enrolled member of the Zuni Indian Tribe and has been assigned to the Indian Health Service as a PHS officer since entering the US Public Health Service in 1999 as a Lieutenant Junior Grade. He has always served in positions that called for higher-ranking officers, and his advancement to the rank of Rear Admiral in the USPHS is testimony to his extremely capable performance of duty.

RADM Weahkee is passionate about the work of the Indian Health Service and would be in a better position to realize his vision of improved delivery of healthcare services to Native Americans if he were confirmed as Director of the Indian Health Service. I urge that he be given a favorable recommendation by your committee and that his nomination be forwarded to the full Senate for consideration.

Respectfully,

COL. JAMES T. CURRIE, USA (RET.), EXECUTIVE DIRECTOR.

HAYS HEALTH INFORMATICS CONSULTING, LLC

November 21, 2019

I am writing to add my name to what I believe will be a chorus of others supporting the nomination of RADM Michael Weahkee to be confirmed as the Director of the Indian Health Service (IHS). I am pleased to support RADM Weahkee to fulfill this critical responsibility.

I am a family physician and retired Commissioned Officer of the United States Public Health Service (USPHS). I served my entire USPHS career in the IHS from 1987 to 2014, in multiple locations and roles, including three years as the acting Director of the IHS Office of Information Technology (OIT) at IHS Headquarters in Rockville MD. In that role I reported directly to the Office of the IHS Director, and I am deeply familiar with the challenges and complexities faced by that person. I am also familiar with the risks and consequences of not having the right person in that role.

I worked for IHS OIT from 2002 to 2014, and my path crossed with RADM Weahkee's at multiple points over those years. In all the years I've known Michael I've found him to be an officer of innate integrity, thoughtful, respectful, forward-thinking, and deeply committed to the mission of IHS. Since my retirement in 2014 I have remained in close contact with my former colleagues, and I follow with great interest the events at the agency.

I was pleased to see RADM Weahkee elevated to the Acting Director and subsequently Principal Deputy Director role a couple of years ago. It has been gratifying (but not surprising) to observe how he and his leadership team have worked to address some very serious issues, and especially the progress he has made to restore trust and confidence on the part of the Tribes as well as federal staff nationwide. Having him begin a full term as IHS Director will instill an added sense of stability and further empower IHS to continue in a positive direction.

As a physician I would like to emphasize that I have no qualms whatsoever about not selecting a doctor to be the IHS Director. This role is about leadership, compassion, respect, and above all, management, which includes a willingness to consult with and learn from the experts with which he has surrounded himself. Michael has plenty of outstanding clinicians at his disposal who will ensure that he has the expert healthcare-specific information he needs as Director.

I urge you and your colleagues of both parties on the Senate Committee on Indian Affairs to act expeditiously and positively on this nomination. I thank you for the privilege of expressing my support.

Cordially,

G. HOWARD HAYS, JR, ME, MD, MSPH, CAPT (RET), USPHS, FOUNDER/
PRINCIPAL CONSULTANT

GLINDA WEDDLE
October 31, 2019

I strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

GLINDA WEDDLE.

THE HEALING LODGE OF THE SEVEN NATIONS
November 18, 2019

The Healing Lodge of the Seven Nations, a 93–638 Tribal entity, was established in 1988 to operate a nationally focused tribal residential 45 bed ASAM 3.5 treatment facility providing chronic substance abuse and addiction, and co-occurring disorder intense clinical care services for Tribal youth (ages 13 through 17).

The Healing Lodge's Board of Directors comprised of Tribal Council leaders from the Confederated Tribes of Colville Reservation, Coeur d'Alene Tribe, Confederated Tribes of Umatilla Indian Reservation, Kalispel Tribe of Indians, Spokane Tribe of Indians, the Nez Perce Tribe and Kootenai Tribe of Idaho who dedicate their time to build a successful and culturally focused evidence based program. A 3 year study conducted by Harvard Cambridge Institute found 80 percent of the graduated youth maintained recovery over a three year period utilizing evidenced based and cultural models.

In June 2019, Rear Admiral Michael D. Weahkee visited the Healing Lodge to personally learn about the clinical and support services provided to the youth, the non-profit tribal programs unmet needs, and future program and facility expansion projects. He was very interested in the facility especially, the unmet needs resulting from the escalated utilization of Opioid use in the tribal adolescent population. It was refreshing to have someone of his stature visit the treatment center and to truly have an interest in the future of the Tribes, and their youth!

The Healing Lodge of the Seven Nations which covers Washington, Oregon and Idaho strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and asks that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the P1incipal Deputy Director and Acting Director of IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his Bachelor of Science in Health Care Management from Southern Illinois University-Carbondale, and both a Master of Health Services Administration and Master of Business Administration degrees from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the HHS Indian Health Services forward in a positive manner, and in a relatively sho1i amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with.

In conclusion, I respectfully thank you for your strong consideration of this endorsement. If you have any questions or require any additional information, please do not hesitate to call upon me at any time.

Respectfully,

REBECCA CROCKER EXECUTIVE DIRECTOR.

HOPI TRIBE OF NORTHEASTERN ARIZONA
November 4, 2019

The Hopi Tribe of Northeastern Arizona strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

TIMOTHY L. NUVANGYAOMA, CHAIRMAN.

HUALAPAI TRIBE
October 31, 2019

The Hualapai Tribe strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management over-

sight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

PHILBERT WATAHOMIGIE, SR., VICE CHAIRMAN.

NAVAJO NATION
November 2, 2019

On behalf of the Navajo Nation, we strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee, of the Pueblo of Zuni, and ask your support of his confirmation as Director of the Indian Health Service (IHS) under the United States Department of Health and Human Services (HHS). RADM Weahkee served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in the past year he has always provided his time to meet with us to discuss critical issues for our Nation and moved our issues forward with care to ensure all issues were addressed to the satisfaction of all involved.

RADM Weahkee is a decorated public servant and veteran of the United States Air Force. He is the recipient of four IHS National Director's Awards, three outstanding service medal awards, a Presidential Unit Citation, and is recognized for other notable career and military service achievements. He obtained his bachelor of science in healthcare management degree from Southern Illinois University-Carbondale, and a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee's career assignments over the last 20 years are with IHS. He has aimed at improving the delivery of healthcare services in Indian Country; consistently hitting the mark of improved service delivery.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care at the tribal and Federal levels. This experience is valuable in knowing the health care system needs of Native Americans. No other qualified Native American has this experience and this makes RADM Weahkee exceptionally fit for this important role. We fully support RADM Weahkee's nomination and urge confirmation as the Director of the Indian Health Service.

Sincerely,

JONATHAN NEZ, PRESIDENT;
MYRON LIZER, VICE-PRESIDENT.

POKAGON BAND OF POTAWATOMI INDIANS
November 21, 2019

The Pokagon Band of Potawatomi Indians strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external

oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with. Thank you for your strong consideration of this endorsement.

Respectfully,

MATTHEW WESAW, CHAIRMAN.

PUEBLO OF SANDIA
November 14, 2019

The Pueblo of Sandia strongly supports the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). RADM Weahkee has served as the Principal Deputy Director and Acting Director of the IHS for the past two and a half years, and in that time he has proven that he is capable and dedicated to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona.

RADM Weahkee has served in a variety of different roles within the Indian Health system of care, including in both the federal and tribal setting. He has served in the field, at the service unit and regional office level, as well as at IHS headquarters at the national level. RADM Weahkee has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

RADM Weahkee has moved the Agency forward in a positive manner, and in a relatively short amount of time. He has traveled extensively throughout Indian country to see and hear firsthand the challenges and issues that native communities face in addressing the various health concerns that they are confronted with.

