



# **Chairman Ken Calvert**

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

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**Oversight Hearing:  
High Risk Programs for American Indians and Alaska Natives  
Education, Health Care, Energy  
May 24, 2017  
Opening Statement as Prepared**

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Good afternoon and welcome to this oversight hearing on programs within the subcommittee’s jurisdiction that the Government Accountability Office recently added to its list of highest risk programs across the Federal Government.

Since 1990, the GAO High Risk List has highlighted those government programs most in need of attention from Congress and the executive branch. The High Risk List differs from most GAO reports because once a program is put on the list, it has to earn its way off. Some programs have been on the list since its inception, leading some to draw comparisons to the 1977 Eagles’ hit, “Hotel California,” where “you can check out any time you like, but you can never leave.”

However, since 1990, twenty-three other programs have earned their way off the list, and in so doing have turned into models of how government should work, saving billions of dollars along the way. Today we’ll talk about three more programs that I expect to soon follow in those footsteps.

Since 2011, the GAO has published 14 reports pertaining to education, energy, and health care programs that serve federally-recognized Indian Tribes and their members. Those reports contain 41 recommendations for improvements. Thirty-nine recommendations are still open. Failure to implement these recommendations has literally put people’s health and safety at risk, which is precisely why these programs have been added.

For example, the GAO discovered that the Department of the Interior has failed to conduct annual health and safety inspections, and make expeditious repairs, at many of the 185 elementary and secondary schools under its purview. Also, for example, the GAO found that the Indian Health Service provides inadequate oversight of its hospitals and is unable to ensure that patients receive quality care. At a few locations, the situation has gotten so bad that the Centers for Medicare and Medicaid Services has cited the hospitals for putting patient health and safety in immediate jeopardy.

This subcommittee has stepped up its efforts in recent years to improve the situation in Indian Country—particularly in the very areas we’ll hear about today. To some, the addition of these programs to the High Risk List may seem like a setback. But I see this as an opportunity—not

only to raise awareness and support throughout Congress, but also to challenge this subcommittee and the new administration to provide the resources and the oversight to get these programs back on track. And the GAO has provided the roadmap to get there.

Now, some of our colleagues in Congress have argued against funding programs with significant management problems. I certainly can sympathize and in some cases even agree. But in other cases, management problems are a function of limited funding. We all know that it takes money to hire and retain good people. The programs we'll hear about today are challenged by both poor management and limited funding. Teasing those apart, so that we can chart a responsible path forward, is the challenge before us today.

We're joined today by three members of the GAO leadership team who will testify about their important work.

First up will be Melissa Emrey-Arras, Director of Education, Workforce, and Income Security, who will discuss education. Next we'll hear from Frank Rusco, Director of Natural Resources and Environment, who will discuss the BIA energy program. And last but not least let me welcome Kathleen M. King, Director of Health Care, to talk about the Indian Health Service.

We'll hear opening statements from each of you before turning to questions and discussion with members of the subcommittee. Before we begin though, allow me to first ask our distinguished Ranking Minority Member, Ms. McCollum, for any opening remarks she may wish to make.

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