S. HRG. 117–547

NOMINATION OF ROSELYN TSO TO BE DIRECTOR OF THE INDIAN HEALTH SERVICE, DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEARING

BEFORE THE

COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

ONE HUNDRED SEVENTEENTH CONGRESS

SECOND SESSION

MAY 25, 2022

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NOMINATION OF ROSELYN TSO TO BE DIRECTOR OF THE INDIAN HEALTH SERVICE, DEPARTMENT OF HEALTH AND HUMAN SERVICES

WEDNESDAY, MAY 25, 2022

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

The Committee met, pursuant to notice, at 2:42 p.m. in room 628, Dirksen Senate Office Building, Hon. Brian Schatz, Chairman of the Committee, presiding.

OPENING STATEMENT OF HON. BRIAN SCHATZ, U.S. SENATOR FROM HAWAII

The CHAIRMAN. Good afternoon.

Today, the Committee will consider the nomination of Roselyn Tso of Oregon to be the Director of the Indian Health Service at the Department of Health and Human Services. President Biden nominated Ms. Tso for this position on March 10th, 2022. Before we begin, I would like to welcome Ms. Tso and thank her and her family for joining us today.

This hearing is an important step in carrying out the Senate's constitutional duty to provide advice and consent. It is an opportunity to learn about how, if confirmed, Ms. Tso plans to carry out and uphold the United States' trust responsibilities to provide American Indians and Alaska Natives with quality healthcare services, improve operations, and address challenges facing the Indian Health Service, advocate for all Native communities, including the Native Hawaiian community, across the Administration.

Because the Director of IHS is more than just a manager of a multibillion-dollar budget and over 15,000 full-time Federal employees, the Director is the most senior Senate-confirmed official in Native health charged with developing IHS healthcare policy, respecting tribal sovereignty and promoting tribal self-determination. All are key to fulfilling the agency's mission to raise the health outcomes of Native communities.

Ms. Tso, a citizen of the Navajo Nation, has a nearly 40 year career at IHS. She has served at all levels of the agency. In 1983, she took her first position with IHS as a receptionist and, over time, worked her way up to her current position as Director of the Navajo Service Area. Ms. Tso's administrative and operational ex-

perience as a long-time career IHS employee has the potential to benefit Indian Country for years to come.

The Committee has received numerous letters from tribes and tribal organizations in support of Ms. Tso's confirmation. I have made them all a part of the record.

I look forward to considering this important nomination and to working with the Vice Chair and my colleagues to move this nomination expeditiously through our Committee.

Senator Hoeven, who is serving as Vice Chair today, is en route and when he comes, we will recognize him for an opening statement. But we will move the Committee along. If Senator Cantwell does not have an opening statement, we will move the hearing along.

I will now turn to President Nez of the Navajo Nation to introduce our nominee. President Nez?

STATEMENT OF HON. JONATHAN NEZ, PRESIDENT, NAVAJO NATION

Mr. NEZ. Yá'át'ééh, good afternoon, Chairman Schatz, Senator Cantwell, and members of the Senate Committee on Indian Affairs. It is a pleasure and an honor to be here today to introduce my good friend and colleague, Indian Health Service Director-designee, Ms. Roselyn Tso.

Ms. Tso is an enrolled member of the Navajo Nation. Her clans are Deeschii'nii, Start of the Red Streak People, born for the Hashk'aa hadzohi, Yucca Fruit Strung Out. Her maternal grandfather is Tlogi Dine'é, Zia Pueblo People, and her paternal grandfather is Tli zi Lani, Many Goats.

Ms. Tso grew up in LeChee, Arizona on the Navajo Nation with seven brothers and sisters and a large extended kinship circle and has had the benefit of family support throughout her university and professional life. Ms. Tso holds a Bachelor of Arts in Interdisciplinary Studies from Marylhurst University in Portland, Oregon and a Masters in Organizational Management from the University of Phoenix, Portland Campus.

In 1984, Ms. Tso began her career with the Indian Health Service. Her mission is to address the health disparities experienced in Indian Country.

After many years away from the Navajo Nation, she returned to serve as the Director of the Indian Health Service's Navajo Area Office. The Navajo Area IHS office provides health services to over 244,000 Native Americans stretching over 27,000 square miles.

As Director of the Navajo Area Office, Ms. Tso's leadership, expertise and compassion have been critical in reducing the spread of Coronavirus. When COVID–19 began spreading in the Southwest, there were a lot of uncertainties, as we know, and fear among everyone. We established a workgroup to begin mitigation efforts. Ms. Tso and her team were a part of this group. To combat COVID 19, the Navajo Nation established a Preparedness Team that was comprised of tribal leaders, 638 healthcare facilities, Navajo Department of Health, and other organizations such as John Hopkins University.

The Preparedness Team evolved to a Response Team and the group of experts continued to provide guidance to continue to miti-

gate the virus. I surround those individuals with me on the Navajo Nation. Ms. Tso's quick response and steadfast leadership led to a well-coordinated effort with the Navajo Department of Health, establishing public health orders even before the first COVID cases were confirmed on the Navajo Nation.

Currently, our elder population 65 years and over are 90 percent fully vaccinated. Most of the general Navajo population is vaccinated. At a time when mainstream America had barely reached a 50 percent testing rate, the Navajo Nation was at 75 percent. Through her leadership, the Navajo Nation achieved one of the highest vaccination rates in the world.

Ms. Tso also worked very closely with tribal governments on the implementation of the Indian Health Self-Determination and Education Act allowing for the swift execution of programs under Public Law 93–638 contracts. She has been instrumental in securing full funding for IHS–SDS water projects for Navajo communities.

Ms. Tso's commitment to public service stems from her family experience which includes many of the challenges many families experience in Indian Country. Ms. Tso's work ethic, value system and approach to problem solving demonstrates the resilience of indigenous peoples and the commitment to combat the systematic inequities that have impacted tribal nations since the western expansion.

It is because of her extensive experience working with Federal and tribal governments that we are confident that she will continue to promote Federal trust responsibilities and enhance our nation-to-nation relationship to improve the Indian Health Service care delivery throughout Indian Country.

We are pleased that the Biden-Harris Administration has honored the request of tribal leaders and nominated an IHS Director who understands the challenges experienced by many of our indigenous communities. We fully support President Biden's nominee.

Thank you.

The CHAIRMAN. Thank you, President Nez.

Before swearing in our nominee, I will now recognize the Vice Chair for an opening statement.

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

Senator HOEVEN. Thank you, Mr. Chairman.

Good afternoon. Thanks for convening today's hearing for Roselyn Tso to be Director of the Indian Health Service under the Department of Health and Human Services. Welcome.

Before I begin my opening remarks, I would like to acknowledge the absence of Vice Chairman Murkowski who could not be here with us today. She is tending to a personal matter and extends her apologies to you, Ms. Tso.

My understanding is that you and the Vice Chairman had a good in-person meeting last week and were able to discuss many of the issues facing the IHS nationally and in Alaska. I pass along her appreciation for that.

Today, the Committee will hear from Ms. Tso, who has been nominated to be the Director of IHS. The IHS Director oversees the administration and delivery of healthcare services to approximately 2.6 million American Indians and Alaska Natives.

IHS operates in 37 States throughout a network of hospitals, clinics and health stations and employs over 15,000 doctors, nurses and other healthcare professionals. The IHS plays an important role in helping fulfill the Federal trust responsibility for the tribes. That is why the agency must continue to address its shortcomings and improve upon its ability to deliver quality healthcare to American Indians and Alaska Natives.

As tribal communities tend to experience a lower life expectancy and a higher prevalence of chronic conditions, IHS must play a critical role in providing and meeting the healthcare needs in Indian Country through direct IHS facilities as well as through tribally-operated and urban healthcare clinics.

I look forward to your testimony and also the hearing and our opportunity to ask questions to find out more about your outlook and goals for the Indian Health Service.

Again, thank you, Chairman Schatz. I will turn the proceedings back to you.

The CHAIRMAN. Thank you, Senator Hoeven.

Ms. Tso, we will now swear you in. Please rise and raise your right hand.

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

Ms. TSO. I do.

The CHAIRMAN. Thank you. Please be seated.

I want to remind you that your full written testimony will be made a part of the official hearing record. Please keep your statement to no more than five minutes so that members have time for questions.

Ms. Tso, please proceed with your testimony.

STATEMENT OF ROSELYN TSO, NOMINATED TO BE DIRECTOR OF THE INDIAN HEALTH SERVICE, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Ms. TSO. Thank you, Chairman Schatz and Ranking Member Murkowski, who is not here today, and members of the Committee.

Thank you for considering my nomination to be the Director of the Indian Health Service. I am honored by President Biden's decision to nominate me for this role, and if confirmed, I look forward to serving American Indians and Alaska Natives under his leadership and Secretary Becerra's.

Before I begin my testimony, I would like to properly introduce myself to my family and relatives in Navajo.

[Introduction in Native Language.]

Ms. TSO. I would also like to recognize and thank my family. Seated behind me today is my sister, Delores Tso-Robinson; her husband, Kenneth Robinson; my niece, Major Ashley Najoni-Robinson, United States Marine Corps; my son, Edward Lyons, Jr.; and my partner of more than 30 years, Mr. Cory Winnie.

Watching virtually is my mother, Margorie Tso; my brother, Lawrence Tso; and my children, Holly, Clayton, and Roberta, as well as members of my extended family, relatives, and friends. With me in spirit include my father, the late Reverend Alvin Tso,

my brothers, Ben, Willard, Alvin Jr., Eldon, and my sister, Linda. Without their love and support, I would not be here today.

My own father's service as a proud but quiet Korean War veteran continues to inspire me to serve at IHS and if confirmed, I would be honored to continue this public service.

I have almost four decades of professional experience working at all levels of the Indian Health Service. I also have decades of lived experience as a member of the Navajo Nation who has had to navigate the services provided by the agency for myself, family, and friends.

Because of both my professional and personal experiences, I understand how patients experience the system and where we need to focus to improve patient experience and health outcomes. If confirmed as the Director of the Indian Health Service, I will work to maximize the Agency's resources to improve the physical, mental, social, and spiritual health and well-being of all American Indians and Alaska Natives served by the agency. This is particularly important as we are more than two years into a pandemic that has disproportionately affected Indian Country.

Currently, I am the Director of the Navajo Area, the largest regional area in IHS, where I am responsible for managing more than 4,000 employees and leading a budget of nearly $1 billion. When I travel across the region to the different IHS facilities, I am reminded of the many health disparities facing American Indians and Alaska Natives, health disparities that in many cases were made worse by COVID–19. For example, sadly, today, too many Navajo families still do not have access to running water in their homes. Access to clean, safe drinking water is essential to the health and wellbeing of our people.

Throughout my career at Indian Health Service, I have worked to improve the agency to better meet the needs of the people we serve. This was most evident throughout the pandemic, where I saw and was part of a true partnership with the Navajo Nation, San Juan Paiute Tribes, the local, State, Federal, and private partners to collectively combat COVID–19.

If confirmed as the Director of the Indian Health Service, I will prioritize the following. First, strengthen and streamline IHS' business operations to better support the delivery of healthcare by creating a more unified healthcare system that delivers the highest quality of care. Second, developing systems to improve accountability, transparency, and patient safety. Third, addressing the workforce needs and challenges to provide quality and safe care.

We cannot achieve any of this without strong partnerships and communication with our tribal partners. As a result of my personal and professional experiences, I have a deep appreciation for tribes and the needs of their communities. Each tribe has unique needs and those needs cannot be met if I do not understand them.

The healthcare at the IHS is critical for those we serve. I understand this not just because I work there, but because my family relies on IHS, my friends rely on IHS, and I rely on IHS.

I look forward to continuing to be a voice for tribal communities during these unprecedented times, as well as continuing the transformative work that is needed to meet the healthcare needs.

Thank you for the opportunity to testify today. I look forward to answering your questions.

[The prepared statement biographical information of Ms. Tso follow:]

PREPARED STATEMENT OF ROSELYN TSO, NOMINATED TO BE DIRECTOR OF THE INDIAN HEALTH SERVICE, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Chairman Schatz, Vice Chairman Murkowski, and members of the Committee, thank you for considering my nomination to be the Director of the Indian Health Service (IHS). I am honored by President Biden's decision to nominate me for this role, and, if confirmed, look forward to serving American Indians and Alaskan Natives under his leadership and Secretary Becerra's.

Before I begin my testimony, I would like to properly introduce myself in Navajo: My name is Roselyn Tso, I am Deeschii'nii—Start of the Red Streak People, born for the Hashk'aa hadzohi—Yucca Fruit Strung Out, my material grandfather is Tlogi Dine,e—Zia Pueblo, and my paternal grandfather is Tli zi Lani—Many Goat. I would also like to recognize and thank my family. Seated behind me today is my sister, Delores Tso-Robinson, her husband, Kenneth Robinson, my son, Edward Lyons, Jr., and my partner of more than 30 years, Mr. Cory Winnie. And watching virtually is my mother, Margie Tso, my brother, Lawrence Tso, and my children, Holly, Clayton, and Roberta, as well as members of my extended family, relatives, and friends. With me in spirit includes my father, the late Reverend Alvin Tso and my brothers, Ben, Willard, Alvin Jr., Eldon, and my sister, Linda. I would not be here today without their love and support.

My father's own service as a proud but quiet Korean War veteran continues to inspire me to serve at IHS and if confirmed, I would be honored to continue this public service.

I have almost four decades of professional experience working at all levels of IHS. I also have decades of lived experience as a member of the Navajo Nation who has had to navigate the services provided by the Agency for myself, family, and friends. Because of both my professional and personal experiences, I understand how patients experience the system and where we need to focus to improve patient experience and health outcomes.

If confirmed as the Director of the Indian Health Service, I will work to maximize the Agency's resources to improve the physical, mental, social, and spiritual health and well-being of all American Indians and Alaskan Natives served by the Agency. This is particularly important as we are more than two years into a pandemic that has disproportionately affected Indian Country.

Currently, I am the Director of the Navajo Area, the largest IHS regional area, where I am responsible for managing more than 4,000 employees and leading a budget of nearly $1 billion. When I travel across the region to different IHS facilities, I am reminded of the many health disparities facing American Indians and Alaskan Natives—health disparities that in many cases were made worse by COVID–19. For example, sadly, today, too many Navajo families still do not have access to running water in their homes. Access to clean, safe drinking water is essential to the health and well-being of our people.

Throughout my career at IHS, I have worked to improve the Agency to better meet the needs of the people we serve. This was most evident throughout the pandemic, where I saw and was part of a true partnership with the Navajo Nation, San Juan Paiute Tribes, and federal, state, local, and private partners to collectively combat COVID–19.

If confirmed as the Director of IHS, I would prioritize the following:

- Strengthening and streamlining IHS' business operations to better support the delivery of health care by creating a more unified health care system that delivers the highest quality of care.

  —This requires using the latest technology to develop centralized systems to improve patient outcomes.

- Developing systems to improve accountability, transparency, and patient safety.