The following is a list of issues that the Pueblo's Health Center continues to have with IHS as most relates to Information Technology (IT):

- Tech Support—If and when Health Center needs immediate assistance with IT related items, Health Center reaches out to IT with IHS but there tends to be delays and/or direction to consult with our contracted CAC
- Tribal 638 Clinic do not have local domain rights to manage user accounts and/or computer accounts. Requests are sent but once again response times are lengthy and/or no response at all.
- For any support, including IT, Federal sites take priority followed by Urban and then finally Tribal. This of course and once again, delays such requests and at times our Health Center gets minimal and/or no support.
- Health Center is told they have shares (Tiers I/II/III) left with IHS but no full details are given to how much and what those shares consists and/or cover.

Thank you for your strong consideration of this endorsement.

Sincerely,

ISAAC LUJAN, GOVERNOR.

QUAPAW NATION
November 20, 2019

On behalf of the Quapaw Nation, I am writing to express strong support for Rear Admiral Michael D. Weahkee to be the next Director of the Indian Health Service (IHS) in the U.S. Department of Health and Human Services.

Rear Admiral Weahkee is a member of the Zuni Indian Tribe and a veteran of the United States Air Force. He currently serves as Principal Deputy Director of the IHS and has previously served in various capacities in the IHS, including as Executive Officer for the Office of Clinical and Preventive Services; Director of the Management Policy and Internal Control Staff office; and as Deputy Director for Personnel Functions in the Office of Management Services.

As you know all too well, the IHS is a troubled agency and is struggling to provide adequate care and service to the 2.2 million American Indians and Alaska Natives it serves. In short, the IHS is in dire need of reform and strong leadership and Rear Admiral Weahkhee is the right man at the right moment.

For those reasons, the Quapaw Nation is pleased to support the nomination of Rear Admiral Weahkee to be the next Director of the IHS, and urges swift approval of his nomination by the Senate Committee on Indian Affairs and the full Senate.

Thank you for your consideration of my request.

Sincerely,

JOHN L. BERREY, CHAIRMAN.

NATIONAL INDIAN HEALTH BOARD
December 6, 2019

On behalf of the National Indian Health Board (NIHB), I write today in strong support of the nomination of Rear Admiral (RADM) Michael D. Weahkee to serve as the Director of the Indian Health Service (IHS). In his current capacity as Principal Deputy Director, RADM Weahkee has demonstrated solid and capable leadership, determination, and commitment to honoring the federal Trust responsibility for health and towards raising the health status of AI/AN Peoples to the highest level. NIHB is confident that he will demonstrate similar resolve and fortitude as Director, and will continue to strengthen the government-to-government relationship between IHS and Tribal Nations.

Established in 1972, NIHB is a national, inter-Tribal organization that advocates on behalf of all federally-recognized Tribal governments for the fulfillment of federal Trust and Treaty obligations to deliver health care and public health services to all AI/AN Tribes and Peoples. NIHB is governed by a Board of Directors consisting of elected or duly appointed Tribal representatives from all twelve IHS Areas. In our capacity as the only national Tribal organization dedicated exclusively to addressing Tribal health care and public health priorities, NIHB has had extensive opportunity to work closely with RADM Weahkee and gauge his qualifications for IHS Director.

RADM Weahkee has successfully led IHS during highly turbulent and trying periods. For instance, during the most recent 35-day federal government shutdown—the longest in U.S. history—RADM Weahkee maintained open communication channels with Tribal governments and organizations providing timely updates, documenting Tribal challenges and concerns, and extending available resources to mitigate the shutdown's impact on AI/AN communities. In this same vein, RADM Weahkee has traveled extensively throughout Indian Country to meet one-on-one with Tribal leaders and learn first-hand about the unique obstacles Tribes face in addressing health disparities to help inform IHS's strategic priorities. Recently, RADM Weahkee announced that IHS has made significant progress in securing an exceptional apportionment from the Office of Management and Budget (OMB) to help alleviate the adverse impacts of continuing resolutions (CR) on the agency's ability to meet its fiscal obligations to Tribal governments.

In addition, he has proven to be thoughtful and collaborative in his leadership approach by establishing closer partnerships with other federal agencies to better leverage resources for Tribes and break down federal silos. For instance, RADM Weahkee joined with the Commissioner of the Administration for Native Americans, Jeannie Hovland, to revamp the Department of Health and Human Services (HHS) Interdepartmental Council on Native American Affairs so that HHS agencies are working more in tandem to address Tribal health priorities.

Further, he has taken important strides to fortify IHS's relationship with its multiple Tribal advisory committees (TACs), such as by personally attending TAC

convenings to build stronger Tribal connections, and by ensuring IHS is providing meaningful and timely responses to TAC recommendations. Similarly, under his leadership, the quality of IHS-led consultation and listening sessions have improved, as RADM Weahkee has displayed a great willingness to integrate Tribal feedback and priorities into IHS's policy development.

Importantly, RADM Weahkee has prioritized addressing many of IHS's long-standing and destabilizing quality of care issues. Under his leadership, IHS has acted on recommendations from the Office of Inspector General and the Government Accountability Office to establish an Office of Quality within IHS Headquarters to improve oversight and accountability of IHS Area Offices and facilities. In addition, he effectively shepherded the development and implementation of a new five-year strategic plan for the agency—the first in over a decade—and is actively partnering with Tribes to update the agency's Tribal consultation policy.

Overall, RADM Weahkee has proven to be an adept and inclusive leader who has earned the trust and confidence of Tribal Nations. For these reasons, NIHB strongly supports his confirmation as the next Director of IHS.

Yours in Health,

Victoria Kitcheyan, Chairperson.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. TOM UDALL TO REAR ADMIRAL MICHAEL D. WEAHKEE

Ethics

Question 1. An ethics agreement dated October 5, 2017 revealed you have oversight authority over two family members—your wife, Dr. Rose Weahkee, and your brother, Mr. Tim Weahkee. In this agreement, you agreed to recuse yourself from situations where either family member is a party and any personnel or financial decisions involving them. However, your nomination ethics agreement letter signed October 31, 2019, makes no mention of this potential conflict of interest or your continued recusal from matters related to your wife and brother. If confirmed, will you continue to recuse yourself from matters relating to your wife and brother as outlined in your October 5, 2017 recusal?

Answer. Yes, if confirmed I will continue to recuse myself from matters related to my wife and brother as outlined in my October 5, 2017 recusal.

Question 1a. Do IHS employees know about your recusal and how to report potential violations?

Answer. A select subset of the 15,400 Indian Health Service (IHS) employees are aware of my recusal, including all members of IHS senior staff, our administrative support team, the human resources and program integrity and ethics staff, and the supervisors of both my spouse and my brother. The instructions for how to route items of potential conflict are included within the recusal (see Attachment A) and potential violations would be reportable to the Department of Health and Human Services (HHS) Secretary and Office of Inspector General.

Question 1b. Have you informed Tribes and urban Indian organizations about your recusal and who they should contact with questions regarding the scope of the recusal or with potential concerns? And, if not and if confirmed, will you commit to doing so?

Answer. Tribes and Urban Indian Organizations have not been provided with a copy of the recusal as the issues related to the recusal are generally internal in scope to the federal government. I am recused from participating in matters that could potentially financially benefit my spouse or my brother. This includes matters like pay raises, selection for promotions, cash awards, etc. I have no objection to Tribes and urban Indian organizations being made aware of the recusals. All matters related to my spouse or brother are to be referred to the IHS Deputy Director, RADM Chris Buchanan, and I am not to be involved in any discussions pertinent to either of my relatives.

