



# Chairman Ken Calvert

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

## **Fiscal Year 2018 Budget Oversight Hearing: Indian Health**

**May 24, 2017**

### **Opening Statement as Prepared**

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Good afternoon and welcome to this oversight hearing on the fiscal year 2018 budget for the Indian Health Service. Funding for Indian Country has been a nonpartisan priority of this subcommittee for many years now. Working together, we've begun to address the most urgent needs. And we are making a difference.

Contract support costs are now fully funded, freeing up funds for operations, and affording Tribes the capacity to run additional programs, rather than relying on the Federal government to do it for them. Funds to meet extraordinary medical costs for victims of disasters or catastrophic illnesses, which used to run out in the middle of the year, and led to the common refrain in Indian country, "Don't get sick after June," are now, finally, estimated to last the entire year. More children are receiving proper dental care. More teens are receiving the help and support they need to battle substance abuse and suicide. More providers are being recruited because we're helping to pay back their student loans. More new care facilities are opening their doors each year. The list of accomplishments goes on and on, and we are deeply proud of our work.

But we also recognize that we still have a long way to go before the health disparities in the American Indian and Alaska Native population, compared to the nation as a whole, become a thing of the past. That is why I am disappointed by the fiscal year 2018 budget proposal for the Indian Health Service, which would cut the agency's budget by \$301 million, or six percent, below the amount we just appropriated for fiscal year 2017.

The proposal contains none of the increases enacted for fiscal year 2017. It contains no additional funds to keep pace with tribal and federal pay costs, medical inflation, and population growth, in order to maintain current levels of service. It contains no funds to replace the dilapidated staffing quarters, or repay additional student loans, or make any extra effort, for that matter, to save the agency from its abysmally low recruitment and retention rates.

For the first time since 2011, when this subcommittee began to annually appropriate enough funding to reduce the maintenance backlog, the budget request proposes to drive the backlog upwards again. The average age of Indian Health Service facilities is four times the nationwide average. At current spending rates, any facility constructed in 2016 won't be replaced for 400 years. And yet the budget request proposes to cut the construction budget by \$18 million.

Earlier this year, the Government Accountability Office added the Indian Health Service to the list of highest risk programs across the Federal Government. Whether that addition will rally support

for IHS or, conversely, sink agency morale and recruitment even further, and exacerbate the agency's problems, remains to be seen.

But what is clear is this: The United States has a moral and legal responsibility to provide the highest possible standard of health care to American Indians and Alaska Natives. This responsibility is grounded in the earliest treaties between sovereign and equal nations, and it must not be compromised at the expense of lower priorities in the Federal budget.

Let me be clear: Congress must not balance the budget on the backs of American Indians and Alaska Natives.

With us today from the Indian Health Service to explain the budget request and answer questions are Rear Admiral Chris Buchanan, Acting Director of the Indian Health Service, Dr. Michael Toedt, Acting Chief Medical Officer, and Ann Church, Acting Director, Office of Finance and Accounting. Thank you all for being here today and for your public service to Indian Country.

Before we turn to your opening statement, I will ask our distinguished Ranking Member, Ms. McCollum, for any opening remarks.

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