  —This requires updating many of the Agency's policies and programs and using its oversight authority to ensure these policies and programs are implemented as intended to best serve Tribal communities.

- Addressing the workforce needs and challenges to provide quality and safe care.

  —Each year, IHS loses too many skilled and experienced employees and struggles to replace them with qualified staff. IHS must improve its recruitment and

retention efforts, enhance support and training for its workforce, and institute a robust succession plan to reduce employee turnover and ensure stability.

We cannot achieve any of this without strong partnerships and communication with our Tribal partners. As a result of my professional and personal experiences, I have a deep appreciation of Tribes and the needs of their communities. Each tribe has unique needs, and those needs cannot be met if you do not understand them.

The health care provided at IHS is critical for those we serve. I understand this not just because I work there. My family relies on IHS. My friends rely on IHS. I rely on the IHS. If confirmed, I look forward to continuing to be a voice for Tribal communities during this unprecedented time, as well as continuing the transformative work that is needed to meet their health care needs. Thank you for the opportunity to testify today. I look forward to answering your questions.

A. BIOGRAPHICAL INFORMATION

1. Name: (Include any former names or nicknames used.) Roselyn (no middle name) Tso; Roselyn Lyons

2. Position to which nominated: Director, Indian Health Service

3. Date of nomination: March 10, 2022

4. Address: [Information not released to the public.]

5. Date and place of birth: [Information not released to the public.]

6. Marital status: Single.

7. Names and ages of children: (Include stepchildren and children from previous marriages.) Edward R. Lyons, Jr. (38); Holly R. Phillips (35); Roberta L. Lyons (35); and Clayton C. Winnie (28).

8. Education: (List secondary and higher education institutions, dates attended, degree received, and date degree granted.)

Point Loma University, San Diego, CA—1981–1982 (No degree received)

Marylhurst University, Portland, OR—1994–1997 Bachelor's Degree 5/1997

University of Phoenix, Portland, OR—1997–2000 Master's Degree 6/2000

9. Employment record: (List all jobs held since graduating from high school, including the title or description of job, name of employer, location of work, and dates of employment, including any military service (including dates, rank, and type of discharge)).

8/2019–Current: Indian Health Service (IHS)—Window Rock, AZ—Director, Navajo Area IHS

3/2018–8/2019: IHS–DC Headquarters—Director, Office of Direct Service and Contracting Tribes

12/2013–3/2018: IHS—DC Headquarters—Administrative Officer—Contract Support Costs Lead

12/2005–12/2013: IHS—Portland, OR—Director, Office of Tribal and Service Unit Operations

7/1992–1/2005: IHS—Portland, OR—Program Analyst

4/1989–7/1992: IHS—Portland, OR—Yakima Service Unit Administrative Officer

8/1984–4/1989: IHS—Portland, OR—Yakima Service Unit Admin Assistant

3/1984–8/1984: Tribal Employee Rights Program—Yakima, WA—Receptionist

2/1983–9/1983: IHS—Portland, OR—Receptionist

11/1982–1/1983: Bureau oflndian Affairs—Portland, OR—Support Staff

6/1981–9/1981: Navajo Nation Presidents Office—Support Staff, Window Rock, AZ

11/1980–5/1981: Fabulous Inns, Hotel Receptionist—San Diego, CA

10. Government experience: (List any advisory, consultative, honorary, or other part-time service or positions with Federal, State, Tribal, or local governments, other than those listed above.)8/2021–Present: Member of the IHS Contract Support Costs Advisory Committee

11. Business relationships: (List all positions held as an officer, director, trustee, partner, proprietor, agent, representative, or consultant of any corporation, com-

pany, firm, partnership, or other business enterprise, educational, or other institution.) None.

12. Memberships: (List all memberships and offices held in Tribal, professional, fraternal, scholarly, civic, business, charitable and other organizations.)

Mediator, Shared Neutrals, Portland, OR (1997–2000)

Indian Education/Parent Committee, Portland, OR (1995–2000)

13. Political affiliations and activities: (a) List all offices with a political party which you have held or any public office for which you have been a candidate. (b) List all memberships held in or political registrations with any political parties during the last 10 years. (c) List all political offices or election committees during the last 10 years. (d) 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. (e) Current political party registration, if any.

Response to (a)–(d): None.

Response to (e): Independent.

14. Honors and awards: (List all scholarships, fellowships, honorary degrees, honorary society memberships, military medals, and any other special recognitions for outstanding service or achievements.) 2008 Navajo Nation Tribal Education Scholarship.

15. Published writings: None.

16. Speeches: (List the date, location, audience, and topic of any formal speeches or videos relevant to the position for which you have been nominated that you have delivered during the last 5 years.

Town Hall Messages regarding COVID–19 (in coordination with the Navajo Nation Tribal Leadership)— Facebook COVID–19 Messaging. (No transcript or copies of notes provided.)

17. Testimony: (Please identify each instance in which you have testified before Congress in a non-governmental capacity). None.

18. Selection: (a) Do you know why you were selected for the position to which you have been nominated by the President? (b) what in your background or employment experience do you believe affirmatively qualities you for this particular appointment?

I have almost four decades of professional experience working at all levels of the Indian Health Service (IHS)—health facilities, area offices, and IHS headquarters. My decades of experience at IHS have provided me with the background and understanding to take on the biggest challenges facing the agency and make the needed changes to transform IHS. I have the expertise and professional relationships required to see this transformation through. In addition, as a member of the Navajo nation who has spent a lifetime helping family and friends navigate the services that IHS provides, I understand how patients experience the system and where we need to focus in order to improve their experience. This ground-level understanding of the nuts and bolts of the Agency will serve me well in the role, should I be confirmed.

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? No (I will continue to work for the Indian Health Service).

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.

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? No.

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.

Any potential conflict of interest will be resolved in accordance with the terms of my ethics agreement, which was developed in consultation with ethics officials at the Department of Health and Human Services and the Office of Government Ethics. I understand that my ethics agreement has been provided to the Committee. I am not aware of any potential conflict other than those addressed by my ethics agreement.

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.

Any potential conflict of interest will be resolved in accordance with the terms of my ethics agreement, which was developed in consultation with ethics officials at the Department of Health and Human Services and the Office of Government Ethics. I understand that my ethics agreement has been provided to the Committee. I am not aware of any potential conflict other than those addressed by my ethics agreement.

3. Describe any business relationship, dealing, or financial transaction which you have had during the last 10 years, whether for yourself, spouse or dependents, 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.

Any potential conflict of interest will be resolved in accordance with the terms of my ethics agreement, which was developed in consultation with ethics officials at the Department of Health and Human Services and the Office of Government Ethics. I understand that my ethics agreement has been provided to the Committee. I am not aware of any potential conflict other than those addressed by my ethics agreement.

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 of whether you were a registered lobbyist or not. None.

5. Explain how you will resolve any potential conflict of interest, including any that may be disclosed by your responses to the above items (please provide a copy of any trust or other agreements).

Any potential conflict of interest will be resolved in accordance with the terms of my ethics agreement, which was developed in consultation with ethics officials at the Department of Health and Human Services and the Office of Government Ethics. I understand that my ethics agreement has been provided to the Committee. I am not aware of any potential conflict other than those addressed by my ethics agreement.

6. Do you agree to have 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? Yes.

D. LEGAL MATTERS

1. Have you ever been disciplined or cited for a breach of ethics, 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.

2. Have you ever been a subject of an investigation, or investigated, arrested, charged, or held by any Federal, State, Tribal, or other law enforcement authority for violation of any Federal, State, Tribal, county, or municipal law, regulation, or ordinance, other than for a minor traffic offense? If so, please explain. No.

3. Have you or any entity, partnership, or other association, whether incorporated or unincorporated, of which you are or were an officer, ever been involved as a party in an administrative agency proceeding or civil litigation? If so, please explain. No.

4. Have you ever been convicted (including pleas of guilty or nolo contendere) of any criminal violation other than a minor traffic offense? If so, please explain. No.

5. Are you currently a party to any legal action? If so, please provide the nature and status.

I am currently party to the following litigation in my capacity as an IHS official:

- Fort Defiance Hospital—2022, Issue: Contract Support Costs (named as IHS official) Status: In litigation

Previously, I have been a party to the following litigation in my capacity as an IHS official:

- Sage Memorial Hospital—2020, Issue: Contact Support Costs (named as IHS official) Status: Case settled and dismissed

Previously, I have also been party to legal action in my personal capacity:

- Property Tax—2004 Appeal Property Tax Amount, Portland, Oregon Residence (Personal matter) Status: Resolved

6. Have you ever declared bankruptcy? If so, please describe the circumstances. No.

7. Please advise the Committee of any additional information, favorable or unfavorable, which you feel should be disclosed in connection with your nomination. None.

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 and letters from members of Congress in a timely matter? Yes.

3. Will you ensure that your department/agency 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, if confirmed, how 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 (IHS) works closely with the Department of Health and Human Services and other key partners to develop and implement policies that support the overall mission of the IHS and to ensure safe and quality health care. Further, the IHS works closely with more than 500 American Indian and Alaska Native Tribes and uses a robust Tribal consultation policy and process when developing policies that impact Tribal Nations. IHS also uses the Urban Confer Policy when working with Urban Programs. For example, any changes to internal practices or implementation of new processes that relate to the Indian Self Determination Act, new funding, development of annual budget proposals are subject to tribal consultation or Urban Confer Policy. I will commit to work with key partners to ensure any new or amended regulations are consistent with the laws passed by Congress. I will also ensure a plan of communication with key partners for transparency on regulatory actions.

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

7. Will you commit to submitting timely testimony to the Committee consistent with Committee Rule 4(b)? Yes.

F. GENERAL QUALIFICATIONS AND VIEWS

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

My experience and expertise qualify me for the role of Director of the Indian Health Service. Throughout my almost 40-year career at IHS, I have worked at every level of the agency—health facilities, multiple area offices, and IHS headquarters. Thanks to my decades of experience, understand what is needed to transform the agency and have the professional relationships required to see this transformation through. In addition, as a member of the Navajo nation who has spent a lifetime helping family and friends navigate the services that IHS provides, I understand how patients experience the system and where we need to focus in order to improve their experience.

In my various leadership roles at IHS, I have worked to transform the agency to better meet the needs of Tribal communities across the nation. One of the accomplishments I am most proud of is the work I led in partnership with Tribes to update the agency's contract support costs policy so Tribes and Tribal Organizations that chose to operate their own health care program have the resources to success-

fully deliver health care to their citizens. The changes to the IHS CSC Policy incorporated tools to more easily determine appropriate CSC amounts. In addition, nine months before the pandemic, I led an effort to create a more unified health care system within the Navajo region and incorporated agreements within the system to support health care providers to more seamlessly provide care at all IHS facilities including a streamlined credentialing and privileging process. By establishing a more unified health care system, we were able to further incorporate our system into a broader unified health care approach across the region to collectively address the COVID 19 pandemic with tribal, federal and State partners. This has been invaluable over the last two years as COVID–19 has disproportionately affected Indian Country.

Transforming IHS requires strong relationships inside and outside of the agency. I have a deep understanding and appreciation of Tribal government systems and that has allowed me to strengthen relationships with Tribes and Tribal leaders. Strengthening these relationships has resulted in improved patient care and quality of life for tribal communities. Each tribe has unique needs and those needs cannot be met if you do not understand them. During this unprecedented time, the IHS needs innovation and modernity to address the long-standing needs of American Indians and Alaska Natives.

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

My family relies on the Indian Health Service (IHS) health care system. My friends rely on the IHS health care system. I rely on the IHS health care system. I know from personal experience and firsthand knowledge how fragmented the IHS health care system can be. Because of this, I wish to serve as the Director of the IHS and I believe that I can improve the overall health care delivery system of the IHS. During this unprecedented time, the IHS needs innovation and operational leadership to address the long-standing needs of American Indians and Alaska Natives, which is exactly what I am prepared to do ifl am confirmed as the Director of the IHS.

I want to ensure that IHS is a resilient and strong organization that improves the lives of American Indians and Alaska Natives. In order to ensure that high-quality patient care is provided consistently, the IHS requires a healthy and productive workforce. IHS currently faces challenges with the recruitment and retention of its workforce. In order to address this challenge, I would take a comprehensive approach and look to address a number of factors, including: lack of housing, remote locations of IHS health care systems, and competition with surrounding opportunities. By fostering a positive workplace environment for all IHS employees, the IHS will be able to best fulfill its mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Additionally, by aligning all resources, from financial resources to human resources, and addressing long-standing issues, I believe all employees of the IHS will become more committed, and in turn they will better serve patients and demonstrate creative methods by which to provide and ensure safe and high-quality health care, while also ensuring accountability and providing transparency to patients and key stakeholders.

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

Should I be confirmed, I would prioritize the following:

Strengthening and Streamlining Business Operations: The business operations of IHS are just as important as the health care operations because the former supports the delivery of the latter. Therefore, in order to serve Indian Country with safe, high quality care as effectively and efficiently as possible, IHS must strengthen and modernize its business operations to: (1) create one unified health care system that delivers the highest quality of care; and (2) prevent waste, fraud, and abuse and ensure appropriate accountability of resources and workforce at IHS. Ensuring oversight and quality and safe patient care is essential to meet the mission of the IHS and ensure compliance with all applicable requirements.

Improving Recruitment and Retention: Each year, IHS loses too many skilled and experienced employees and struggles to replace them with qualified staff. In addition, there are a number of longtime leaders across the agency who are due to retire soon. The care the agency provides is only as strong as its workforce. IHS must improve its recruitment and retention efforts, enhance support and training for its workforce and institute a strong succession plan to reduce employee turnover and ensure stability. IHS also needs to expand the pipeline of Native Americans and Alaskan Natives for all positions at the agency—

health care positions in particular—so our patients can be served by more people who share lived experiences with them.

Addressing Health Disparities Across Indian Country: As I drive across Indian Country to different IHS facilities and see the many families who do not have access to running water in their homes, I am reminded of the health disparities facing the American Indian and Alaskan Native populations—health disparities that in many cases were only made worse by COVID–19. In order to achieve equitable outcomes in Indian Country, we must dismantle barriers to equitable outcomes, center equity and inclusion, and put supports in places to ensure that native families not only survive but thrive.

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?

The health care system is in constant change, especially during the COVID–19 pandemic with new information being routinely learned about how to best combat COVID–19, including appropriate therapies for treatment and mitigation strategies. I do not have a medical background, so if confirmed, I will need to be open to learning from others who may be more knowledgeable in the health care field on COVID–19, such as doctors and scientists. It is with their expertise that I will help navigate the IHS through this unprecedented pandemic.

Additionally, this position requires working directly with Congress—an experience I have not yet had in my career. If confirmed, I look forward to learning from those with more developed skills in this area, such as HHS Leadership and Tribal Leaders and would respect the oversight authority of Congress and work to build strong, collaborative relationships with member of Congress and their staff. My focus will be to better understand my role as a Federal official, and to learn to balance the roles and responsibilities of the IHS with the expectations of Congress and other key partners such as Tribes and Tribal organizations.