Tribal Sovereignty and Consultation

Question 2. What is your understanding of the U.S. trust and treaty responsibilities to Indian Tribes—specifically regarding the provision of healthcare?

Answer. There is a general trust relationship between the United States and Indian people. *United States v. Mitchell*, 463 U.S. 206, 225 (1983)). For a specific responsibility (also called duty or obligation) to exist, Congress must act through statute to require specific duties of the United States in the administration of Indian resources. The benefits extended to Indian people based on their status as Indians have been defined as a political relationship rather than a racial classification.

Some treaties between the United States government and Indian tribes call for the provision of medical services, the services of physician(s), or the provision of hospital(s) for the members of the signatory tribe(s).

Congress has acted to provide IHS with broad authority to provide health care services to Indian people. The Snyder Act of 1921 (25 U.S.C. § 13) and the Indian Health Care Improvement Act (25 U.S.C. § § 1601–1685) authorize IHS programs and provide specific legislative authority for Congress to appropriate funds specifically for the health care of Indian people. Because of the broad nature of these authorities and the Congressional appropriations for IHS, IHS does not operate under a trust responsibility. *See, e.g., Lincoln v. Vigil*, 508 U.S. 182 (1993). IHS remains committed to carrying out its statutory authorities in order to elevate the health status of Indian people.

Question 3. If confirmed, will you commit to doing everything in your authority to ensure that all federal trust and treaty responsibilities are not only upheld, but strengthened?

Answer. I am committed to carrying out IHS's authorities in order to elevate the health status of Indian people.

Question 4. If confirmed, will you commit to engaging in meaningful government-to-government Tribal consultation?

Answer. Yes, if confirmed I commit to engaging in meaningful government-to-government Tribal consultation.

Question 5. If confirmed, please describe how you will ensure Tribal views expressed during consultation inform IHS policies and your own advocacy within the Department of Health and Human Services and the executive branch as a whole.

Answer. The importance of tribal consultation has been affirmed through Presidential Memoranda and Executive Order. The IHS conducts a variety of consultation activities with tribal leaders and representatives of tribal governments, including national meetings, regional inter-tribal consultation sessions, individual tribal delegation meetings, area consultation sessions, and tribal advisory workgroups. Tribal leaders and representatives also play an important role in the IHS budget formulation process and setting health priorities at the national and regional levels.

The increased involvement of tribes in advising and participating in the decision-making process of the agency has resulted in stronger collaborations between the federal government and tribal governments; innovations in the management of programs; and important issues being brought forward for consideration by IHS, the administration, and congress in a timely fashion. If confirmed, I will faithfully serve as the principal health advocate for American Indians and Alaska Natives both within the department and throughout the executive branch of government, and I will ensure that the viewpoints of tribes are made known throughout government.

Urban Indian Health

Question 6. In its report accompanying the reauthorization of the *Indian Health Care Improvement Act* in 1988, the Committee stated, "The responsibility for the provision of health care, arising from treaties and laws. . .does not end at the boarders of an Indian reservation." This is still the policy of the U.S. government. If confirmed, will you commit to ensuring IHS upholds its trust and treaty responsibilities for American Indians and Alaska Natives who live in urban areas and outside of Indian country?

Answer. I am committed to carrying out IHS's authorities in order to elevate the health status of Indian people.

Question 6a. If confirmed, will you commit to conferring with urban Native communities?

Answer. Yes, if confirmed I commit to conferring with urban Indian organizations.

Question 7. What is your view of the Indian Health Service's role in supporting Urban Indian Organizations?

Answer. The IHS provides a comprehensive health service delivery system for approximately 2.6 million of the nation's estimated 3.7 million American Indians and Alaska Natives. The 2010 Census reported 78 percent of American Indians and Alaska Natives live in urban areas. [1]

The Indian Health Care Improvement Act (IHCIA), (25 U.S.C. § 1602) declares that "it is the policy of this Nation. . .to ensure the highest possible health status for Indians and urban Indians." The IHS provides contracts and grants to 41 urban-centered, nonprofit Urban Indian Organizations (UIOs) providing health care services at 59 locations in 22 states throughout the United States. The IHS, through

[1] The American Indian and Alaska Native Population. U.S. Census Bureau. Accessed January 3, 2020, at: *http://www.census.gov/prod/cen2010/briefs/c2010br-10.pdf.*

the Office of Urban Indian Health Programs (OUIHP), provides oversight of the grants and contracts to UIOs, with the purpose of making health services more accessible to urban Indians. UIOs are evaluated annually in accordance with the IHCIA requirements; and based on best-practice standards for delivering safe and high quality health care. The IHS works in partnership with UIOs to improve the transparency and the quality of data collected regarding health care services and program outcomes.

The UIOs define their scopes of services based upon the service population, health status, and the documented unmet needs of the urban Indian communities they serve. The 41 programs engage in a variety of culturally appropriate activities to increase access to quality health care services for urban Indians. These services range from the provision of outreach and referral services to the delivery of limited and comprehensive ambulatory health care as well as residential and outpatient substance abuse treatment programs.

The IHS also currently awards 33 4-in-1 grants to UIOs. The 4-in-1 grant program provides funding to UIOs to ensure comprehensive, culturally acceptable personal and public health services are available and accessible to urban Indians. The grants provide funding for four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse related services, and (4) mental health services. Grantees integrate cultural interventions and implement practice-based and evidence-based approaches to meet urban Indian service population needs.

The IHCIA Title V funds are but one source of funding for UIOs. Most UIOs obtain supplemental resources from other federal, state, local, and private sources. The IHS has implemented HHS priorities directed at ensuring accountability and provision of high quality health services for the urban Indian population served by the IHS. Based on special provisions for Indians in the Patient Protection and Affordable Care Act (PPACA) and the IHCIA, the IHS continues to work towards the expansion of health care coverage and quality services for the underinsured and underserved urban Indian population. The primary area of focus involves aligning with the PPACA health insurance marketplace to increase the number of urban Indians served, enhance revenues, and improve quality of care and customer service. This includes the development of new approaches and the refining of proven processes for coordinated care services, supports, and networks as valued and essential services.

The IHCIA, as amended, also requires that the IHS confer with UIOs to the maximum extent practicable. Confer means engagement in an open and free exchange of information and opinions leading to mutual understanding and comprehension and emphasizing trust, respect, and shared responsibility. The IHS has utilized the confer process to seek input from UIOs on urban Indian health matters and published a confer policy in the *Indian Health Manual* (IHM).[2]

Our partnerships and relationships with UIOs are critical to our success and supports the IHS mission of raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. Performance of the mission regarding urban Indian health significantly depends on the efforts of the IHS working in unison with UIOs on a wide range of issues. These include engaging UIOs on matters that impact urban Indians and ensuring that the funding and resources are available to UIOs to provide health care services to urban Indians.

The OUIHP, working with the IHS Area Offices and other Headquarters program offices, works in partnership with UIOs to advance urban Indian health priorities and initiatives. A significant role for the OUIHP is education about the role of the UIOs and improving the integration of urban Indian considerations in IHS policies and procedures and across the Department of Health and Human Services (HHS) as well as other federal agencies. The IHS works to educate and inform partners about urban Indian health matters, identify challenges that limit access to health care, and works in partnership with UIOs to support health care solutions that fit the diverse circumstances of urban Indians and the tribal communities they serve.

Question 8. What do you believe are some of the major health care barriers for American Indians and Alaska Natives residing in urban areas? How do you think IHS can help address the barriers you identified?

