



# Chairman Ken Calvert

*Subcommittee on Interior, Environment, and Related Agencies  
House Committee on Appropriations*

**Fiscal Year 2016 Budget Hearing - Indian Health Service  
February 11, 2015  
Opening Statement as Prepared**

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Good morning and welcome to this oversight hearing on the fiscal year 2016 budget for the Indian Health Service. Since this is the first hearing of this Subcommittee in the 114<sup>th</sup> Congress, let me take a moment to congratulate the new Ranking Minority Member of the Subcommittee, Representative Betty McCollum of Minnesota. Betty, you have been a respected leader on this Subcommittee for some time now and I very much look forward to continuing to work with you in this Congress, particularly on the many nonpartisan issues under this Subcommittee's jurisdiction, such as Indian health.

Let me also take a moment to congratulate and welcome the newest Members of our Subcommittee: Representative Mark Amodei of Nevada; Representative Steve Israel of New York; Representative Evan Jenkins of West Virginia; and Representative Derek Kilmer of Washington.

As many of us know, Mr. Kilmer's predecessor Norm Dicks was a cornerstone of this Subcommittee for more than 30 years and his leadership can still be felt today. For example, in fiscal year 2009, Chairman Dicks placed a renewed emphasis on Indian health in this Subcommittee that has continued through three successive chairmen. In fact, since 2010, the Indian Health Service budget as a percentage of the Subcommittee's total budget has grown from 13 percent to over 15 percent today.

The President's 2016 proposal would push this ratio to 16 percent by increasing the Indian Health Service discretionary budget by \$461 million, of which:

- \$147 million is to keep pace with medical inflation, population growth, and salary and benefit costs, in order to maintain current levels of service;
- \$55 million is to keep pace with rising Contract Support Costs;
- \$18 million is to keep pace with the additional staffing costs of new and expanded facilities;
- \$35 million is to reduce a critical maintenance backlog that currently stands at \$460 million;
- \$100 million is to step up efforts to complete the \$2 billion health care facilities priority construction list; and
- Another \$35 million is to address the \$1.9 billion sanitation facilities backlog.

Two years ago, then-Chairman Simpson convened an oversight hearing to determine whether funding increases in recent years for the Indian Health Service were making a difference. The

answer was a resounding yes, but that more needed to be done. Clearly, the 2016 budget proposes to do just that.

However, like the majority of my colleagues in Congress, I am disappointed that the increases proposed in fiscal year 2016 for the Indian Health Service, and many other agencies, are not offset by responsible cuts to lower priority spending elsewhere on both the discretionary and mandatory sides of the budget. For the majority of us in Congress, the goal here is to reduce the national debt—not add to it.

Nevertheless, there's no doubt that most if not all of us on this Subcommittee agree that funding for the Indian Health Service remains a priority in this bill. And so we will continue to work within our Subcommittee's allocation, to balance funding for Indian health with other programs in this bill, in order to pass an appropriations bill that fairly reflects the priorities of the Congress.

We are pleased to be joined today by Dr. Yvette Roubideaux, now the Senior Advisor to the Secretary for American Indians and Alaska Natives, who had previously been at the helm of the Indian Health Service for several years and now patiently awaits re-nomination by the President and confirmation by the Senate. We are also joined today by Mr. Robert McSwain, now the Acting Director of the IHS and formerly the Deputy Director. Mr. McSwain also served as Director of the IHS from 2007 to 2009. Thank you both for being here this morning. I look forward to working with you today and over the coming months to review this budget request, and to determine which of your priorities can be met in light of the Subcommittee's more limited allocation.

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