6. 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.

The Federal Government has long-standing commitments and obligations to American Indian and Alaska Native Tribes and Tribal Organizations as a result of treaties, Acts of Congress, and Supreme Court law. One of the primary obligations includes the provision of health care services. Maintaining treaty obligations automatically disallows the privatization of the Indian Health Service (IHS). While the IHS should never be privatized, there are many reasons why individual American Indians and Alaska Natives utilize private sector health care services such as a need to access care not available through IHS, they reside off of the reservation, and are not located near a health care facility overseen or run by the IHS, therefore building, fostering, and maintain strong working relationships with private sector health care services is important and necessary.

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

The overall 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.

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

IHS Strategic Goals: Access, Quality, Management, and Operations.

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

2) To promote excellence and quality care through innovation of the Indian Health care system into an optionally 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?

Recruitment and retention of the IHS Agency workforce: The IHS must develop a robust approach to recruitment that attracts the brightest individuals to the workforce. This includes having an efficient and streamlined hiring and onboarding process. IHS also needs to ensure that all employees have access to training and profes-

sional development opportunities and that we utilize all available retention systems and use them uniformly throughout the organization.

Maximizing the use of modem technology that supports efficiency throughout the organization: This includes systems that support both administrative and health care (i.e., updating the electronic health record system and infrastructure that supports telemedicine and innovative health care communication with patients).

Creating a work environment that fosters creative and innovative and forward thinking: Over the past two years, the COVID–19 pandemic transformed our approach to patient care and brought out the best ofIHS. In part, this was accomplished by having a robust communication plan that supports transparency with stakeholders, including the IHS team. We must apply these lessons learned and continue to keep our stakeholders informed of decisions, including the reasoning for those decisions.

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?

Workforce needs. This includes a lack of clear defined executive leadership development program to support a sufficient succession plan to develop future leaders and create a workforce pipeline and support change. Leadership development must foster through knowledge of health care systems, creative and out of the box thinking and critical thinking skills.

IHS has been historically underfunded, despite significant patient and operational/infrastructure needs. The overall lack of resources for any health care system impacts the ability to properly address the needs of the people served. It has been my experience that choices have to be made on a regular basis to address the area of immediate priority or need vs using a strategic collectively approach to improve the overall health care system. However, the ongoing efforts to improve the IHS budget using all available funding strategic are promising for the future of IHS.

An organizational structure that ensures accountability and supports overall Agency deliverables and outcomes. IHS has not fully strengthened the administrate component of the organization to better support the health care component. For example, developing a clear communication plan through an updated organizational structure and policies will guide the organization to defined outcomes. Adjusting these elements of the organization can only support improved quality and safe care outcomes.

The lack of reliable electronic systems to support efficient and streamlined business processes and services. Without the use of modem technology to support the day-to-day operations is not acceptable for IHS. We are reminded throughout the Pandemic that the use of immediate and reliable data was necessary to make real time decision, including both clinical or administrate. Moreover, having electronic systems to create dashboards or monitoring tools to monitor the Agency in real time is necessary to ensure an efficient operation of the IHS.

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

- Patients/Customers.
- Tribes/Tribal Organizations and Urban Programs.
- Employees.
- Congress.
- American Taxpayers.

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

The IHS Director should have a relationship with the above stakeholders that is built on respect, understanding, partnership, accountability, listening, proactivity, and responsiveness.

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?

My responsibilities are to: Review policy and processes to ensure compliance at all levels of the Organization; evaluate the systems used to support efficient business processes and services; and demonstrate accountability at all levels of the organization. For example, full compliance with the Federal Managers Financial Integrity Act and 0MB Circular A123.

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

I have successfully led offices at the Regional, and Headquarters level, including my current position as the Director of the Navajo Area IHS (the largest IHS regional area) where I am responsible for managing over 4,000 employees and a budget of nearly $1 billion. Throughout my career, I have served as a change agent to bring about change within the IHS that have led to more efficient and streamline systems.

12. The Government Performance and Results Act requires all government departments and agenciesto 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 Indian Health Service uses the Government Performance and Results Act to monitor clinical and non-clinical deliverables and outcomes. Several indicators used for IHS are essential to monitor health outcomes for the people we serve and thereby adjusting where necessary to support and improve the lives we serve. One of the best examples for Indian Country is tracking the diabetes indicators, where IHS has used the information in support of additional resources. The use of the agencies mission and strategic goals are further supported by the use of GRPA indicators thereby monitor and meeting broader objectives.

(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?

The performance goals of the department/agency should be reviewed by Congress on a regular basis to determine their overall value and outcomes. IHS has the responsibility to ensure the highest level of care to the people we serve, and compliance is a must. Where deliverables are not met, Congress should take necessary steps to hold the department/agency accountable.

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

I believe the goals that I laid out in response to questions F.3 and F.7 above should be the basis for measuring my individual performance, should I be confirmed.

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

In general, my approach with employees starts with clearly described expectations and goals that are built on trust and communication to ensure accountability. I use an open and inclusive communication plan, which includes a two-way dialogue to support understanding. When necessary, I do not hesitate to take steps to address employee issues and ensure accountability. I am not aware of any formal complaint against me.

14. Describe your working relationship, if any, with the Congress. Does your professional experience include working with committees of Congress? None, other than IHS Agency reports to Congress.

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

I believe the proper relationship between myself and the Inspector General is a working, transparent partnership on all matters related to the IHS Agency to ensure appropriate accountability and responsiveness. This includes, but is not limited to, not impeding the Inspector General's work in any way as it relates to the IHS Agency and the policies thereof.

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.

Congress should consider the views of Tribes and Tribal Organizations as they relate to the Indian Self-Determination Act. Adjustments should be made to further simplify the process to support self-determination of health care systems at the local level for Tribes and Tribal Organizations. Additionally, IHS has been historically underfunded, despite significant patient and operational needs. Consistent, robust resources would help improve patient outcomes and address long-standing inequities.

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, I will prioritize transparent accounting of federal resources, including the alignment of resources to IHS priorities. This required step will allow me to assess what resources are needed to complete these priorities with clear, measurable objectives. Any discretionary spending will be assessed in this process and each step will be communicated through a transparent communication plan with key stakeholders.

G. FINANCIAL DATA [INFORMATION NOT RELEASED TO THE PUBLIC.]

H. RECUSALS

If confirmed, do you agree to (1) Abide by the recusal requirements imposed by federal conflict of interest laws and the Standards of Ethical Conduct for Employees of the Executive Branch; (2) Seek the advice of his or her designated agency ethics officer before proceeding whenever faced with a situation that may give rise to an actual or apparent conflict of interest; and (3) Adhere to the principles of ethical conduct and avoid any actions creating the appearance of violating the Standards of Ethical Conduct for Employees of the Executive Branch. Please answer the above with a yes or no response. Yes.

The CHAIRMAN. Thank you very much, Ms. Tso. We appreciate your testimony and we thank your family for their collective sacrifice so that you can lead this important agency.

As we discussed in our meeting, the Federal Government has a special political and trust relationship with Native Hawaiians and that includes providing healthcare through HHS. If confirmed, will you commit to educating other HHS agencies on that responsibility?

Ms. TSO. Thank you, Senator, for that question.

Yes, of course, I will be responsible for that, and I will commit to working with you and the Native Hawaiians to improve healthcare services.

The CHAIRMAN. Thank you.

One of the things we found is that it is not enough to make a statute and it is not enough to have the agreement of the political appointees of the Senate confirm folks. Because where the rubber hits the road is in the notice of funding awards, it is at the line level where people are trying to configure RFPs and all of that.

What gives me a little more hope is that you have worked your way up through this agency, so you know it is not just a matter of declaring that Native Hawaiians' trust and treaty, that our obligation to Native Hawaiians is both a political and a trust responsibility but that people have to do it every day in the way they push money out, and in the way they do consultation with Native communities.

I am hoping I have your commitment to not just in front of the Committee say all of the right things but to watch your folks to make sure they are implementing that policy. Is that what I hear from you?

Ms. TSO. Yes, Senator. Certainly throughout my career, one of the strengths that I bring to the organization is my ability to work across lines, barriers and so forth to bring about improved healthcare to all Native Americans, Alaska Natives and in this case, our Native Hawaiians.

The CHAIRMAN. Thank you very much.

Your questionnaire is in order. I am not complaining about it. But there was not any explicit reference to tribal sovereignty and self-determination. I am not going to read much into that. But for

the record, what are your views on the government-to-government relationship between the United States and Indian tribes?

Ms. TSO. Thank you, Senator.

Without a doubt, there is a trust responsibility to the Native Americans and Alaska Natives specifically with regard to healthcare that has been documented through statute as well as Supreme Court decisions.

The CHAIRMAN. If confirmed, how are you going to ensure that IHS both respects and uplifts tribal sovereignty, particularly through robust consultation?

Ms. TSO. Thank you, Senator.

Certainly, the Indian Health Service, as well as HHS, has a robust tribal consultation process that we utilize. However, it is a little bit more than that. It is not just having a meeting and having a conversation with tribes. It is really understanding the needs of each tribal community to help them best serve the people in their communities.

The CHAIRMAN. Let me ask the question this way. Let's say you get confirmed, knock on wood. Nothing is ever guaranteed, especially in the Senate. Let's say you get confirmed and you wake up the next morning, have your meeting with your senior staff, some of whom you know, some of whom have been assigned to you and all the rest of it.

What is the one thing you want to accomplish? I mean in terms of the operations of the agency. Because you have now had many, many years of experience within the agency, leading a big part of it.

What kind of operational improvements do you see as kind of the low-hanging fruit? Is it electronic medical records? Is it telehealth? Where do you see the biggest opportunity in the short run? Because you know a term of three or four years can go by real quick. I want you to prioritize and we want to help you to prioritize. Where do you think we can make meaningful improvements quickly?

Ms. TSO. Thank you, Senator.

Certainly, I have already communicated this to the staff in the Navajo Area IHS, and it would be the same for all of the Indian Health Service, that we must, we must ensure safe and quality care to every eligible patient that we see throughout the Indian Health Service and ensure there is accountability throughout our processes to hold every employee accountable, including myself, so we are able to provide the best care to the people we serve.

The CHAIRMAN. Tell me about telehealth. Tell me how much potential you see there. I have 30 seconds.

Ms. TSO. Thank you, Senator.

That is pretty exciting for me. As we shared when we talked, in 2019, we had about 126 visits for telehealth. In 2020, we had over 13,000 visits. So I know that in spite of some of the challenges we have in Indian Country for infrastructure, that we can do this and do it very well. I would like to continue this outside and beyond COVID–19.

The CHAIRMAN. I will just make this final point about telehealth. On a bipartisan basis, this Committee and other committees have been deeply committed to telehealth and also talking about the

broadband that enables higher end telehealth. We should make no mistake; a bunch of telehealth does not actually require the deployment of high-speed internet connectivity. We can't use that as an excuse not to move forward with telehealth. There is a lot of stuff we are going to have to wait on until we have high speed broadband connectivity, but there is a lot of stuff we can change immediately, storing forward technology, remote patient monitoring, none of that requires that we lay down cable.

So I want us to do both. We absolutely have to lay down broadband. But in the meantime, there are a lot of really exciting things we can do to provide better service.

Senator Hoeven?

Senator HOEVEN. Thank you, Mr. Chairman.

Earlier this month, the Wall Street Journal published an article in regard to how bureaucratic red tape has hindered the ability of vital medical equipment to be deployed to IHS facilities, particularly in the Great Plains region. The article talks about lengthy delays in the deployment of the new medical equipment. In some instances, facilities have waited over a year for the equipment. Obviously, these delays cause hospitals to search for alternatives, sometimes even more costly ways to proceed while waiting for the equipment.

If confirmed, will you commit to examine IHS' procurement process and address these delays so that the resources, particularly medical equipment, gets to these facilities in a timely manner?

Ms. TSO. Thank you, Senator.

The priority that I referenced earlier with respect to looking at the IHS business component of the organization that better supports the healthcare is directly related to our HR business processes, our contracting business practices and everything in terms of making sure that our policies are up to date.

This can be done. We have systems in place that allow us to do that and then making sure that our systems are being utilized appropriately and properly which is critical to our operation to ensure we have proper medical equipment and supplies at all times in each of our healthcare and hospital facilities.

Senator HOEVEN. Thank you.

In 2017, IHS was listed on the Government Accountability Office's GAO High Risk List, 2017. That includes programs and operations vulnerable to waste, fraud, abuse, or mismanagement, and obviously need to be addressed. IHS has taken some steps to address GAO's recommendation, but there are still deficiencies that need to be addressed.

How do you make sure those things get addressed?

Ms. TSO. Thank you, Senator, for that question.

In the Navajo Area, I arrived there in about August 2019. One of the first things I did was to align the governance process for the entire Navajo Area as opposed to having five, twelve facilities having different governance. We moved to a more uniform governance system.

That is required and is necessary for me to be able to determine where we are within the organization instead of trying to manage many different activities. We are all required to follow the same

regulations and so forth. That is the one thing I think IHS needs to move to, is a more uniform healthcare system.

What this did for us in the Navajo Area during the pandemic was, it then allowed us to move a provider from one facility to another facility because we were operating under one governance. That means that we did not have to have any delays for credentialing, all these other background checks and so forth that sometimes come into play.

Streamlining the Indian Health Service to operate as a healthcare system as opposed to individual operations is critical. I know that it can be done. This has truly helped the way we operate in the Navajo Area to strengthen our system.

Senator HOEVEN. How are you going to recruit the skilled people you need in healthcare? Everybody is looking for people in almost every type of profession there is. But in healthcare, it is just an acute challenge. How do you recruit the quality healthcare professionals you need?

Ms. TSO. Thank you, Senator.

At the Gallup Indian Medical Center, as an example, when I first got to Navajo in 2019, we were dependent on contract providers in our emergency department. About 70, 80, almost 90 percent was contract providers. Today, we are almost 100 percent IHS filled positions for providers.

That is not using the typical strategies; well, it is using the typical strategies. But what we did was partner with our providers that have colleagues out there. They are the best recruiters for us. If we can build a system, a culture of care, a culture of safety within our organization, that is what is going to bring people to us.

Two weeks ago, when I was visiting with the staff at Gallup, we had providers that wanted to come to that facility. Again, streamlining the governance part of our organization allows us to move around providers to meet the needs of our entire healthcare system in Navajo.

If we can do that, we need to do that and we can do that at the national level. I believe we can do this if we continue to strive to build a healthcare system versus individual healthcare facilities.

Senator HOEVEN. One thing that will help you there is if you can reform and improve the credentialing process, particularly, for example, dentists. I have talked to dentists who want to come do pro bono work on the reservation but they cannot get credentialed. I really think that is an area where you can have a big impact.

Ms. TSO. Thank you, Senator.

We have streamlined that process at Navajo. We do have a system in place now including investing in additional staff resources to monitor the credentialing process and to make them move as quickly as possible into the process.