Answer. Urban Indians not only share the same health problems as the general Indian population, their health problems are exacerbated in terms of mental and physical hardships because of the lack of family and traditional cultural environments. Urban Indian youth are at greater risk for serious mental health and sub-

[2] IHM, Part 5, Chapter 26, Conferring with Urban Indian Organizations, available at *https://www.ihs.gov/IHM/index.cfm?module=dsp__ihm__pc__p5c26.*

stance abuse problems, suicide, increased gang activity, teen pregnancy, abuse, and neglect. Recent studies of the urban Indian population document poor health status and reveal that lack of adequate health care services are a serious problem for most families. This is reflected in the 2004 report, "The Health Status of Urban American Indians and Alaska Natives: An Analysis of Select Vital Records and Census Data Sources."[3] The report, which was limited to the counties served by Title V funded UIOs, demonstrated that although progress had been made toward better health among this population, substantial health disparities continue to exist when compared to the general population.

The 41 UIOs are an integral part of the Indian health care system and serve as resources to both tribal and urban communities. Urban Indians are often invisible in the urban setting and face unique challenges when accessing health care. A large proportion of urban Indians live in or near poverty and face multiple barriers such as the lack of quality and culturally relevant health care services in cities. UIOs are an important support to urban Indians seeking to maintain their tribal values and cultures and serve as a safety net for our urban patients. Social determinants of health play a key role in health and wellness and UIOs are addressing a range of factors which contribute to improved health outcomes. While the UIOs are diverse in geographic area, size, services offered, and funding strategy, they share a commitment to providing culturally competent health care to a population that is impacted by socioeconomic disparities, including lower incomes, higher unemployment, and lower levels of educational attainment.

Urban Indians present a unique morbidity and mortality profile. Urban Indian populations suffer disproportionately higher mortality from certain causes in sharp contrast to mainstream society. Leading health care conditions for urban Indians are substance abuse, heart disease, cancer, infant mortality, accidents and external causes, diabetes, and cerebrovascular disease.[4]

Urban Indian populations are more likely to engage in health risk behaviors. Urban Indians are more likely to report heavy or binge drinking than all-race populations and urban Indians are 1.7 times more likely to smoke cigarettes. Urban Indians more often view themselves in poor or only fair health status, with 22.6 percent reporting fair/poor health as compared to 14.7 percent of all races reporting as fair/poor.[5]

These unique challenges require a targeted response. I believe that the IHS can target more of its resources towards the development of culturally relevant programming that includes traditional Indian health, social support network development, education regarding trauma-informed care, etc. Culturally competent care is particularly important in an urban environment where Indian culture may be absent in the daily lives of many urban Indians. The UIOs provide an important connection to Indian culture. Care in a trusted and supportive environment can be critically important to positive health outcomes. We can also partner with sister agencies throughout government to support language preservation, faith-based initiatives and to address other social determinants of health (lack of stable housing, lack of economic opportunity, lack of transportation, etc.). The ability of UIOs to deliver health care services relies on key partnerships with other federal agencies, as well as states, local governments, insurers, and foundations that fund UIOs; non-profit organizations that provide advocacy, timely information, technical assistance, and training; and Tribes, which in some cases, operate health care programs that may partner with, receive referrals from UIOs, or provide referrals to UIOs. IHS can support UIOs in their efforts to address key challenges for improving and expanding their capacity to provide access to quality, culturally competent health services for urban Indians.

Substance Abuse and Opioids

Question 9. In September 2018 remarks before the HHS Secretary's Tribal Advisory Committee, you stated: "Another challenge we must work together to overcome is the opioid crisis that is affecting our Tribal communities. . .As with this plan and all other IHS initiatives around substance use, collaboration with Tribes is fundamental." In what ways do you feel the federal government could improve its support for addressing the opioid and substance abuse challenges facing Indian country?

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[3] Urban Indian Health Institute (March 16, 2004), available at *http://www.uihi.org/wp-content/uploads/2017/08/2004healthstatusreport.pdf.*

[4] Indian Health Service, Report to Congress: New Needs Assessment of the Urban Indian Health Program and the Communities it Services at 10 (Mar. 31, 2016) (hereinafter New Needs Assessment), available at *https://www.ihs.gov/sites/urban/themes/responsive2017/display_objects/documents/ReportToCongressUrbanNeedsAssessment.pdf.*

[5] Ibid.

Answer. The IHS appreciates the Committee's recognition of the disproportionate impact of the opioid crisis on tribal communities and willingness to foster ongoing collaborations to leverage available resources to address the broader substance use crisis facing Indian country. The invaluable feedback that IHS has received through formal tribal consultation and urban confer has informed the internal IHS opioid response and contributed to the creation of a comprehensive strategic plan to assist tribes with addressing gaps and increasing access to medication assisted treatment (MAT) services, enhancing harm reduction efforts, and improving IHS opioid stewardship activities. Yet, challenges remain.

Tribal communities have expressed the need for dedicated funding streams to improve local response capacity, expand access to treatment and recovery services, and to improve substance use prevention efforts; explicitly tribes have voiced the need for increased budget appropriations to assist these programming efforts. Additionally, the IHS acknowledges the recent Administration announcement to increase funding for states to combat the opioid crisis. The IHS recommends that states be explicitly instructed to consult with tribal communities on the use of this funding to ensure that available state resources are available to assist tribes with addressing local challenges related to substance use disorders. The IHS has learned through tribal consultation of the need to expand healthcare infrastructure to improve aftercare services, increase access to medically assisted detoxification services, and to improve access to transitional housing or sober living facilities.

The IHS has appreciated the ongoing collaboration with Substance Abuse and Mental Health Services Administration partners to address the challenges created by the requirements of 42 CFR Part 2 and the barriers to increasing access to integrated MAT models in primary care across IHS, tribal, and urban health programs. IHS is willing to provide technical assistance upon request should legislative improvements to 42 CFR Part 2 be considered in the future.

The IHS has also received important feedback from tribal communities on the opportunity to improve acceptance of traditional Indian health practices across the federal government and within states. Federal support for broad awareness of traditional Indian health practices may further assist tribes with increasing access to these treatment and prevention interventions.

The IHS also recognizes a need for improved Federal collaboration between agency and tribes to improve the availability of data and improve data integrity to create effective public health surveillance strategies. Available Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, and Centers for Medicare and Medicaid Services data sets may be better leveraged to further understand the impact of substance use on tribal communities.

The IHS recognizes recent federal efforts to direct grant funding and focus intervention strategies to strengthen families and promote community wellness. The IHS recommends continued efforts for criminal justice reforms that reduce child out of home placements (where safe and appropriate to do so) that can impact long-term psycho-social wellness.

Question 9a. Under your leadership as Acting Director and Principle Deputy Director, how has Tribal consultation informed the Service's development of strategies to effectively address the opioid crisis in Indian Country?

Answer. IHS received $10 million in fiscal year 2019 funding under the Special Behavioral Health Pilot Program (SBHPP) for Indians to be targeted at opioid specific activities. The conference report language stated that this grant program be developed after tribal consultation. IHS coordinated tribal consultation and urban confer activities with the IHS Heroin, Opioid and Pain Efforts (HOPE) Committee and the IHS Opioid Coordinating Group. The consultation and confer sessions allowed for feedback on priorities, methodologies, and desired outcomes to be used in the selection and award process. One face-to-face consultation, four virtual consultations, and one urban confer session were completed between June 17, and July 31, 2019. In addition, written comments were accepted by both email and postal mail through the duration of the consultation and confer process, which ended on September 3, 2019.