Senator HOEVEN. That experience will help you I think in doing it for IHS. That is good to hear.

Thank you. Thank you, Mr. Chairman.

The CHAIRMAN. Senator Cantwell.

STATEMENT OF HON. MARIA CANTWELL,
U.S. SENATOR FROM WASHINGTON

Senator CANTWELL. Thank you, Mr. Chairman.

It is so good to see you and to have a conversation yesterday. Obviously, I want to talk about contract support and self-governance, different styles of managing our Indian health and healthcare. I wanted to make sure that we talked about how important self-governance is and contract support and making sure that the actual commitments are made and payments.

We have had a couple of gaps here. Obviously, you can have IHS healthcare not be paid in a timely fashion and then that impacts our tribes and their delivery system. What can you do to commit to making sure that we remedy these issues?

Ms. TSO. Thank you, Senator.

With respect to self-governance, I was fortunate when I came into the Indian Health Service to really experience those milestones that were put in place by many other tribes, especially in the Northwest, where I was able to see many tribes move over and become self-governance tribes.

With that said, certainly we know how important contract support cost is for them, for any contractor, to ensure compliance with the terms of the contract. Yes, that is one area, again, looking at the business component of the Indian Health Service, we can strengthen that part to ensure that proper payments are made in a timely manner.

With regard to actual payments of funding, when we do get funding at the area level, within the Navajo Area, our goal, and my expectation, was to ensure that payments were made within 24 hours to every tribe, particularly when the CARES money and infrastructure monies were coming down. That was critical. We were able to do it and we should be able to do that throughout the Indian Health Service.

Senator CANTWELL. On all contract support, you are saying?

Ms. TSO. On all contract support.

Senator CANTWELL. I am sure that will be music to peoples' ears. If that actually transpires, that is very important. Because what happens is you cannot deliver care if you do not have the resources to do it. Certainly, some of our tribes are in very remote parts of the States. so it is not like there are accessible, easy options. Having discontinued care or things that can't be done in a timely fashion, really do matter.

I wanted to ask you about 100 percent FMAP funding for our Urban Indian Health. Senator Murkowski and I serve a lot of constituents who are Alaska Natives and Native Americans in the Seattle area and also in Spokane. The issue is that the impacted Urban Indian healthcare organizations are not treated the same so they do not get the whole 100 percent FMAP funding. We were able to fix this I think for one or two years, but to me it is a big inequity in the delivery of care.

Can you commit to securing 100 percent FMAP funding on a permanent basis for Indian health clinics in urban areas?

Ms. TSO. Thank you, Senator.

I agree that we need to have equity in terms of funding for all the programs that serve American Indians and Alaska Natives. We

also know, I also know, that there are some limitations, neither the Indian Health Service nor the Department, makes the determination on 100 percent FMAP payments.

However, we can work with States and we can work with our partners to make sure there is education and information flowing on how important this need is. I will work with you on this if I am confirmed.

Senator CANTWELL. Thank you.

The CHAIRMAN. Do we have Senator Lankford online? If not, Senator Luján.

STATEMENT OF HON. BEN RAY LUJÁN,
U.S. SENATOR FROM NEW MEXICO

Senator LUJÁN. Thank you, Mr. Chairman.

I want to recognize Vice Chair Murkowski and my friend, Mr. Hoeven. Thank you all for holding this hearing on the nomination of Roselyn Tso to be the Director of the Indian Health Service.

Mr. NEZ. it is an honor to be with you, my friend, to see you here, and for your excellent introduction as well. It is good to see you.

Ms. Tso, congratulations on your nomination. I especially want to recognize your family that is seated behind you and those watching online. I want to thank each and every one of them for the support that you have lent to Ms. Tso as well, not just during this nomination and confirmation process, but through the entirety of her life. Thank you for what you have done and it means a lot to me to see family here as well.

Ms. Tso, I look forward to working with you to advance tribal sovereignty and important issues, many of which we have already worked on together where we both have constituencies of responsibility to make things better and troubleshoot tough challenges.

The Bipartisan Infrastructure Law that passed included $3.5 billion for IHS water projects over the next five years. If confirmed, you will oversee $700 million annual investment in IHS water projects, over 10 percent of which are located between the IHS Navajo and Albuquerque Service Areas across New Mexico.

Just this week, the Navajo Nation Council leaders highlighted concerns that IHS is building area water projects with construction materials that have caused system failures in years past.

Ms. Tso, if confirmed, what will you do to maximize the lifespan of the IHS water projects and ensure that the agency is procuring quality materials for community water projects?

Ms. TSO. Thank you, Senator, for that question.

I absolutely agree that water infrastructure and improving that for all American Indians and Alaska Natives is critical, especially right now as we continue to navigate through COVID 19.

With respect to the concerns raised by Navajo Nation, I am aware of those concerns. I have been working with the local tribal leaders to better understand what their issues are. However, as I know, we are required to ensure that we buy proper products to make sure that we have good water systems.

In this particular case, though, there is a balance between the management operations and ongoing operations. Once IHS completes the project, then we work closely with the tribal entity that

will take over the water system as well as the homeowner. That is where there is not just IHS but a broader set of people that we need to continue to work with.

I have worked very closely in Navajo with NTUA, the Navajo Tribal Utility Office, as well as other partners to make sure we plan the projects together, that we work together on projects, and we work together to complete the projects. That includes education and training to the homeowner when the projects are completed.

Senator LUJÁN. I appreciate that. Ms. Tso, because of your familiarity with this, I certainly hope you are in a position to look at this across the Country.

My concern that came up when I saw this report that came out, as you know, in other water projects in decades past, it has been proven that contractors used PVC pipe for electrical purposes when they should have been using pipe constructed specific to water and wastewater availability, and it deteriorated the system. We cannot afford that to happen. I look forward to working with you in that space.

One of the other concerns I have is the rapid closure of so many IHS hospitals. Recently, Acoma-Canoncito-Laguna Hospital in New Mexico was closed and converted to a Monday to Friday, 9:00 to 5:00 clinic. I was troubled by the data underpinning this closure which took place during the pandemic and how the change was communicated to the Pueblos and to the community.

The question I have, Ms. Tso, is how will you look to ensure that IHS stems the tide of hospital closures?

Ms. TSO. Thank you, Senator. I appreciate the conversation that we already had on this topic and will continue to work with you to ensure that the Indian Health Service continues to maximize access to care for all the patients that we serve.

To that as well is that we honor the positions and decisions of tribal leaders when they determine to assume their own healthcare systems under self-governance or self-determination. That was part of this particular situation.

I also want to point out that these issues are not limited to IHS. These issues are across the Nation right now. You are probably aware that one of the hospitals in the little town I live in, in Gallup, New Mexico, on a weekly basis, there are notices in the paper of the challenges that this facility, this hospital, is having which is adjacent to our Gallup Indian Medical Center.

We want this hospital to be successful because if they are not, the care reverts to the Indian Health Service, therefore more impacting the American Indians and Alaska Natives that we have to serve. It is a fine balance here in terms of making sure we do maximize the healthcare systems and access to care for all our patients.

Senator, I will commit to continue to work with you on this issue and do whatever I can to ensure communication is flowing not just with you but with tribal leaders.

Senator LUJÁN. I appreciate that.

Mr. Chairman, I know my time has expired. I do have one question on sharing information and datasets with epidemiological centers, but I will submit that into the record.

It is always good to see you, Ms. Tso, and your family. Again, President Nez, thank you for being with us today.

I yield back, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Luján.

Senator Cortez Masto is on the Floor. Are there any other members online wishing to be recognized?

[No audible response.]

The CHAIRMAN. If there are no more questions for our nominee, members will also submit follow-up written questions for the record. I would ask members to do that promptly.

I would also ask our nominee to respond fully and promptly to any follow-up questions we may have, and to also meet with any remaining Committee members who may wish to do so. The hearing record will be open for two weeks.

Thank you, Ms. Tso, for your time and your testimony today.

This is Bring Your Daughter to Work Day, so I will now recognize my staff director's daughter to adjourn the meeting.

Ms. MONACO. This hearing is adjourned.

[Whereupon, at 3:22 p.m., the Committee was adjourned.]

A P P E N D I X

AFFILIATED TRIBES OF NORTHWEST INDIANS (ATNI) AND NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

May 23, 2022

Dear Chairman Schatz and Vice Chair Murkowski:

On behalf of the Affiliated Tribes of Northwest Indians (ATNI) and Northwest Portland Area Indian Health Board (NPAIHB), we write this letter supporting and urging the appointment of a Director of the Indian Health Service (IHS).

ATNI is a regional organization comprised of American Indian/Alaska Native tribes in the states of Washington, Idaho, Oregon, Montana, Nevada, Northern California, and Alaska. NPAIHB is a tribal organization under P.L. 93–638 of the Indian Self-Determination Education Assistance Act serving the 43 federally recognized tribes of Idaho, Oregon, and Washington.

In January 2022, ATNI and NPAIHB worked on a resolution calling on the President to nominate an IHS Director in order to ensure that IHS has a leader who can set forth a vision to address the health disparities that American Indians/Alaska Natives face. Resolution No. 2022–03 was enacted at ATNI's Winter Convention on January 27, 2022.

On February 24, 2022, the NIHB Board of Directors formally adopted Resolution #22–02 supporting and urging the appointment of a Director of the IHS. In this Resolution, the NIHB called upon the President to nominate an IHS Director to ensure that the IHS has a leader empowered to carry the imprimatur of the President and work with the Tribes to advance and implement bold, transformational policies necessary to honor the federal government's trust responsibility and treaty obligations and make measurable improvements in addressing the health disparities that American Indian and Alaska Native people face.

ATNI and NPAIHB fully support a Senate-confirmed IHS Director that is American Indian or Alaska Native (AI/AN) with the education and requisite knowledge of the Indian health system, proven experience in leadership, diplomacy and political acumen, and capabilities required to carry out the federal trust responsibilities to provide high quality healthcare and public health services to Tribal Nations. The absence of a Director impedes the ability of both the Tribes, the Administration as well as Congress to carry out the mission of the IHS. IHS's mission is " to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives (AI/AN) to the highest level."

First and foremost, the next IHS Director must have an outstanding record of supporting Tribal Sovereignty and Addressing Health Equity of AI/AN.

Tribal Sovereignty and Treaty and Trust Obligations. Tribal sovereignty and treaty and trust obligations must be the starting point of any discussion the next IHS Director has with Tribal Nations. Tribal Nations are distinct political bodies with the right to regulate their own internal affairs according to their own laws and customs.[1] This right to self-government is grounded in treaties and the U.S. Constitution and reaffirmed in U.S. Supreme Court decisions and federal legislation. The Supreme Court continues to acknowledge tribes' inherent right to self-government, which is not handed from the federal government but retained from their existence prior to colonization and essentially the formation of the U.S.[2]

Additionally, the U.S. has a trust responsibility and legal obligation to elevate the health status of Tribal Nations and AI/AN people.[3] Several U.S. treaties obligate the federal government to provide health care to AI/AN people.[4]

The next IHS Director must have a demonstrated history of understanding and honoring the political status of tribes and their inherent authority to protect the

[1] See generally *Ex Parte Crow Dog*, 109 U.S. 556 (1883);
[2] See *Worcester v. Georgia*, 31 U.S. 515, 581 (1832).
[3] P.L. 94–437; 25 USC § 1602.
[4] See Treaty of Point Elliot, 1855, art. 14; Treaty of Medicine Creek, 1854, art. 10; and Treaty of Neah Bay, 1855, art. 11; and Treaty of Point No Point, 1855, art. 11.

health and welfare of their citizens as to any initiative or funding opportunities proposed or made available by IHS. For Northwest Tribes, a commitment to support tribal self-determination and support of tribes expanding their ISDEAA compact and contracts and honoring treaty and trust obligations is critical.

Self-Governance and Self-Determination Compacts and Contracts. The next IHS Director must support and advocate for tribal self-governance by expanding the use of Title I and Title V contracts and compacts across IHS and HHS and to move away from grant funding. The Tribes in the Northwest have been relentless advocates for Tribal Self-Determination and Self-Governance resulting in one of the most successful programs funded by the Indian Health Service—our Title I and Title V contracts and compacts.

Addressing Health Equity. AI/AN people in the Northwest face high health disparities compared to non-Hispanic White (NHW). AI/AN people in the Northwest have a life expectancy that is about 7 years lower than that of NHW people in the region. Data from the Northwest show that AI/AN people experience disparities at all stages of life, and are particularly vulnerable to chronic diseases such as heart disease and diabetes, injuries, substance misuse and overdoses, and violence. AI/AN people in the Northwest are less likely to have health care coverage and access compared to their NHW counterparts, which in part explains the low rates of preventative health care services accessed by AI/AN people.

These disparities are the consequence of centuries of neglect and broken promises by the federal government to adequately fund healthcare. IHS is chronically underfunded with the overall budget covering only a fraction of the healthcare needs of AI/AN people.[5] Year after year, Northwest Tribes have unmet healthcare needs due to the chronic underfunding. The Tribes in our Area continue to face the unprecedented COVID–19 public health emergency, as well as the impacts of the climate crisis and opioid epidemic. Northwest Tribes lack the necessary resources and infrastructure to appropriately respond and provide the necessary healthcare to our people. In addition to fully funding health programs, in order to address health equity in a meaningful way, we need to target social determinants of health and invest in programs like the Community Health Aide Program that train AI/AN people to provide a primary level of medical, dental, and behavioral health care in tribal communities.

An effective IHS Director will advocate on behalf of Tribes for adequate program expansion and funding and not just advocate on behalf of the administration. The next IHS Director must also be committed to the important issues and priorities of Northwest Tribes, including:

Advance Appropriations and Full Funding for IHS. We need an IHS Director committed to supporting advance appropriations in FY 2024 and full funding for the IHS at $51 billion. We also need an IHS Director willing to work with Tribal Nations to develop an appropriate mandatory funding proposal that is in line with the recommendations put forth by the National Tribal Budget Formulation Workgroup. Our Area has raised concerns year after year of the undue hardships caused by government shutdowns—from federal employees not receiving a paycheck to clinics reducing hours of operation.

Supporting Contract Support Costs. We need an IHS Director that will continue to support contract support costs (CSC) and to advocate to move CSC to mandatory funding to ensure Tribes are fully funded for their direct and indirect costs. There are many CSC costs not reimbursed by the IHS. We need an advocate that will allow for the maximum flexibility when negotiating CSC costs with Tribal Nations.

Section 105(l) Leases. The next IHS Director must support full compensation for tribes or tribal organization for their reasonable facility expenses under Section 105(l) of ISDEAA and authorization of mandatory funding for Section 105(l) leases. Section 105(l) of ISDEAA requires IHS, upon tribal request, to enter into a lease for a facility owned or leased by the tribe or tribal organization and used to carry out its ISDEAA agreement.

Purchased and Referred Care (PRC). We need an IHS Director who understands and supports areas without hospitals like the Portland Area, and the critical need for annual PRC increases. In FY 2022, PRC received less than a 1 percent increase. Portland Area does not have an IHS hospital so IHS and Tribal facilities (I/T) in our Area must purchase all specialty and inpatient care. The PRC program makes up over one-third of the Portland Area budget so when there is little increase and no consideration of population growth, Portland Area Tribes are forced to cut health

[5] U.S. COMM'N ON CIVIL RIGHTS, BROKEN PROMISES: CONTINUING FEDERAL FUNDING SHORTFALL FOR NATIVE AMERICANS AT 19 (2018) available at *https://www.usccr.gov/pubs/2018/12-20-Broken-Promises.pdf.*

services. Areas with IHS hospitals can absorb these costs more easily because of their infrastructure and large staffing packages.

When there are increases to the PRC budget, the Portland Area Tribes receive additional funding to account for the lack of an IHS/Tribal hospital in the Area, often referred to as the access to care factor. However, Congress through the IHS budget has only ever funded this access to care factor three times in the past 12 years—in FY 2010, 2012, and 2014. Without year to year increases to PRC to fund the access to care factor, inpatient care for Portland Area Tribes goes severely underfunded.

Community Health Aide Program (CHAP) Expansion. The next IHS Director must make CHAP expansion a priority and allocate additional funds to areas that have established education programs with consideration that new education facilities (i.e., clinical classrooms) will be needed to train community health aide providers.

CHAP is a program that was designed and implemented by the Alaska Native Health system over 60 years ago. In nationalizing it to the rest of the country, tribes everywhere have an important opportunity through the CHAP to tackle social determinants of health while improving access to care. CHAP is unique because it not only increases access to care but creates access points to health education so that tribal citizens can become health care providers and professional wage jobs on reservations and in tribal health programs throughout the country. The education programs associated with CHAP are the foundation of the program.

In the Portland Area, we have 12 Dental Health Aide Therapists and 2 Behavioral Health Aides working in tribal communities throughout the three state Area. Additionally, we have 29 Behavioral Health Aides in training. Our Dental Therapy Education Program in Washington will begin accepting students in Autumn 2022 and is a state-of-the-art dental education program, our Behavioral Health Aide Education Program first cohort is mid-way through their first year, and our Community Health Aide Education program is in development with planned campuses in Oregon and Washington. These programs are vital to driving equitable access to health provider education and the success of the CHAP in our Area.

Regional Specialty Referral Center in Portland Area. The FY 2022 Congressional Justification has identified $165 million to fund the Seattle Area Regional Referral Center with FY 2021 nonrecurring expense funds. This has been a longstanding request for Portland Area Tribes and we are glad to finally see some movement on this request. This facility is crucial for Portland Area because we do not have access to any IHS/Tribal hospitals and this model of care can be replicated in other areas. The next IHS Director must be committed to making this a reality and committed to supporting a staffing package and other operational costs for the center.

Special Diabetes Program for Indians (SDPI). We need an IHS Director who will support an increase of the SDPI program to $250 million and medical inflation rate increases annually. Importantly, given that the majority of Portland Area Tribes have ISDEAA compacts or contracts, it is imperative that the next IHS Director support a legislative fix that would provide tribes the option to receive funds through their ISDEAA compacts or contracts. SDPI provides a comprehensive source of funding to address diabetes issues in tribal communities that successfully provide diabetes community-based prevention and treatment services for AI/AN people and results in short-term, intermediate, and long-term positive outcomes.

Public Health Infrastructure. The next IHS Director must be committed to expanding funding opportunities to Tribes through their ISDEAA contracts and compacts to develop and support public health infrastructure. The IHS has neglected supporting basic public health infrastructure for Tribes for too long. This is necessary for Tribes to have basic public health infrastructure as we have learned in the COVID–19 pandemic and as Tribes continue to face other public health issues including the impacts of climate change and opioid epidemic.

Health Care Facilities Construction. The new IHS Director must understand the inequities in health care facility construction and be committed to consultation with tribes to change the system that not only equitably funds Northwest Tribes' health care facilities construction priorities but expands funding to support much needed behavioral health facilities construction. The 2021 IHS/Tribal Health Care Facilities' Needs Assessment Report to Congress found that the overall healthcare facility construction need increased by 60 percent from 2016. At the current rate of construction appropriations and the replacement timeline, a new 2016 facility would not be replaced for 290 years. Portland Area Tribes have a long wait before they would be eligible for funding under the IHS Health Care Facilities Construction Priority List. Portland Area Tribes have had to assume substantial debt to build or renovate their tribal clinics.

Joint Venture and Small Ambulatory Programs. Joint venture and small ambulatory programs are important funding sources to meet the needs of our smaller tribes

who cannot compete in the existing new facilities construction priority system. The IHS Director must be committed to increase funding for these programs especially in areas that do not have hospitals, like the Portland Area. In addition, the IHS Director must look to expanding the small ambulatory program to include staffing packages and not limit access to the program when the health care facility priority system opens for all Tribes.

Division of Behavioral Health—Initiatives and Grant Programs. The next IHS Director must support legislative changes that would allow tribes the option to receive behavioral health funds through their ISDEAA compacts and contracts. IHS Behavioral Health initiatives include the Substance Abuse and Suicide Prevention Program, the Domestic Violence Prevention Program, and the Zero Suicide Initiative.

In 2018, IHS conducted consultation on the Consolidated Appropriations Act of 2018 which encouraged IHS to transfer behavioral health initiative funding through ISDEAA compacts and contracts rather than competitive grants. Later, IHS issued a Dear Tribal Leader Letter (DTLL) on its decision to continue using a competitive grant mechanism to distribute behavioral health funding. Portland Area Tribes were disappointed by this decision and ask IHS to reconsider this decision—as well as all other competitive grant programs—and move them to a self-governance.

The next HIS Director must be able to work across HHS with ACF, CDC, NIH and SAMHSA who all have a role in improving access to and resources that meet the behavioral health needs of AI/AN communities through funding, data, research and access to resources in a multi-agency approach. We continue to be concerned about the lingering and collective impact of the COVID–19 pandemic on behavioral health, which includes an increase of substance abuse, suicidal ideation, anxiety and depressive disorders, and disruptions in access to behavioral health screening, assessment, and treatment services. This also includes the role of supporting community members in catching up on needed related medical care resources.

New Community Opioid Prevention Project Grant Program. The next IHS Director must create an option for tribes to receive these funds through ISDEAA Title I and Title V compacts and contracts for the new opioid prevention program and all behavioral health initiatives. Congress first appropriated opioid funding for this project in the Consolidated Appropriations Act of 2019. In June 2019, IHS opened consultation and confer with tribes, tribal organizations, and urban Indian organization leaders to understand tribal priorities for this opioid funding. In April 2020, IHS announced its decision to create a new IHS Opioid Grant Pilot Program and issued a Request for Proposals (RFP) on available opioid program funding of $20 million (FY 2019 and FY 2020). IHS has awarded $16.2 million to 35 tribes, tribal organizations, and urban Indian organizations through the 2021 Community Opioid Intervention Pilot Project. Three tribes were funded in the Portland Area (Klamath, Jamestown and Lummi) and NARA, the urban Indian organization. While we know the three tribes in our area are grateful for this funding, this is another competitive grant program that must be available for all tribes.

Youth Regional Treatment Centers. The next IHS Director must be committed to future generations by supporting facilities for their healing and wellness, new Tribal Youth Regional Treatment Centers, and expanded prevention and treatment services, inpatient and outpatient mental health and substance use recovery services, including transitional living support.

AI/AN adolescents and young adults are a priority for Portland Area tribes. Suicide is the second leading cause of death for AI/AN adolescents and young adults and suicide mortality in this age group (10–29) is 2–3 times greater, and in some communities 10 times greater, than that for non-Hispanic whites. Data shows that during the COVID–19 pandemic, these numbers have increased and amplify the priorities to be addressed with the AI/AN adolescent population. While there are two Youth Regional Treatment Facilities in the Portland Area, the Healing Lodge of the Seven Nations in Spokane and NARA Northwest in Portland, more are needed with expanded services to address youth mental health needs and/or substance use. The Healing Lodge is underfunded to meet the youth behavioral health needs. For example, the Healing Lodge of the Seven Nations only receives $275 in 24/7 Per Diem Daily Rate compared to the IHS Inpatient Hospital Per Diem Rate of $3,442. Consequently, tribal leaders are forced to prioritize what health care services are to be provided for their people.

Maternal Child Behavioral Health. The new IHS Director must ensure that pregnant women have access to services and that providers are non-nonjudgmental in providing services. Maternal mortality rates are especially high among AI/AN women—regardless of their income or education levels. Fear is the primary factor that inhibits AI/AN pregnant women from accessing prenatal care and from seeking treatment for substance use disorders. Fear of having their newborn and older children taken from the home, fear of legal consequences and incarceration, and fear

stemming from the stigma associated with substance use. This is compounded by COVID–19 which has further disrupted services for pregnant women, caused financial hardship, and puts these women more at risk.

Indian Health Professions. The next IHS Director must support expansion of the type of Indian Health Professionals that qualify for scholarships to meet the healthcare needs in Indian Country, funding increases, and loan repayment program prioritization for health professionals. In Fiscal Year 2020, there were over 500 unfunded loan repayment program applicants. This included over 100 unfunded nurses and 63 behavioral health providers. HHS and IHS must fully fund scholarships for all qualified applicants to the IHS Scholarship Program and support the Loan Repayment Program to fund all physicians, nurse practitioners, physician's assistants, nurses and other direct care practitioners eligible for the program.

IHS IT Modernization. The next IHS Director must make IT modernization a priority and commit to support Interior Appropriations Committee report language that would allow IHS to reimburse tribes for the purchase of their commercial off the shelf electronic health record (EHR) systems. RPMS is now a legacy system and is inconsistent with emerging architectural EHR standards. We recognize that the Veterans Administration's (VA) decision to move to a new Health Information Technology solution will create a gap for the parts of RPMS that are dependent on core coding from the VA. RPMS cannot meet these evolving needs without substantial investment in IT infrastructure and software. COVID–19 has really highlighted the challenges with RPMS and has required double entries of data for reporting purposes. IHS must be creative about IT modernization especially as to those facilities still using RPMS. These tribes cannot wait 10 years. These systems will be interoperable with the new IHS EHR system and supports patient care.

Elimination of HIV. The next IHS Director must be committed to Ending the HIV Epidemic in Indian Country and increase annual allocations for this effort so that Indian Country does not get left behind. While rates of new HIV diagnoses are not elevated among AI/AN people when compared to some other race/ethnicities, there are notable concerns: 1) new HIV diagnoses among AI/AN people increased by 70 percent from 2011 to 2016; 2) AI/AN patients have had the lowest survival rates of any race/ethnicity after an AIDS diagnosis; and 3) both male and female AI/AN's had the highest percent of estimated diagnoses of HIV infection attributed to injection drug use (IDU).

Elders and Long-Term Care. The next IHS Director must be committed to finally funding long-term care services, assisted living services, hospice care, and home and community-based services be funded as authorized under IHCIA. Our elders are living longer, and need more long-term care services. There are only 15 known tribal nursing homes in the nation. IHCIA authorized funding for hospice care, assisted living services, and home and community-based services; however, funding has never been appropriated for these services to IHS.

Conclusion

Thank you for your consideration of our Northwest priorities and recommendations for the role of the IHS Director. Its critically important that we have an IHS Director that can realize our long-standing Northwest priorities.

Sincerely,

NICKOLAUS LEWIS, CHAIR, NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD; SECRETARY, LUMMI INDIAN BUSINESS COUNCIL

LEONARD FORSMAN, PRESIDENT, AFFILIATED TRIBES OF NORTHWEST INDIANS; CHAIRMAN, THE SUQUAMISH TRIBE

COLT COALITION OF LARGE TRIBES

May 23, 2022

Dear Honorable Senators of the Committee on Indian Affairs:

On behalf of the Coalition of Large Tribes. writing to show our strong support for the confirmation of Ms. Roselyn Tso, an enrolled member of the Navajo Nation, to serve as the Director of the Indian Health Service.

During our quarterly meeting a motion was made and passed by the Coalition of Large Tribes to submit this letter of support for Ms. Tso.

Ms. Tso has attained 38 years of service at Indian Health Service as an Administrative Officer, Program Analyst, Director and recently NAIHS Area Director. As the current Area Director for the Navajo Area Indian Health Service, she has oversight of 12 health care facilities, including ongoing collaborations with the Navajo Nation and Tribal health organizations. She plays a major role in the COVID pandemic providing the necessary health services to the Navajo people. Based on her

vast experience and knowledge of the federal systems and capacity to coordinate with all tribes she will be a valued asset to Indian Health Service to uphold its trust responsibility to improving the health care systems across Indian Country.

Respectfully,
KEVIN KILLER, CHAIRMAN COALITION OF LARGE TRIBE; PRESIDENT, OGLALA SIOUX TRIBE

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. BRIAN SCHATZ TO ROSELYN TSO

Question 1. At the hearing and in your responses to the Committee's nomination questionnaire, you spoke of your commitment to upholding the federal government's trust responsibilities to American Indians, Alaska Natives, and Native Hawaiians. In my view, this commitment must stand equal to the principle of respecting Tribal sovereignty and self-determination. Please describe your views on the government-to-government relationship between the United States and Indian Tribes.

Answer. The principles of Tribal sovereignty and self-determination inform all of the Indian Health Service's (IHS's) operations. As the federal agency vested with the primary responsibility for providing health care to American Indians and Alaska Natives, IHS goes to great lengths to ensure that Agency decisions are informed by the priorities of the Tribes benefitting from those decisions. To achieve this objective, IHS communicates early and often with Tribal leadership so that they have the opportunity to express their needs and so that IHS can be responsive to those needs as it carries on its mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. IHS has been a leader in the federal government in developing and refining a Tribal consultation and urban confer policy, regularly hosts Tribal delegation meetings and listening sessions, and regularly relies on federal-Tribal workgroups to facilitate the development of policy. Additionally, IHS seeks to further Tribal sovereignty and self-determination through the negotiation of self-determination contracts and self-governance compacts that permit Tribes to directly manage their own health care operations.

Question 1a. If confirmed, how would you ensure IHS both respects and uplifts Tribal sovereignty?

Answer. If confirmed, I commit to working on efforts to advance and improve agency Tribal consultation, Urban confer, Self-Determination, and Self-governance. IHS acknowledges and respects the inherent sovereignty of Indian Tribes and its unique, government-to-government relationship with each Indian Tribe. The IHS is committed to providing quality, culturally-appropriate personal and public health services to American Indian and Alaska Native people, consistent with its statutory authorities.

Question 2. If confirmed, you would serve as vice chair of the Department of Health and Human Services' (HHS) interdepartmental council on Native American Affairs (ICNAA). What concrete steps would you take to ensure other agencies within the Department are living up to the federal government's trust and treaty responsibilities?