During the formal tribal consultation and urban confer sessions, the comments received represented a wide range of suggestions and several themes emerged, including the importance of program flexibility, which was noted in responses to all questions. Another major theme that came out of the consultation and confer was the desire to reduce the evaluation and reporting requirements for grantees. Additional highlights of the consultation and confer include requests for the SBHPP to focus on (1) culturally-responsive interventions and approaches, (2) increasing access to care, (3) funding for housing and transportation, (4) training and education on opioids and treatment options, (5) support for use of MAT and Naloxone as options, (6) competitive grants based on merit of proposals, including urban Indian organiza-

tions, (7) funding at levels high enough to provide services and impact the community, and (8) a limited set aside for national management.

The tribal consultation and urban confer on the opioid grant funding informed the IHS funding plan, with plans to encourage the use of evidence-based interventions, traditional cultural practices, a combination of those, and to allow other novel approaches in the design of an applicant's pilot program. Additionally, in response to requests from Tribes, evaluation of the grants will be designed with an emphasis on local evaluation of the pilot program and an effort to reduce the burden of cross-site/national data collection. To assist Tribes with carrying out their projects and to ease the reporting burden, IHS will provide intensive programmatic technical assistance and support to grantees in developing, implementing and evaluating their pilot program.

Question 10. According to reports from a number of Tribes, IHS has not been responsive to requests for opioids data. Many of these Tribes submitted their request several months ago—even submitting a FOIA request—but, to date, IHS has not furnished any data. Were you aware that Tribes are having difficulty obtaining opioid data?

Answer. After discussing with my staff, I am aware that some tribes and tribal organizations have requested IHS provide opioid data (e.g., opioid use disorder to be used when applying for grant funding). In some cases, IHS is still working to provide the data and in other cases, IHS may have been unable to provide the data requested due to privacy law restrictions.

Question 10a. If confirmed, will you commit to working with your leadership team to ensure Tribes have access to the public health data they need?

Answer. Yes, if confirmed I commit to working with the IHS leadership team to help Tribes gain access to the public health data they need. IHS is committed to assisting tribes and tribal organizations, when possible, by providing data for decisionmaking and planning for health services, for use in applying for funding opportunities, and in response to Freedom of Information Act (FOIA) requests. The IHS Headquarters Privacy Officer reviews requests that are submitted through the FOIA process to determine how IHS can best provide the data requested. In some cases, tribes want data that is protected by the Privacy Act, the Health Insurance Portability and Accountability Act of 1996, and/or 42 CFR Part 2. In some cases, tribes can use county level opioid data available from their state. IHS is looking into alternative ways for tribes and tribal organizations to get needed data including working with the tribal epidemiology centers.

Nominee Questionnaire Clarifications

Question 11. In response to questions A–9-12 and A–14, you directed the Committee to refer to your CV. Your CV indicates that you worked in the IHS's Office of Management Services from January, 2010, to November, 2012. While working with that office, your CV indicates that you served as the IHS liaison to the Office of the Inspector General, the Government Accountability Office (GAO), and the Office of Special Counsel. Please summarize your duties and responsibilities as the IHS liaison to these three external oversight offices.

Answer. The IHS Liaison to these three external oversight offices, HHS Office of the Inspector General (OIG), the Office of Special Counsel (OSC), and the Government Accountability Office (GAO), is the primary point of contact in the IHS for each of the external authorities. The primary responsibilities for each Liaison is to:

- Build positive relationships and knowledge within the IHS regarding purpose and process of external authority oversight activities, and with the external authority officials;
- Receive and distribute to appropriate offices notices of new audits, evaluations, studies and inspections;
- Ensure that new engagement notices are promptly communicated to and understood by program managers and senior leadership;
- Coordinate internal staff planning and preparing for entrance and exit conferences;
- Ensure timely internal management of engagements, including managing timely requests for information, and developing progress reports and other official agency responses in consultation with program managers; and
- Ensure appropriate staff and senior management clearances of all agency correspondence.

Question 11a. If confirmed, how would your experience working as the IHS liaison to these three offices inform your work as IHS Director?

Answer. I am committed to working positively and cooperatively with our external authorities, especially with the OIG, OSC and GAO. Consistent with that commitment, I have made it a priority for all IHS employees to build and sustain a positive relationship and to be responsive and cooperative in working with the OIG and the GAO. In 2019, I issued guidance to all IHS employees on the benefits of having a positive and strong relationship with OIG and GAO in order to reduce the burden of the audits on the agency, make us aware of what may be coming in the future, and that auditors may be more responsive to our concerns.

Question 12. Question A–9 asks you to detail your employment record. You directed the Committee to refer to your CV. Your CV indicates that you worked in IHS's Office of Management Services from January, 2010, to November, 2012, where you served as the IHS liaison to the GAO. During that period, GAO issued at least three reports on the Indian Health Service.[6]

Regarding the status of recommendations from GAO–12–446, GAO reports: "In October 2017, IHS officials provided information to us, which was not provided during the course of the original audit work. . ." As the IHS liaison to GAO, were you responsible for providing information to inform GAO's audit work? If so, why was this information not shared with GAO at the time?

Answer. As the GAO Liaison, I would have been involved in communicating to GAO the agency's responses. One of the important roles of an audit liaison is to ensure timely internal management of engagements, including managing timely requests for information, and developing progress reports and other official agency responses in consultation with program managers. The audit liaison is not intended to be the subject matter expert on the matters under audit, but rather to have sufficient knowledge of the agency and the audit process to facilitate information flow and timely agency responses.

GAO works directly with staff throughout the agency during the course of any audit engagement, and GAO does not always identify the sources of specific information provided to them in their reports. It is not clear in the GAO's statement cited in this question, which information they received later that influenced or changed their conclusions in these recommendations.

IHS did not withhold information from GAO during the course of this audit engagement. Rather, IHS provided GAO with information as the audit progressed, and especially after the audit was completed and IHS began working to resolve the GAO audit findings and open recommendations.

Throughout the engagement, IHS explained to GAO that tribal consultation was an important factor in funding allocation decisions, and the consultation process for PRC funding allocations supported the methods currently used, notwithstanding GAO's opinion on the appropriate way to allocate funds. In 2017, IHS invited the GAO audit team to attend a tribal/federal workgroup meeting where this matter was discussed. At this meeting the assertions made by IHS were reinforced as to the position advocated by tribal representatives on PRC fund allocations. One aspect of the inflexibility of PRC fund allocations relates to the fact that a majority of PRC funds are included in Indian Self-Determination awards, and any reductions in base funding from previous years for these awards cannot be made unilaterally by IHS, and they must be agreed to by the tribal organization receiving the awards.

Question 12a. Regarding the status of recommendations from GAO–12–29, GAO issued five recommendations that it considers "closed—implemented." Recommendation 1 directs the IHS to clarify how the agency will support hospitals and staff in fulfilling the IHS sexual assault policy from the Indian Health Manual. Please provide an update on any changes or improvements to the IHS's sexual assault policy.

Answer. IHS is committed to addressing the high rates of sexual violence among American Indians and Alaska Natives.[7] The IHS Sexual Assault policy (Indian Health Manual (IHM) Part 3, Chapter 29) was updated on February 6, 2018. The purpose of this chapter is to establish the requirements for care following sexual assault at IHS hospitals, health centers, and health stations (also referred to as facilities). This policy requires all facilities to provide patients age 18 and older who present with a report of sexual assault access to timely, high-quality sexual assault

[6] U.S. Gov't Accountability Office, GAO11–767, Indian Health Service: Increased Oversight Needed to Ensure Accuracy of Data Used for Estimating Contract Health Service Need (2011). U.S. Gov't Accountability Office, GAO–12–29, Indian Health Service: Continued Efforts Needed to Health Strengthen Responses to Sexual Assaults and Domestic Violence (2011). U.S. Gov't Accountability Office, GAO–12–446, Indian Health Service: Action Needed to Ensure Equitable Allocation of Resources for the Contract Health Service Program (2012).

[7] Department of Justice. A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents, Second Edition (April 2013), available at *https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf.*

services that are patient-centered and culturally sensitive using a trauma-informed care approach to promote healing, minimize trauma, and prevent re-traumatization. IHS policy and mandated reporting requirements for children age 17 and under who present to a facility with suspicion of sexual assault and abuse are outlined in the IHS Child Maltreatment policy (IHM Part 3, Chapter 36).

The IHS also funds an annual contract with the International Association of Forensic Nurses with a budget of approximately $660,000. The contract supports training of forensic examiners including pediatric sexual abuse forensic examiners through administration of four on-line pediatric sexual assault courses per contract year. The contract also supports clinical skills experiences for IHS pediatric forensic examiners, whereby providers gain clinical experience performing pediatric exams in three of our nation's high-volume pediatric sexual abuse clinics. Similar training opportunities exist for healthcare professionals attending to adolescent and adult sexual assault victims. Webinars are offered quarterly for continuing education credits related to forensic health care subjects like forensic photography, strangulation, human trafficking, and pediatric physical abuse. These trainings allow medical professionals to acquire and maintain the knowledge, skills, and competent clinical forensic practice to improve the response to domestic and sexual violence in hospitals, health clinics, and health stations within the Indian health system. The contract also supports a monthly peer review session in which forensic examiners collaboratively review responses to recent pediatric sexual abuse cases with a goal of peer development and support.

In addition, IHS takes advantage of all opportunities to educate staff by observing April as Sexual Assault Awareness and Prevention Month. This national campaign supports IHS efforts to promote awareness around sexual assault and prevention activities including those that encourage staff to participate in training, improve responses to sexual assault, and to prevent future incidences of sexual violence within tribal and urban Indian communities.

The IHS Sexual Assault Nurse Examiner-Sexual Assault Response Team (SANE SART) Coordinators are available to provide technical assistance and support to Sexual Assault Examiners (SAEs), IHS and Tribal hospitals, clinics, and health stations. SAEs are primarily registered nurses and advanced practice nurses, but also includes physicians and physician assistants, with specialized training and clinical experience in providing forensic examinations of sexual assault victims. SAEs are part of a coordinated response to sexual assault and therefore often work closely with law enforcement officers, forensic lab staff, child protective services, prosecutors, and sexual assault advocates and crisis programs.

Question 12b. Has IHS done any internal monitoring to ensure all Service Areas and Units are in compliance with the IHS sexual assault policy?

Answer. Internal monitoring was completed in 2016. All IHS Areas submitted policies for facilities in their Areas to the IHS Office of Clinical and Preventive Services and reviews were provided by the IHS National Forensic Nurse Consultant and/or in consultation with IHS Area Chief Medical Officers. Further, resources were provided to each IHS Area to assist with consultative services to map out responses to sexual assault to ensure compliance with portions of the IHS Sexual Assault policy (IHM Part 3, Chapter 29) and technical assistance through the IHS National Forensic Nurse Consultant and partnership with the International Association of Forensic Nurses.

To ensure ongoing compliance, the IHS Office of Quality (OQ) Division of Quality Assurance maintains an external accreditation and certification designation database of all IHS facilities. Facilities that are accredited have adhered to all IHS policies and accreditation requirements, these include that patients have the right to be free from neglect, exploitation, and verbal, mental, physical and sexual abuse. The OQ also offers ongoing technical assistance to ensure continued survey readiness, which includes maintaining compliance with accreditation requirements and IHS policies. For facilities that are not accredited, the OQ provides technical assistance for survey readiness and shares best practices with facilities and governing boards to reach accreditation status.

Question 12c. Do you believe IHS has sufficient resources to comply with its sexual assault policy?

Answer. The Domestic Violence Prevention Program (DVPP) funding has been critical for the IHS in providing training and resources to tribes, tribal organizations, urban Indian organizations, and federal facilities as they address high rates of sexual violence among the American Indian and Alaska Native population. Yes, continued support for DVPP funding and increased resources will support IHS efforts to assess and ensure compliance with the IHS Sexual Assault policy (IHM Part 3, Chapter 29). Increased resources will provide for the expansion of priority popu-

lations and efforts that address the direct correlation between high rates of domestic violence, sexual abuse, substance abuse, and missing and murdered indigenous women and girls. Specifically, these funds will strengthen patient care by improving forensic health care services with additional forensic examiners, staff training, and equipment and enhancements to the IHS electronic health records system to improve documentation and identification of patients at risk for sexual abuse and exploitation.

Question 12d. If confirmed, will you commit to (I.) reviewing the Service's sexual assault policy to determine if any updates are needed; and (II.) ensuring IHS facilities have the proper resources and training to fully implement the IHS sexual assault policy?

Answer. Yes, if confirmed I commit to ensure the IHS Sexual Assault policy is reviewed for needed updates and that proper resources and training go toward full implementation of the IHS Sexual Assault policy.

Question 12e. Regarding the status of recommendations from GAO–12–29, GAO issued five recommendations that it considers "closed—implemented." Recommendation 2 directs the IHS to Develop a policy for responding to incidents of child sexual abuse consistent with protocols developed by the Department of Justice. In its response, IHS indicted it had developed a child maltreatment policy, which is in draft form until a National Protocol for Pediatric Sexual Abuse Medical Forensic Examinations is finalized. IHS further indicated that it would align the IHS child maltreatment policy with the National Protocol. As the IHS liaison to GAO, were you responsible for coordinating with GAO on closing this recommendation?

Answer. As the GAO Liaison, I would have been involved in communicating to GAO the agency's responses. One of the important roles of an audit liaison is to ensure timely internal management of engagements, including managing timely requests for information, and developing progress reports and other official agency responses in consultation with program managers. The audit liaison is not intended to be the subject matter expert on the matters under audit, but rather to have sufficient knowledge of the agency and the audit process to facilitate information flow and timely agency responses.

Question 12f. Did IHS ever finalize its child maltreatment policy? And, if not, why not?

Answer. The IHS Child Maltreatment policy was released in September 2019 (IHM Part 3, Chapter 36). The purpose of this chapter is to establish the requirements for identifying and responding to suspected child maltreatment and for children age 17 and under who present with suspicion of sexual assault and abuse including mandated reporting requirements. In addition, the IHS has strengthened our response to child abuse in several ways including agency-wide policies have been created or strengthened in order to better guide staff in expectations surrounding mandated reporting, qualifications required of forensic examiners, recognition of child maltreatment, treatment and response to concerns of child maltreatment including sexual abuse, and required annual training.

Question 12g. If IHS did finalize its child maltreatment policy, did it provide any training to federal IHS employees on this policy?

Answer. The IHS Child Maltreatment policy was released in September 2019 (IHM Part 3, Chapter 36). Training requirements for this policy are outlined for all staff including specific trainings topics for clinical staff and medical forensic staff caring for pediatric patients. IHS is currently developing this training for staff.

In addition, IHS released the Protecting Children from Sexual Abuse by Health Care Providers policy (IHM Part 3, Chapter 20) in February 2019. This additional guidance clearly defines professional boundaries and reporting requirements of all employees if child abuse is suspected or witnessed. IHS developed a mandatory employee training for this policy under the review and guidance of IHS clinical subject matter experts. The training includes information on indicators of abuse and warning signs, organizational safeguards used to ensure patient safety, and the process for reporting suspected sexual abuse.

Question 12h. Does the scope of this policy (either draft or final) cover incidents like those associated with the patient abuse of former IHS pediatrician Dr. Stanley Patrick Weber?