Answer. By statute, the Commissioner for the Administration for Native Americans within the HHS Administration for Children and Families serves as the Chair of the Secretary's Intradepartmental Council on Native American Affairs (ICNAA). The Director for the Indian Health Service serves as the Vice Chair. If confirmed as IHS Director and thus Vice Chair for ICNAA, I commit to working with HHS leadership to coordinate policy, budget, and initiatives across the Department for Native American populations.

Question 2a. Will you commit to pushing other HHS agencies to engage in more meaningful consultation with Tribes? And, what steps (if any) would you recommend for improving consultation practices within HHS?

Answer. If confirmed, I commit to carrying out tribal consultation activities consistent with the current Executive Orders, Presidential Memoranda, and Department of Health and Human Services and IHS Tribal Consultation Policies. Regular and meaningful consultation with Tribes is a cornerstone of our government-to-government relationship between the United States and Tribes, and is essential for a sound and productive relationship with Tribal nations. I will continue to support our work with Tribal Leaders and HHS leadership to review and prepare recommendations to improve the HHS Tribal consultation policy and process. The Director of IHS is uniquely positioned to champion the importance of Tribal consultation across the Department, federal government, and the health care industry. I would use

every opportunity to provide technical assistance on tribal consultation across the Department. The IHS has decades of experience and vast stores of institutional knowledge regarding consultation with Tribes. It is incumbent on the IHS to share this knowledge with other agencies to improve consultation efforts across HHS.

Question 2b. Will you commit to pushing other HHS agencies to develop confer policies to improve their engagement with urban Indian organizations and Native Hawaiian organizations?

Answer. Federal law establishes the requirement that the IHS "confer," to the maximum extent practicable, whenever a critical event or issue, as defined in the IHS Urban Confer Policy,[1] arises in implementing or carrying out the IHCIA with Urban Indian Organizations (UIOs) (section 514 of the Indian Health Care Improvement Act (25 U.S.C. 1660d). Extending this requirement outside of the IHS or to Native Hawaiian organizations requires legislative change. The agency is committed to working with Congress, other components of HHS, and UIO leaders across the nation to help protect the health and wellbeing of the patients IHS serves in urban areas. If confirmed, I commit to educating and providing technical assistance to other agencies on the value and benefits of conferring with UIOs.

At this time, other HHS divisions do not have an urban confer policy. Other HHS divisions may set up listening sessions with UIOs and may seek support from IHS to initiate these discussions. The IHS supports other HHS agencies by initiating urban confer, notifying UIOs the other agency is seeking input on a critical event or issue, conducting the urban confer, and compiling comments.

Under current law, the Native Hawaiian Health System is not a part of the IHS/Indian health system. I commit to working with other HHS agencies, such as the Health Resources and Services Administration, which administers the federal program for Native Hawaiian Health Centers pursuant to the Native Hawaiian Health Care Act.

Question 3. What is your view of the Indian Health Service's (IHS's) role in supporting Urban Indian Organizations and addressing the health care barriers for American Indians and Alaska Natives residing in urban areas?

Answer. The role of the IHS is to improve quality, safety, and access to health care for American Indian/Alaska Native (AI/AN) people living in urban areas. Urban Indian Organizations (UIOs) are an integral part of the IHS health care system. The UIOs provide high quality, culturally relevant health care services and are often the only health care providers readily accessible to Urban AI/AN patients. In calendar year 2020, 41 UIOs provided 699,237 health care visits for 79,502 American Indians and Alaska Natives, who do not have access to the resources offered through IHS or tribally operated health care facilities because they do not live on or near a reservation. The IHS is committed to continuing to work in partnership with UIOs to strengthen the provision of health care for urban Indian communities.

Question 4. In response to question F–7 of the Committee's nomination questionnaire, you identified workforce recruitment and retention as one of the top three challenges facing the IHS. If confirmed, what specific actions would you take to address IHS's health provider vacancy issues?

Answer. If confirmed, I will work with current IHS leadership and IHS Office of Human Resources (OHR) to address vacancy issues at IHS. There are tremendous needs for healthcare professionals across the nation, especially in Indian Country. Staffing a rural and remote health care workforce is challenging for all health care organizations, and IHS is no different. There may be limited housing, education, basic amenities, and spousal employment opportunities. In particular, I would work with OHR to include:

- Workforce Development Programs—The IHS is preparing students to enter a health professions program and provide support throughout their educational and post-graduate training. A few examples include the IHS Grant, Extern, and Scholarship Programs.
- Incentives—The IHS uses various incentives to offer pay and benefits that are closer to what a health care provider would receive in the private sector. Some of these incentives include:

  —Title 5 and Title 38 Special Salary Rates, Recruitment, Retention, and Relocation (3Rs) incentives, including 3Rs incentive up to 50 percent of salary (base pay and locality pay) for exceptional nurses and clinical laboratory scientists, and the IHS Loan Repayment Program to assist in repayment of eligible educational loans. The IHS will conduct a Housing Subsidy Pilot Program to allow

[1] Indian Health Manual (Chapter 26—Conferring with Urban Indian Organizations) under Part 5—Management Services. *https://www.ihs.gov/ihm/pc/part-5/p5c26/*

IHS management the discretion to extend optional housing subsidies to certain eligible medical personnel to enhance recruitment and retention efforts.

- Partnerships—The IHS uses strategic partners to assist in recruiting for IHS health provider vacancies. Some of these partnerships include the Health Research and Services Administration (HRSA) National Health Service Corps scholarship and loan repayment programs along with the HRSA Nurse Corps Programs. In addition, we partner with the Office of the Surgeon General/US Public Health Service Commissioned Corps to recruit candidates to areas of greatest need. IHS has also partnered with the Office of Personnel Management (OPM) to develop an Exit Survey to capture workforce trends in the agency.
- Marketing, Advertising and Outreach—The IHS has designed marketing, advertising and outreach materials and activities to attract and encourage health professionals to seek additional information about the IHS and to apply for Indian health provider positions. Some of the activities include: virtual career fairs and webinars, recruitment videos, social media network platforms, conferences and webinars. Enhanced marketing of the IHS mission and career opportunities is highlighted at these events.

Question 4a. Based on your experiences working within the IHS so far, do you believe IHS is getting enough funding for administrative costs and staffing?

Answer. Funding disparities between IHS and other federal health programs are widely documented. These funding gaps impact everything from the IHS's ability to provide high quality health care services to American Indians and Alaska Natives, to recruit and retain health professionals, and to carry out required administrative activities.

In line with the long-standing recommendations of Tribal Leaders, the FY 2023 President's Budget proposes the first-ever mandatory budget for the IHS. The FY 2023 President's Budget is a historic step forward toward the goal of securing stable and predictable funding to improve the overall health status of American Indians and Alaska Natives, and to ensure that the disproportionate impacts experienced by tribal communities during the COVID–19 pandemic are never repeated.

The Budget proposes $9.3 billion in FY 2023, and culminates in a total funding level of nearly $37 billion in FY 2032, which is an increase of nearly $30 billion or almost 300 percent over the ten-year window. A mandatory budget for the IHS would provide stable and predictable funding to address the negative impacts of budget uncertainty. Mandatory funding would also provide funding levels that are necessary to meet our commitments to American Indians and Alaska Natives, and provide high quality health care services.

The Budget proposes an additional $20 million to offer additional IHS Scholarship and Loan Repayment Program awards, bolstering recruitment and retention efforts through these two high demand programs, and through other strategies.

The Budget also proposes an additional $27 million to offset the increasing costs of central assessments charged to the IHS by HHS since FY 2014. To address the growing cost of shared services at HHS, the IHS has delayed hiring and investments in critical systems, working to shield direct health care services to the maximum extent possible. However, the IHS is at a point where it can no longer sacrifice oversight and management of national health programs to absorb these rising costs.

The Budget also includes an additional $18 million to support the efficient and effective administration and oversight of national and area-level functions like financial management, human resources, grants management, acquisitions, Indian Self-Determination and Education Assistance Act contracting and compacting administration, contract support costs and tribal lease payments administration, performance measurement, compliance, and other administrative activities and systems.

Question 4b. Do you believe underfunding of administrative costs would impact your ability as IHS Director to strengthen the Service's business operations and patient services?

Answer. Additional resources are necessary to strengthen business operations and patient services at the IHS. I strongly support the FY 2023 President's Budget, which requests funding to dramatically increase access to health care services and to strengthen business operations at the Agency.

Question 5. Your response to question F–7 also identified health information technology (I.T.) modernization as one of the top three challenges facing the IHS. How has your experience working in different roles within IHS informed your determination that I.T. modernization should be a top priority?

Answer. One of my priorities is strengthening and streamlining IHS' business operations to better support the delivery of health care by creating a more unified health care system that delivers the highest quality of care. This requires using the latest technology to develop a number of centralized systems such as a centralized electronic health records (EHR) system so data follows the patient wherever they choose to seek care within the IHS system and better data sharing to improve patient outcomes. Having modern and efficient system is key to improving the organization.

A modern and capable electronic health record is vital to support high-quality care in our communities. Working in different roles at IHS has exposed me to the broad EHR needs of our patients, providers, and offices that are vital to meeting the IHS Mission. Patients need access to their medical records, scheduling, and other tools to engage and participate in their healthcare. Our providers need modern tools that meet their needs and are easy to use. The various offices in IHS need high-quality data to analyze and review to provide data-driven decisions.

Question 5a. If confirmed, how would you make sure the current IHS electronic health record modernization initiative spans a few years instead of a few decades?

Answer. If confirmed as IHS Director, I commit to prioritizing the budget and work necessary to accelerate the Health IT Modernization Program. The work includes implementing hundreds of sites; it will take several years to completely transition the existing Resource and Patient Management System databases to a new enterprise solution.

Question 5b. If confirmed, will you prioritize making sure IHS's I.T. investments work with other electronic health systems, like those used by the VA, Tribes, and urban Indian organizations?

Answer. If confirmed as IHS Director, I commit to continue the work necessary to provide interoperability with the VA, Tribes, and UIOs who are using a variety of commercial packages. The Health IT Modernization program will use standards-based approaches to ensure the right information is available to our patients and providers to support high-quality care. IHS and the VA have completed an interoperability pilot through eHealth Exchange.

Question 6. In response to question F–15 of the Committee's nomination questionnaire, you stated, "I believe the proper relationship between myself and the Inspector General is a working transparent partnership on all matters related to the IHS Agency to ensure appropriate accountability and responsiveness. This includes, but is not limited to, not impeding the Inspector General's work in any way as it relates to the IHS Agency and the policies thereof." If confirmed, how would you ensure IHS maintains a transparent partnership with the Office of the Inspector General and other federal oversight bodies?

Answer. I place a high priority on fostering a positive relationship with oversight bodies and specifically with the HHS Office of Inspector General (OIG) and the Government Accountability Office (GAO). Building and sustaining that relationship involves time and commitment. The IHS first line of contact with OIG and GAO is often through the IHS Liaison(s) to those organizations. This liaison official is knowledgeable about IHS programs and information systems and facilitates prompt and responsive answers to information requests received during the course of OIG or GAO engagements. The liaison role creates a pathway of ongoing communication and relationship building, promoting accountability and timely, responsive information. Additionally, our partnership with oversight bodies is strengthened through frequent training of IHS staff, which would include collaborative training opportunities together with the oversight bodies to ensure IHS staff understand their reporting responsibilities and also the roles and authorities of the oversight bodies. A recent example of collaborative work with the OIG/Office of Investigations is the establishment of the IHS–OIG special hotline for reporting of child abuse and sexual abuse. If confirmed, I am committed to working in partnership with OIG, ensuring prompt resolution of findings and recommendations from each of the OIG components involving investigations, audits and evaluations, and also working with GAO audits and investigations to obtain the highest level of integrity and quality of IHS services and functions.

Question 6a. As IHS Director, would you commit to striving for similar levels of transparency and cooperation in your relationship with Congress?

Answer. If confirmed as IHS Director, I commit to striving for similar levels of transparency and cooperation with members of Congress and appropriate Congressional authorizing and appropriation Committees, consistent with current and applicable laws.

Question 6b. If confirmed, what steps would you take to increase IHS's transparency and communication efforts with Tribal leaders and Native communities on

how the agency reaches key decisions that affect providing health care in Indian Country?

Answer. If confirmed as IHS Director, I commit to working towards improving communication within the organization and with Tribes, UIOs, the public, and other external stakeholders. This includes carrying out tribal consultation activities consistent with the current Executive Order, Presidential Memoranda, and the HHS and IHS Tribal Consultation Policies. I will strive to consider all perspectives received during Tribal consultation when making decisions that impact tribes. I will ensure that all major decisions are communicated to Tribal Leaders as expeditiously as possible. The IHS Strategic Plan FY 2019–2023 identified the need to improve communication and collaboration across the system. To help address this need, I will strengthen program management and operations with an objective to improve communication within the organization with Tribes, Urban Indian Organizations, Members of Congress and other stakeholders, and with the general public.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. MARIA CANTWELL TO ROSELYN TSO

Question 1. I have heard from multiple Tribes in my state about significant administrative lapses that are negatively impacting Tribal members' ability to receive essential healthcare services. Unpaid bills, lost paperwork, unanswered calls and processing backlogs have led to health care providers threatening to cut off services to Tribal members. I have also heard these delays, in several cases, resulted in Tribal members being turned over to collection agencies and their credit being negatively impacted. Can you detail how you would address this mismanagement as Director of the Indian Health Service?

Answer. If confirmed as the IHS Director, I would continue oversight reviews conducted by subject matter experts and peers and ensure the reviews are conducted on a regular basis with outcomes documented as best practices, effective processes, or corrective action plan requirements.

Question 1a. If confirmed to serve as Director of the IHS, will you commit to responding with additional information, in writing, on the management adjustments needed to address these issues and better ensure IHS is paying bills, responding to claims, and communicating to Tribal members are healthcare providers?

Answer. If confirmed, yes, I commit to responding in writing with information on the management adjustments needed. The IHS will continue to closely monitor the Purchased/Referred Care (PRC) Program and claims processing activities in the Portland Area.

Question 2. The Indian Health Service plays a critical role in supporting self-governance, particularly in supporting Tribes and Tribal organizations that administer IHS services. Can you talk about the importance of Tribal self-governance?

Answer. The IHS supports self-governance because it strengthens the nation-to-nation relationship between the United States and Indian Tribes. The IHS respects the choices of Tribes to exercise their inherent right to self-determination and self-government in assuming the responsibility of providing health care services to their communities. The agency is committed to working with Congress and tribal leaders across the nation to implement self-governance authorities. The benefit of the IHS Tribal Self-Governance Program (TSGP) is the flexibility for Tribes to assume health care programs and services formerly carried out by IHS and tailor those programs to the needs of their communities. The TSGP is and has always been a tribally driven initiative, and strong federal-Tribal partnerships have been critical to the program's success.

Question 2a. Other than general, nationwide Tribal consultation, what specific steps would you take to incorporate Tribal input as IHS addresses contract support costs and self-governance contracts?