Answer. Yes, the IHS Child Maltreatment policy (IHM Part 3, Chapter 36) "Reporting Requirements" section states the following:

> It is IHS policy that all staff must report suspected child maltreatment immediately, and in all cases within 24 hours, to appropriate law enforcement or child protective services. Facility policy identifies under what circumstances to report, the type of information to report, to whom they should report, the re-

porting procedures, and the timelines for making a report. All staff are responsible for knowing and complying with the reporting requirements. Facility policy should ensure universal awareness of these requirements among all staff and should identify appropriate local agencies who will receive child maltreatment reports.

In addition, IHS released the Protecting Children from Sexual Abuse by Health Care Providers policy (IHM Part 3, Chapter 20) in February 2019. This additional guidance clearly defines professional boundaries and reporting requirements of all employees if child abuse is suspected or witnessed. IHS developed a mandatory employee training for this policy under the review and guidance of IHS clinical subject matter experts. The training includes information on indicators of abuse and warning signs, organizational safeguards used to ensure patient safety, and the process for reporting suspected sexual abuse.

Question 12i. Will the audit IHS contracted for review of circumstances surrounding the Weber abuse cases examine management and employee compliance with this child maltreatment policy?

Answer. The contract is specifically scoped to perform a retrospective review of actions related to Dr. Weber. There is not a separate focus from the audit on compliance with the new (September 2019) Child Maltreatment policy (IHM Part 3, Chapter 36). To ensure ongoing compliance with all policies, the IHS Office of Quality (OQ) Division of Quality Assurance maintains an external accreditation and certification designation database of all IHS facilities. Facilities that are accredited have adhered to all IHS policies and accreditation requirements, these include the new child maltreatment policy. The OQ also offers ongoing technical assistance to ensure continued survey readiness, which includes maintaining compliance with accreditation requirements and IHS policies. For facilities that are not accredited, the OQ provides technical assistance for survey readiness and shares best practices with facilities and governing boards to reach accreditation status.

Question 13. Question A–13 contained five subparts (a-e), but you only responded to three subparts (1-c). Please review the questionnaire form and submit answers to all five subparts as listed below. List all offices with a political party which you have held or any public office for which you have been a candidate.

Answer. I have not held an office with a political party or been a candidate for a public office.

Question 13a. List all memberships held in or political registrations with any political parties during the last 10 years.

Answer. Approximately from 1988–2006, I was registered to vote as a Republican and from approximately 2006–2012, I was registered to vote as a Democrat. From approximately 2012 to present I have been registered to vote as an Independent.

Question 13b. List all political offices or election committees during the last 10 years.

Answer. I have not held a political office or been a member of an election committee during the last ten years.

Question 13c. Itemize all political contributions to any individual, campaign organization, political party, political action committee, or similar entity of $500 or more for the past 10 years.

Answer. Although not included in the scope of this request, since it is less than the $500 threshold identified, I have made four $100 contributions to U.S. Senator Kyrsten Sinema (Arizona), who is my home state Senator and a fellow Arizona State University alumnus.

Question 13d. Current political party registration, if any.

Answer. I am currently registered as an Independent.

Question 14. In your original response to question A–13, you stated that you have not made any political contributions totaling $500 or more for the past ten years. Review of the Federal Elections Committee website confirmed this information, but also showed that you have made six $100 donations since February 2019—including four $100 donations in February, March, April and May to ActBlue. Please explain these donations.

Answer. I confirm that I have made only four $100 political contributions in support of U.S. Senator Kyrsten Sinema (Arizona). Upon review of the Federal Elections Commission website report (see Attachment B), I believe that the contributions identified on June 2, 2019 and May 5, 2019 are duplicate entries of the contributions made on May 30, 2019 and April 30, 2019 respectively. I verified this by accessing the ActBlue website and downloading my contribution history (see Attachment C). I researched ActBlue and based on that research, I believe ActBlue is a resource for campaigns to use for raising political donations to campaigns. I tech-

nically have not contributed directly to ActBlue, rather I have contributed to Senator Sinema four times and I believe the Senator's office has used the ActBlue resource for collection of those contributions.

Question 15. Question A–15 asks you to "list the titles, publishers, and dates of books, articles, reports, or other published materials which you have written or published under your name." You listed two items an editorial in the *Journal of the American Medical Association* and an op-ed in *Indian Country Today*. Please confirm that these are the only two published writings (as defined by the scope of the question) that you have authored.

Answer. I confirm that I have only authored two published writings.

Question 16. Question A–16 asks you to "list the date, location, audience, and topic of any formal speeches relevant to the position for which you have been nominated that you have delivered during the last 5 years." It also direct you "for those speeches that you have transcripts or copies of, provide the Committee with two copies as an addendum to this questionnaire." In response, you provided a link to review speeches made by the IHS director on the IHS website and you noted that you have served as Acting Director and Principal Deputy Director since June, 19, 2017—a period which covers only the last approximately 2.5 years. Please confirm that you have made no formal speeches relevant to the position for which you have been nominated within the last five years but prior to June 19, 2017.

Answer. Before June 19, 2017, I made no formal speeches relevant to the position of IHS Director. In addition, I am submitting speeches (see Attachments D, E, and F) that I have given since June 19, 2017, while serving as the Acting IHS Director and Principal Deputy Director that may not have been included on the IHS website previously referenced.

Question 17. In response to question A–17, you stated, "I led the team that reopened the Rosebud Indian Hospital emergency department after it was closed in December of 2015." However, a recently published *Wall Street Journal* article indicated that the Rosebud operating rooms remain unopened—one of several goals you established for your reform efforts at Rosebud.[8] This closure is ongoing despite renovation efforts and has cost the IHS hundreds of thousands of dollars in air ambulance fees, referred care bills, and salaries for IHS surgeons who could not operate.

At the hearing, I discussed the temporary closure of the ACL Hospital emergency room in November and asked for your commitment to keeping IHS emergency and urgent care departments open. When do you estimate the Rosebud operating rooms will reopen?

Answer. The IHS Strategic Plan, Goal 1 is "To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people." To help us meet this goal, each IHS Service Unit has a defined scope of services that includes the types and ages of patients served, the hours of operation, staffing, the types of services provided, and the goals or plans to improve quality of service. In the case of hospital emergency departments, urgent care clinics, or operating rooms, whether in Rosebud, Acoma-Canoncito-Laguna (ACL), or anywhere in the IHS system of care, IHS must ensure these services are the best fit for the scope of service for the population. Where the services are a best fit, we will work to reestablish or maintain them. Where they are not the best fit, we work to find the best fit of services, defining which services are to be provided by IHS, tribes, or other partners through Purchased/Referred Care options.

At this time, we do not have an estimate on the potential reopening of the operating room at Rosebud Hospital. Any decision to reopen services must be made based on multiple factors, including first and foremost patient quality and safety.

Question 17a. Please provide a summary of all renovation related expenses related to the Rosebud hospital's operating rooms incurred by IHS since you were stationed at the facility in May 2016.

Answer. IHS has made significant investments in the surgery department at the Rosebud Service Unit. Some of the larger projects that were completed include:

- New flooring for the entire operating room department
- New casework
- New operating room lights
- New operating room anesthesia booms

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[8] Anna Wilde Mathews & Christopher Weaver, *Six CEOs and No Operating Room: The Impossible Job of Fixing the Indian Health Service*, Wall Street Journal, Dec. 10, 2019, *https://www.wsj.com/articles/six-ceos-and-no-operating-room-the-impossible-job-of-fixing-the-indian-health-service-11575993216.*

- New operating room tables
- Sterilization reconfiguration
- Endoscopy room reconfiguration
- Sterilization equipment repairs
- New nurse call installation

IHS has spent $1.3 million on this department, with operating department facility projects totaling $525,884 and a further $788,794 on medical equipment.