Answer. If confirmed, I commit to carrying out tribal consultation activities consistent with the current Executive Order, Presidential Memoranda, and the HHS and IHS Tribal Consultation Policies. Regular and meaningful consultation with Tribes is a cornerstone of our government-to-government relationship between the United States and Tribes, and is essential for a sound and productive relationship with Tribal nations. I will continue to support our work with Tribal Leaders during the IHS budget formulation process, which leads to IHS prioritization of funding requests, which includes contract support costs and self-governance compacts. The Director of IHS is uniquely positioned to champion the importance of Tribal and Urban Indian Organizations' input during this budget formulation process and I

would use every opportunity to work within our budget formulation process with IHS's Office of Finance and Accounting and appropriate offices within IHS.

Question 2b. If confirmed, will you commit to securing resources for self-governance contracts at IHS?

Answer. If confirmed, yes, I commit to working within our budget formulation process, which prioritizes our funding requests annually, to address resources for self-governance compacts at IHS.

Question 2c. Will you commit to working directly with Tribes to improve how IHS communicates with Tribes and Tribal organizations that administer IHS programs?

Answer. Regular and meaningful consultation with Tribes is a cornerstone of our government-to-government relationship between the United States and Tribes, and is essential for a sound and productive relationship with Tribal nations. I am committed to carrying out tribal consultation activities consistent with current Executive Orders, Presidential Memoranda, and the HHS and IHS Tribal Consultation Policies. I fully support the work of the IHS Director's Workgroup on Tribal Consultation. Currently, this workgroup, consisting of both Tribal Leaders and federal representatives, is reviewing and preparing recommendations to improve the IHS Tribal consultation policy and process.

Question 3. The Indian Health Service works closely with Urban Indian Organizations to deliver healthcare to American Indians and Alaska Natives who live in urban settings. An issue that has impacted Urban Indian healthcare organizations is securing 100 percent Federal Medical Assistance Percentage, which the Indian Health Service and Tribally-operated clinics have had since the 1970s. If confirmed can you commit to supporting efforts to secure permanent 100 percent FMAP for Urban Indian Organizations?

Answer. If confirmed, yes, I commit to supporting efforts to secure permanent 100 percent FMAP for Urban Indian Organizations.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. JON TESTER TO ROSELYN TSO

Question 1. An independent report commissioned by the Indian Health Service found that the agency willfully ignored the case of Doctor Weber, a doctor who sexually abused boys on both the Blackfeet and Pine Ridge Reservations for years. Can you tell me what steps you will take to ensure that IHS addresses this systemic failure?

Answer. There is no more important priority at IHS than the protection of our most vulnerable patients, our children; and there is no more important job than protecting them from abuse and instilling a culture of accountability. Should I be confirmed, IHS will work to standardize the practices of our facility's Governing Boards to provide oversight at the Area and Headquarters levels. Different approaches to provider misconduct and substandard performance from each of the different IHS Areas has yielded an inconsistent, confusing, and counterintuitive response. Moreover, it has left IHS vulnerable since leadership has less oversight authority. This problem was a key finding from the Government Accountability Office in their 2020 report, Indian Health Service: Actions Needed to Improve Oversight of Provider Misconduct and Substandard Performance.

Further, I would continue the work already underway to standardize IHS's governance process, building on the pilot project in the Bemidji Area with its implementation in the Billings, Oklahoma, and Nashville Areas. In addition, IHS will work on ensuring proper credentialing and vetting of IHS providers as well as distributing information to all IHS facilities when conduct or competency issues with a provider occurs to prevent him or her from moving from facility to facility. This process will ensure that only qualified providers are working within the IHS system.

These steps will ensure that IHS leadership can properly oversee operations at individual facilities. In addition, if confirmed, I will continue to emphasize building a culture of accountability within the agency, stressing a duty for every IHS employee to report suspicious activity, publicizing the 1–855–SAFE–IHS tool for reporting suspected child abuse or sexual abuse, and ensuring that anyone with a report of abuse can come forward without fear of retaliation. These steps are essential to ensuring that our children are safe while receiving care within the IHS system.

IHS is committed to working with Congress, HHS OIG and local enforcement agencies, and tribal and urban Indian organization leaders across the nation to ensure we can protect the health and wellbeing of the patients we serve. If confirmed, I will do all I can to continue to improve and sustain the culture of care throughout the IHS.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. CATHERINE CORTEZ MASTO TO ROSELYN TSO

Question 1. The American Rescue Plan Act investments included a focus on Urban Indian Organizations (UIOs) that provide critical health services to thousands of urban Natives. But concerning reports have emerged that IHS has been slow to get these dollars to the frontline providers who need them. Based on your experience, do you see opportunities for improvement in getting appropriated funds into the hands of tribal communities?

Answer. During my tenure as Area Director for the Navajo Area, and my experience with the Navajo Nation, I have worked to ensure timely and efficient distribution of funds to the IHS and Navajo facilities and health programs within the Navajo Nation. I believe there are ample opportunities for improving the distribution of appropriated funds to Tribes. Since I am currently the Navajo Area Director, I am not currently working at IHS Headquarters and have not been involved in issues related to funding distributions to UIOs. However, if confirmed as IHS Director, I commit to work with the relevant finance and program experts to ensure timely and efficient distribution of funding to IHS, Tribal, and Urban Indian health programs.

Question 2. The red flags that were missed or flatly ignored, from displays of classic grooming techniques to outright allegations of criminal activity by whistleblowers in the Weber case is appalling. HHS as a whole is still managing the response to Mr. Weber's horrific crimes, and more needs to be done to ensure accountability and prevent future incidents. Should you be confirmed, how will you approach this issue as the leader of this agency?

Answer. There is no more important priority at IHS than the protection of our most vulnerable patients, our children; and there is no more important job than protecting them from abuse and instilling a culture of accountability. Should I be confirmed, IHS will work to standardize the practices of our facility's Governing Boards to provide oversight at the Area and Headquarters levels. Different approaches to provider misconduct and substandard performance from each of the different IHS Areas has yielded an inconsistent, confusing, and counterintuitive response. Moreover, it has left IHS vulnerable since leadership has less oversight authority. This problem was a key finding from the Government Accountability Office in their 2020 report, Indian Health Service: Actions Needed to Improve Oversight of Provider Misconduct and Substandard Performance.

Further, I would continue the work already underway to standardize IHS's governance process, building on the pilot project in the Bemidji Area with its implementation in the Billings, Oklahoma, and Nashville Areas. In addition, IHS will work on ensuring proper credentialing and vetting of IHS providers as well as distributing information to all IHS facilities when conduct or competency issues with a provider occurs to prevent him or her from moving from facility to facility. This process will ensure that only qualified providers are working within the IHS system.

These steps will ensure that IHS leadership can properly oversee operations at individual facilities. In addition, if confirmed, I will continue to emphasize building a culture of accountability within the agency, stressing a duty for every IHS employee to report suspicious activity, publicizing the 1–855–SAFE–IHS tool for reporting suspected child abuse or sexual abuse, and ensuring that anyone with a report of abuse can come forward without fear of retaliation. These steps are essential to ensuring that our children are safe while receiving care within the IHS system.

IHS is committed to working with Congress, HHS OIG and local enforcement agencies, and tribal and urban Indian organization leaders across the nation to ensure we can protect the health and wellbeing of the patients we serve. If confirmed, I will do all I can to continue to improve and sustain the culture of care throughout the IHS.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. TINA SMITH TO ROSELYN TSO

Question 1. I am very concerned about the continued failure of various HHS agencies to properly share public health data with Tribal epidemiology centers and Tribal public health authorities as required by federal law and regulations. A GAO report released in March found systemic failures within HHS agencies to understand the law and have proper guidance to comply with the law. The GAO report included two recommendations for IHS-that the Director develop guidance for Tribal epidemiology centers on how to request data and that the Director develop and document agency procedures for reviewing these requests and making the data available. Will

you commit to implementing these recommendations expeditiously and working with other HHS agencies to emphasize the importance of data sharing with Tribal epidemiology centers?

Answer. If confirmed, yes, I commit to working to implement recommendations consistent with federal laws and regulations in partnership with other HHS agencies.

The Indian Health Service (IHS) maintains data sharing practices with Tribal Epidemiology Centers (TEC) using the IHS Epidemiology Data Mart. Since 2012, TECs have established data sharing agreements with the IHS under this protocol, which permits access to a limited data set of public health data from the IHS electronic health record for their respective area. While the practices are long established, I agree that we need better documentation on how TECs can request data and how IHS will review and process these requests.

Question 2. The IHS must be a steward of the federal government's trust responsibility and obligations to Tribal Nations. This is not just about informing Tribal Nations of actions or hosting listening sessions—it's about engaging in productive, bilateral dialogue to seek and implement Tribal guidance. If you're confirmed as the IHS Director, it is especially important that you engage with Tribal leaders to understand and address the unique healthcare issues in their individual communities. Can you explain your understanding of IHS's consultative responsibilities and how the process can be improved? Are you committed to robust and ongoing consultation with Tribes in all IHS Areas and Tribal Nations? How do you plan to achieve a collaborative, consensus-building relationship with Indian Country?

Answer. Regular and meaningful consultation with Tribes is fundamental to our government-to-government relationship and is essential for a sound and productive relationship. I am committed to carrying out tribal consultation activities consistent with current Executive Orders, Presidential Memoranda, and HHS and IHS Tribal Consultation Policies. I fully support the work of the IHS Director's Workgroup on Tribal Consultation. Currently, this workgroup, consisting of both Tribal Leaders and federal representatives, is reviewing and preparing recommendations to improve the IHS Tribal consultation policy and process.

Question 3. Self-governance contracting and compacting are one of the most successful and impactful federal Indian policies. Its basis is the acknowledgement of inherent rights and authorities of Tribes as sovereign nations determining their own destinies. Efforts to expand self-governance of HHS programs through the Indian Self-Determination and Education Assistance Act have sometimes been met with resistance, including for the successful Special Diabetes Program for Indians. The Biden administration has shown a commitment to expanding self-governance, and I hope that this commitment can continue. Do you support the expansion of self-governance authorities within HHS?

Answer. The IHS Tribal Self-Governance Program (TSGP) is beneficial because it provides flexibility for Tribes to assume health care programs and services formerly carried out by IHS and tailor those programs to the needs of their communities. The TSGP is and has always been a tribally driven initiative, and strong federal-Tribal partnerships have been critical to the program's success. As the Department is reviewing the proposal for expansion of self-governance throughout the Department, I am committed to sharing the IHS experience on self-governance and to educating sister agencies (e.g., the Administration of Children and Families and the Substance Abuse and Mental Health Services Administration) on Self-Governance and Self-Governance expansion, as opportunities arise and per request.

Question 4. IHS only spends about $4,000 per person each year, compared to the national average of nearly $10,000. This discrepancy exacerbates health disparities for Native and Tribal communities. The best way to start addressing this is by fully funding IHS and making funding mandatory. As Director, it will be your responsibility to propose mandatory or advanced funding proposals and make the case to Congress. Can Tribal Nations count on you to support and advance proposals for full, mandatory funding of IHS?

Answer. Yes, if confirmed as IHS Director, Tribal Nations can count on my support to advance proposals that secure full funding for IHS. With that in mind, I strongly support the FY 2023 President's Budget proposal, which proposes the first ever fully mandatory budget for the IHS. The Budget proposes $9.3 billion in FY 2023, and culminates in a total funding level of nearly $37 billion in FY 2032. This amounts to an increase of nearly $30 billion or almost 300 percent over the ten-year window. A mandatory budget for the IHS would provide stable and predictable funding to address the negative impacts of budget uncertainty. Mandatory funding would also provide funding levels that are necessary to meet our commitments to

American Indians and Alaska Natives, and provide high quality health care services.

Question 5. IHS's Tribally-operated facilities are an essential component of fulfilling the federal government's trust responsibilities to provide quality health care to Tribal communities. Are you committed to maintaining Tribally-operated health care services and supporting Tribal governments in administering health care services?

Answer. The Biden-Harris Administration is committed to upholding the United States' trust responsibility to Tribal Nations. If confirmed, I commit to upholding the Administration's commitment to Tribal Nations. Furthermore, I will endeavor to lead the IHS in a manner that builds upon the success of the ISDEAA. I firmly believe that the success of the IHS is dependent upon the success of Tribal and Urban clinics. In short, I am not only committed to maintaining tribally operated health services, I am committed to advancing tribally operated clinics and supporting the Tribal governments through robust Nation-to-Nation consultation.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. BEN RAY LUJÁN TO ROSELYN TSO

Question 1. The Albuquerque Area Southwest Tribal Epidemiology Center in New Mexico and Navajo Epidemiology Center are two of the 12 Tribal Epidemiology Centers (TECs) in the nation. I am committed to ensuring that these centers have access to HHS epidemiological data so they can better serve New Mexico Tribes and Pueblos.

The GAO released a report on March 4, 2022, noting that IHS, CDC and HHS need to take specific steps to ensure TECs have access to agency-generated epidemiological data, as required by federal law.

GAO's recommendations make it clear that IHS lacks consistent procedures to ensure Tribes and TECs can request and receive the data they are entitled to. For example, officials from seven of the 12 TECs that GAO interacted with said that IHS officials did not recognize that HHS is required by federal law to provide health data to TECs. Furthermore, IHS told GAO that it has not developed guidance for TECs on how to submit data requests or established written agency procedures for reviewing and responding to these requests because it believed that TECs' requests were infrequent and that IHS had successfully responded to all TEC requests. Conversely, TECs reported that they experience significant delays, often over a year, or limitations, in accessing IHS data. These obstacles make it difficult for TECs to adequately support Tribal and community leaders with public health decisionmaking, especially during the public health emergency. To date, all five recommendations made by the GAO in this report remain open, including two for the Director of IHS.

Ms. Tso, if confirmed, will you develop written guidance for Tribal Epidemiology Centers on how to request public health data from the IHS?

Answer. I appreciate GAO's careful examination of Tribal Epidemiology Centers' (TECs') access to public health data. IHS is committed to implementing GAO's recommendations and continuing to strengthen our data sharing relationships with TECs. If confirmed, I will work with the IHS Office of Public Health Support, IHS' primary office regarding public health data, to establish written guidance for TECs describing the IHS data available to TECs, how to request these data, agency contacts for making such requests, criteria for reviewing TEC data requests, and timeframes for responding to TEC requests as recommended by the GAO.

Question 2. Ms. Tso, how will you standardize and document agency procedures for reviewing Tribal Epidemiology Center requests and create a timeline by which these types of requests need to be approved?

Answer. If confirmed, I will work with the IHS Office of Public Health Support to establish documented Agency procedures on data sharing with Tribal Epidemiology Centers (TECs). These procedures will serve to standardize TEC data sharing practices and will include a description of the IHS data available to TECs, agency contacts for making such requests, criteria for reviewing TEC data requests, and timeframes for responding to TEC requests as recommended by the GAO.

Question 3. Ms. Tso, how will you communicate obstacles to sharing HHS epidemiological data with Tribal Epidemiology Centers and Tribes with Congress?

Answer. If confirmed, I will work with the IHS Office of Public Health Support to communicate semi-annual updates through IHS Statements of Action to the GAO in response to outstanding GAO recommendations on this matter, until closed. These updates will not only include highlights of progress made toward satisfying GAO recommendations, but also delineate any obstacles encountered or anticipated.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. LISA MURKOWSKI TO ROSELYN TSO

Question 1. Please explain how the Indian Health Service ensures uniformity in the application of Contract Support Costs (CSCs) policy?

Answer. The IHS CSC negotiation template is part of the CSC policy, IHM Exhibit 6–3-F. All IHS Area negotiators use the template to calculate CSC due to each ISDEAA awardee. The negotiation template is then shared with each awardee, negotiated with the awardee, and the agreed-upon amounts are entered in the agreement.

Question 2. What CSCs/eligible costs must be covered/reimbursed by the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act and IHS CSC policy?

Answer. Section 106 of the Indian Self-Determination and Education Assistance Act (ISDEAA) requires the agency to add "an amount" to the primary funding amount under the contract to reimburse the tribe for its contract support costs (CSC) (25 U.S.C. 5325(a)(2), (a)(3)(A)). Congress authorizes IHS only to pay CSC "for the reasonable costs for activities which must be carried on by a tribal organization as a contractor to ensure compliance with the terms of the contract and prudent management, but which normally are not carried on by the respective Secretary in his direct operation of the program; or are provided by the Secretary in support of the contracted program from resources other than those under contract" (25 U.S.C. 5325(a)(2)). Therefore, CSC can only be paid for the reasonable and necessary expenses that the contracting tribe must incur but which IHS would not have funded through the Secretarial amount, either because the federal government does not carry out the relevant activity or because the federal government would fund the relevant activity using funds other than those transferred to the tribe. Congress later clarified that CSC can cover both indirect and direct types of expenses (25 U.S.C. 5325(a)(3)).

Question 3. Please explain how in your view the Fort Defiance Indian Hospital Board could have been "erroneously overpaid" for so many years?

Answer. This overpayment should not have happened. If confirmed, I would work to ensure that lessons learned from this can be applied to prevent it from occurring again.

As you know, there were a few unique considerations in this circumstance. he Fort Defiance Indian Hospital Board (FDIHB) changed their method of negotiating indirect CSC; from 2010 to 2016, the FDIHB negotiated indirect-type costs with the IHS, which does not necessitate the use of an indirect cost rate. However, starting in fiscal year 2017 they negotiated an indirect cost rate with the HHS Division of Cost Allocation (DCA). In 2017 when the FDIHB submitted an indirect cost rate proposal to the HHS DCA, the proposal included all types of indirect costs, including costs for activities already transferred and funded in the Secretarial amount. The HHS DCA is subject to a separate set of statutes and regulations, thus properly awarded an indirect cost rate to FDIHB, and the HHS DCA did not take into consideration those costs already funded by the Secretarial amount. The ISDEAA requires IHS to assess which indirect cost activities were already funded and transferred under the Secretarial amount, and prohibits IHS from paying costs associated with those activities as CSC.

Question 4. Given your direct involvement with the Fort Defiance Indian Hospital Board will you recuse yourself from all matters relating to this case, if confirmed?

Answer. If confirmed, yes, I will recuse myself from this case consistent with current and applicable laws.

Question 5. The Indian Health Service has been the subject of numerous investigations on provider misconduct, including sexual abuse and physical assault and substandard performance. What steps have you taken to protect patients and employees from harm and what steps would you take as Director, if confirmed?

Answer. There is no more important priority at IHS than the protection of our most vulnerable patients, our children; and there is no more important job than protecting them from abuse and instilling a culture of accountability. Should I be confirmed, IHS will work to standardize the practices of our facility's Governing Boards to provide oversight at the Area and Headquarters levels. Different approaches to provider misconduct and substandard performance from each of the different IHS Areas has yielded an inconsistent, confusing, and counterintuitive response. Moreover, it has left IHS vulnerable since leadership has less oversight authority. This problem was a key finding from the Government Accountability Office in their 2020 report, Indian Health Service: Actions Needed to Improve Oversight of Provider Misconduct and Substandard Performance.

Further, I would continue the work already underway to standardize IHS's governance process, building on the pilot project in the Bemidji Area with its implementation in the Billings, Oklahoma, and Nashville Areas. In addition, IHS will work on ensuring proper credentialing and vetting of IHS providers as well as distributing information to all IHS facilities when conduct or competency issues with a provider occurs to prevent him or her from moving from facility to facility. This process will ensure that only qualified providers are working within the IHS system.

These steps will ensure that IHS leadership can properly oversee operations at individual facilities. In addition, if confirmed, I will continue to emphasize building a culture of accountability within the agency, stressing a duty for every IHS employee to report suspicious activity, publicizing the 1–855–SAFE–IHS tool for reporting suspected child abuse or sexual abuse, and ensuring that anyone with a report of abuse can come forward without fear of retaliation. These steps are essential to ensuring that our children are safe while receiving care within the IHS system.

IHS is committed to working with Congress, HHS OIG and local enforcement agencies, and tribal and urban Indian organization leaders across the nation to ensure we can protect the health and wellbeing of the patients we serve. If confirmed, I will do all I can to continue to improve and sustain the culture of care throughout the IHS.

Question 6. The IHS has had a difficult time recruiting and retaining medical personnel and administrative staff at the agency. In your view would any of the following help with recruitment and retention: direct hire authority, more competitive pay scales and expanded loan repayment programs?

Answer. Yes, in my view, direct hire authority, competitive pay scales and expanded loan repayment programs would help with recruitment and retention. Additionally, if confirmed, I will work with current IHS leadership and the IHS Office of Human Resources (OHR) to address vacancy issues at IHS. There are tremendous needs for healthcare professionals across the nation, especially in Indian Country. Staffing a rural and remote healthcare workforce is challenging for all healthcare organizations, and IHS is no different. There may be limited housing, education, basic amenities, and spousal employment opportunities. Some actions I would work with OHR would include:

- Workforce Development Programs—The IHS is preparing students to enter a health professions program and provide support throughout their educational and post-graduate training. A few examples include the IHS Grant, Extern, and Scholarship Programs.
- Incentives—The IHS uses various incentives to offer pay and benefits that are closer to what a health care provider would receive in the private sector. Some of these incentives include:

  —Title 5 and Title 38 Special Salary Rates, Recruitment, Retention, and Relocation (3Rs) incentives, including 3Rs incentive up to 50 percent of salary (base pay and locality pay) for exceptional nurses and clinical laboratory scientists, and the IHS Loan Repayment Program to assist in repayment of eligible educational loans. The IHS will conduct a Housing Subsidy Pilot Program to allow IHS management the discretion to extend optional housing subsidies to certain eligible medical personnel to enhance recruitment and retention efforts.
- Partnerships—The IHS uses strategic partners to assist in recruiting for IHS health provider vacancies. Some of these partnerships include the Health Research and Services Administration (HRSA) National Health Service Corps scholarship and loan repayment programs along with the HRSA Nurse Corps Programs. In addition, we partner with the Office of the Surgeon General/US Public Health Service Commissioned Corps to recruit candidates to areas of greatest need. IHS has also partnered with the Office of Personnel Management (OPM) to develop an Exit Survey to capture workforce trends in the agency.
- Marketing, Advertising and Outreach—The IHS has designed marketing, advertising and outreach materials and activities to attract and encourage health professionals to seek additional information about the IHS and to apply for Indian health provider positions. Some of the activities include: virtual career fairs and webinars, recruitment videos, social media network platforms, conferences and webinars. Enhanced marketing of the IHS mission and career opportunities is highlighted at these events.

RESPONSE TO WRITTEN QUESTIONS SUBMITTED BY HON. JOHN HOEVEN TO ROSELYN TSO

Question 1. The Indian Health Service (IHS) has an extensive network of facilities and services throughout the United States. Can you provide assurances that the Great Plains Tribes will have adequate access to you and your staff? If confirmed, will you commit to visit North Dakota's tribes in person to hear and observe first-hand, the health needs present in tribal communities located in our state?

Answer. I recognize and understand many of the issues facing the Great Plains and neighboring regions. If confirmed, yes, I commit to visit with the North Dakota tribes and maintain regular and meaningful consultation, which is fundamental to our government-to-government relationship and is essential for a sound and productive connection with Tribal nations as a whole. The IHS has a long-standing Tribal Delegation Meeting policy and process that provides opportunities for a Tribe to make a request or meet with IHS leadership to discuss Tribal issues or concerns. I am committed to carrying out tribal consultation activities per current Executive Order, Presidential Memoranda, and HHS Services and IHS Tribal Consultation Policies. Under my leadership, IHS will remain committed to working with Congress and tribal and urban Indian organization leaders across the nation to ensure we can protect the health and wellbeing of the patients we serve.

Question 2. Do you support the formation of partnerships between Tribes, IHS, and private doctors as one way to assist with increasing the number of IHS health care providers?

Answer. The IHS has several mechanisms that support our partnerships with tribal organizations and private providers. Tribal organizations provide specialty care that can be accessed by the patients of the IHS. In regard to private providers, this partnership is accomplished through Purchased/Referred Care (PRC) referral and also through telehealth access to private providers and specialists. With the new telehealth platform, we hope to greatly increase the number of providers that can be accessed over the next year. If confirmed, I plan to support and bolster these mechanisms and underlying partnerships.

Question 2a. As we discussed in-person during your hearing, I have heard concerns from dentists who would like to provide pro-bono services at IHS facilities but who have been dissuaded by burdensome credentialing requirements. With medical credentialing taking a substantial amount of time, what are your recommendations for streamlining the credentialing process for private physicians and other health care professionals so that access to health care on Tribal reservations can be improved and patients can see providers more quickly?

Answer. Credentialing and privileging is a very important process of reviewing the skills, training, and performance record of providers to ensure they have no significant findings in their professional or personal background. This vetting process is very important for maintaining and improving IHS quality. We are very careful to screen out any provider that could potentially be injurious to our patients. The actual credentialing process is not long, it is usually the background clearance that is most challenging. IHS is currently working to improve the credentialing process but there are some obstacles that must be alleviated.

- Malpractice insurance is imperative for a provider. Currently, FTCA coverage is not offered to most volunteers. Volunteering providers must obtain malpractice insurance.
- There should be consideration of providing FTCA coverage for IHS independent contractors and volunteers similar to that provided to IHS supporting personal service contractors as authorized by the Indian Health Care Improvement Act.
- Complete the standardization of the process through the standardization of the Medical Staff Bylaws that provide oversight of the credentialing and privileging processes.

If confirmed, I commit to working with the IHS leadership team to improve the credentialing system as we expand and enhance our use of the electronic credentialing and privileging program across the agency.

Question 3. The Fort Yates Indian Health Service Hospital was built in 1962 and needs significant updates. If confirmed, will you look into the timeline for updates and construction to the Fort Yates Indian Health Service Hospital, inform the Committee of when updates are scheduled to take place, and work with my office to expedite these improvements to the greatest extent possible?

Answer. If confirmed, yes, I will look into the timeline for updates and construction to the Fort Yates Indian Health Service Hospital and provide a status update

to your office and the Committee. We will work with your office to expedite improvements, to the extent possible.

Question 4. You began your career with IHS in 1984. What benefits do you believe being with the agency for such a significant period of time will bring you should you be confirmed as Director? Alternatively, how would you respond to critics who may suggest that your long tenure with the agency may make you resistant to making necessary changes at the agency?

Answer. I have worked at all three levels of the Agency, and this provided me with the unique exposure and understanding of the organization, especially my understanding of the ground level activities where patient care is provided which is paramount and essential to ensuring safe and quality health care. I also have decades of lived experience as a member of the Navajo Nation who has had to navigate the services provided by the Agency for myself, family, and friends. Because of both my professional and personal experiences, I understand how patients experience the system and where we need to focus to improve patient experience and health outcomes.

Additionally, throughout my career, I have held various leadership roles that provide me with a well-rounded understanding of the organization, as is demonstrated by the following examples. Within a relatively short period of time, I stood up a uniform governance process/oversight throughout the Navajo Area IHS; updated the organizational structure to better support a uniform business process and elevated essential programs to better meet patient care and tribal needs; reviewed and established a more efficient onboarding process of hiring essential staff into the agency; and created a quality program that can demonstrate and respond to key areas of the organization through uniform scorecards and reporting system. The organizational changes created under my leadership at the Navajo Area were instrumental in addressing the COVID–19 pandemic and has improved our overall relationship with the tribe the Navajo Area serves.

With respect to the critics regarding my length of service, I would respond that throughout my career I have served as a catalyst for change. My focus has been and continues to be to improve our health care system to better serve the population the IHS serves and ensure accountability throughout the agency. As an example, I established an organizational structure to support the agency priorities, and thereby ensuring deliverables are met in a timely and efficient manner. In part, I have successfully affected change through clearly developed expectations and outcomes that support the overall mission of the IHS.

Question 5. What are your top priorities for IHS under your leadership?

Answer. If confirmed, my top priorities for IHS under my leadership include:

- Strengthening and streamlining IHS' business operations to better support the delivery of health care by creating a more unified health care system that delivers the highest quality of care. This requires using the latest technology to develop a number of centralized systems such as a centralized electronic health records system so data follows the patient wherever they choose to seek care within the IHS system and better data sharing to improve patient outcomes.
- Addressing the workforce needs and challenges to provide quality and safe care. Each year, IHS loses too many skilled and experienced employees and struggles to replace them with qualified staff. In addition, there are a number of longtime leaders across the agency who are due to retire soon. The care the agency provides is only as strong as its workforce. IHS must improve its recruitment and retention efforts, enhance support and training for its workforce, and institute a strong succession plan to reduce employee turnover and ensure stability.
- Developing systems to improve accountability, transparency, and patient safety. This requires updating many of the agency's policies and programs and using its oversight authority to ensure these policies and programs are being implemented as intended to best serve Tribal communities.

Question 6. What are some examples of innovative plans or ideas that you have to help address the systematic challenges at IHS?

Answer. If confirmed, here are a few examples of innovative plans or ideas that I think would help address the systematic challenges at IHS:

- Create an executive leadership development program that supports strategic thinking and problem-solving skills, with emphasis on leading people and being results-driven. This type of a program will support the Agency to have a cadre of candidates to assume key leadership positions in a timely and efficient manner.

- Improve communication throughout the organization by widely sharing information (progress and expectations), including agency priorities, and providing clearly described deliverables that the entire organization works towards.
- Create an improved partnership with tribal communities and their leaders and develop communication strategies to better share information throughout Indian Country that supports improved patient care outcomes and public trust.
- Work to reduce the gaps in understanding of the organization by ensure that key leaders understand the foundation of the organization. Establishing this essential element supports the ability to ensure accountability and reduces the disconnections throughout the organization. Reducing the gaps will start within the IHS Headquarters.