Question 17b. Please provide an estimate of air ambulance fees, referred care bills, and surgeon salaries paid by the IHS as a result of the closure of the Rosebud operating room and the temporary closure of the ACL hospital.

Answer. At the Rosebud Hospital, IHS cannot identify any remaining surgeons who received salaries from September 2016 onward. IHS cannot determine from our existing records which referred care bills were for surgery that would have otherwise been conducted at Rosebud Hospital as opposed to by outside providers. The Rosebud Hospital operating room would have had a modest capacity regardless and would have referred some emergency surgeries. Further, it would be difficult to determine based on our records which diagnoses resulted in a surgical procedure.

For the Acoma-Canoncito-Laguna (ACL) Hospital, to date the Purchased/Referred Care department issued $2,664.00 to cover the costs resulting from the temporary closure of the emergency room not funded by alternate resources (i.e., Medicare, Medicaid, private insurance).

Question 17c. Has IHS reviewed any contracts awarded for renovation of the Rosebud operating rooms for compliance failures? And, if so, has IHS taken any actions related to any contractor compliance failures uncovered by its review?

Answer. Any deficiencies that were identified during construction were corrected as discovered. To the best of my knowledge, the projects were completed in compliance with required standards.

Question 17d. If confirmed, will you commit to ensuring that—(i.) IHS contract awards contain strong compliance mechanisms as laid out in the Federal Acquisition Regulation; and (ii.) All such contract compliance mechanisms are enforced?

Answer. Yes, if confirmed I commit to ensuring IHS contract awards contain strong compliance mechanisms as provided in the Federal Acquisition Regulation and all contract compliance mechanisms are enforced.

Question 18. In response to question D–2, you indicated that you pled nolo contender/no contest to a February 2012 non-moving citation for attempting to drive under the influence in Baltimore, MD. Our CV, which you submitted as part of your response to questions A–9-12 and A–14, indicates that IHS transferred you to serve as Chief Operating Officer for the Phoenix Indian Medical Center in November, 2012. A recent report received by the Committee suggests that these two events are linked. Please summarize the circumstances the led to your transfer in November, 2012.

Answer. These two events are not linked in any way. I applied for the publicly advertised position of Chief Operating Officer at the Phoenix Indian Medical Center, and competed for the position against several other qualified Indian preference candidates. The vetting process included an initial interview with a panel composed of senior hospital officials, tribal leaders and the Phoenix Area Director, and a second interview with only the Area Director and Chief Executive Officer (CEO). I pursued this position, which was a lateral transfer at the GS–15/O–6 billet level, to position myself to be more competitive for the Phoenix Indian Medical Center, CEO position (Senior Executive Service/flag grade), should it become available in the coming years. The CEO position became available a year later and I applied and was successful in being selected to serve in that position.

Question 18a. To the best of your knowledge, can you confirm whether or not the February 2012 citation played any role in the decision to transfer you in November, 2012.

Answer. The decision to transfer was my own, see response to question 18.a. above.

Question 19. Question F–1 asks you to explain how your previous professional experiences and education qualify you for the IHS Director position. You responded that, among other things, you are qualified due to your tenure serving in an acting capacity. What is your understanding of the limits on your authority as Principal Deputy Director and Acting Director, compared to the authority of a Senate-confirmed Director?

Answer. On September 25, 2018, the HHS Secretary delegated to me all of the delegable functions and duties of the IHS Director except those that by statute or

regulation must be performed by the Director. HHS has not identified any non-delegable functions/duties in this regard.

Question 20. In response to question F–3, you indicated one of your immediate goals upon confirmation would be converting all IHS hospitals to an appropriate facility type. You stated, "Currently, the majority of IHS hospitals are classified by CMS as acute care hospitals. Due to the low volume of inpatients at many of our sites, some facilities do not meet the criteria for being classified as acute care hospitals and should be reclassified as either critical access hospitals or as ambulatory health care facilities (outpatient)." Have you consulted with Tribes or conferred with urban Indian organizations regarding this proposal?

Answer. Local level consultation with the impacted tribes has been underway for quite some time. This consultation is being led by the appropriate Area Directors upon my request.

Question 20a. Has anyone at IHS evaluated what impact these types of reclassifications might have on each IHS Service Area, especially in regards to their individual Purchase-Referred Care budgets?

Answer. Evaluation of the facility type changes has been examined thoroughly, to include not only potential impacts on the scope of services provided within the facilities and Purchased/Referred Care program implications, but also potential impacts on the facility cost reports and the national all-inclusive rate formula calculations. In many cases, facilities will receive more third party reimbursement and they will be able to target their limited resources to better meet the needs of patients.

Question 20b. How would this proposal interact with Tribal initiatives—like the regional specialty referral center idea put forward for IHS consideration by the Northwest Portland Area Indian Health Board?

Answer. The list of facilities to be converted is based on inpatient workload data and is limited to those facilities currently categorized as "hospitals." The conversion of existing facilities to an appropriate facility type is a Centers for Medicare and Medicaid Services (CMS) requirement, and in fact, we are in receipt of letters from CMS requiring that these changes be made in order to comply with conditions of participation regarding hospital definitions for an inpatient facility. The majority of these facilities have been operating with extremely limited inpatient capacity for decades, and the conversions to an appropriate facility type should have been completed years ago.

If Congress would like to support tribal initiatives, like the Northwest Portland Area Indian Health Board specialty referral center demonstration project, I would be happy to support that effort. This will require that Congress provide the funding and language in our appropriation to support the initiative.

Question 21. In response to question F–12(b) relating to the steps Congress should consider taking if a department/agency fails to achieve its performance goals, you stated, "I believe that step one should be Congress to review whether the Agency is appropriately resourced to fulfill the goals and objectives assigned to it." Do you believe the IHS is appropriately resourced to fulfill its goals and objectives?

Answer. No, not at the level that our patients, tribes, urban Indian organizations, and other stakeholders would deem "appropriate." The question then becomes, "what level of care is appropriate?" In my opinion, the measurement should be morbidity and mortality statistics. When there is no disparity between the rates of death and disease of American Indians and Alaska Natives, in comparison to the general U.S. population, then we can say that the IHS is appropriately resourced.

Question 22. In response to question F–16, you propose a number of legislative actions related to the IHS for Congress to consider—including expressing your support for moving IHS to an advance appropriations cycle, a proposal reflected in two bills I have sponsored this Congress (S. 229 the *Indian Programs Advance Appropriations Act and S. 2541 the Indian Health Service Advance Appropriations Act*). Have you consulted with Tribes or conferred with urban Indian organizations regarding these proposals?

Answer. The vast majority of the proposals included in the list of legislative actions were developed specifically as a result of consulting with Tribes and conferring with urban Indian organizations. The exact language included in the legislative action requests have not yet been shared with Tribes and urban Indian organizations, however the concepts and goals are in alignment with the interests of Tribes and urban Indian organizations.

Question 22a. Did you discuss these legislative proposals with the HHS or the Administration before submitting them to the Committee?

Answer. Yes, all of the legislative actions included on the list have been discussed with both HHS and OMB officials, and my responses to the Senate Committee on Indian Affairs were reviewed and cleared prior to submission.

Question 22b. If confirmed, do you plan to push for inclusion of your proposals included in the Administration's budget requests?

Answer. Yes, absolutely. If confirmed I plan to push for these proposals to be included in the Administration's budget requests.

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