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Udall: “We Must Do More” on Indian Health, Education, and Energy Programs’ “High-Risk” Designation

Video: <https://www.indian.senate.gov/hearings/oversight-hearing-gao-high-risk-list-turning-around-vulnerable-indian-programs/>

WASHINGTON — Today, U.S. Senator Tom Udall, Vice Chairman of the Senate Committee on Indian Affairs, joined Committee Chairman John Hoeven (R-N.D.) in leading an oversight hearing on the Government Accountability Office’s (GAO) designation of Bureau of Indian Affairs (BIA), Bureau of Indian Education (BIE), and Indian Health Service (IHS) programs as “high risk.” The hearing is the third in a series aimed at investigating GAO’s “high risk” designation of federal Indian programs.

At the hearing entitled “GAO High Risk List: Turning around Vulnerable Indian Programs,” Udall emphasized the significance of the committee’s oversight function.

“The real goal of the High Risk list -- and this committee’s focus on it -- is to make sure BIA, BIE, and IHS are working toward meaningful institutional change. We need to see evidence of cultural shifts within all three agencies

that will lead to proactive improvements in federal Indian program delivery,” Udall said.

Udall drew a connection between workforce succession planning and the success of long-term agency reform. He noted that 40 percent of Department of Interior employees will be eligible to retire within the next five years.

Udall then stressed the need for BIA and BIE to have workforce plans in place to address the looming wave of field expert retirements. Acting BIA Director Darryl LaCounte and BIE Director Tony Dearman agreed that workforce planning should be a priority for their agencies and responded that BIA and BIE recently hired workforce specialists to study needs.

Prior to the oversight hearing, the Indian Affairs Committee met for a business meeting to consider H.R. 1491, the Santa Ynez Band of Chumash Indians Land Affirmation Act of 2017. The committee ordered the bill reported favorable to the full Senate.

Udall’s opening statement as prepared is below:

Thank you, Chairman Hoeven. As you mentioned, this is our third hearing on the GAO High Risk Report for Indian programs. I appreciate your follow-through on this topic.

As this Committee is well aware, the federal government has trust and treaty obligations to provide vital services to American Indian and Alaska Native tribes.

GAO's review of Indian Programs helps ensure our government is living up to and respecting those obligations. But including Indian Programs on the GAO High Risk list confirms what many in Indian Country have reported to this committee – we must do better.

Year after year, tribal communities report gaps in federal programs. And in response, our federal partners point to workforce turnover and lack of resources as the source of programs' ineffectiveness.

The Gallup Indian Medical Center in my home state of New Mexico is a "case in point" -- just one of the most recent examples that show we must do more.

GIMC is located in a 59 year old facility with a 19 percent vacancy rate. Recent deficiencies at GIMC uncovered by the Centers for Medicare and Medicaid Services mean the facility is at risk of losing its accreditation – just like several hospitals in the Great Plains and, as of last week, an IHS facility in the Billings Service Area.

It is true that the root cause of many of GIMC's deficiencies can be traced to the facility's age and its struggle to recruit and retain staff. But these barriers to quality care are not impossible to overcome.

IHS leadership must prioritize deficiencies by requesting the resources they need to fully address the accreditation crisis in the Great Plains, Billings, and Navajo Service Areas.

And if IHS really wants to prevent this crisis from spreading even further, leadership must commit to realizing meaningful improvements in the way the Service is managed.

The real goal of the High Risk list -- and this committee's focus on it -- is to make sure BIA, BIE, and IHS are working toward meaningful institutional change. We need to see evidence of cultural shifts within all three agencies that will lead to proactive improvements in federal Indian program delivery.

So my questions for the panel today will focus on a central theme: Is institutional change actually happening? Or, are folks merely "checking boxes"?

I'm concerned that agency leadership is too focused on counting the number of GAO recommendations that have been closed. As GAO points out in today's testimony -- leadership should instead focus on addressing "systemic management weaknesses."

The road map to improving Indian program delivery requires Leadership commitment -- capacity building -- planning -- and careful monitoring.

The members of this committee must do all we can to address the federal government's shortcomings to improve accountability and administration of Indian Country programs.

I look forward to today's testimony from our witnesses.

And I hope we can have a frank discussion about the real impacts each agency's efforts are having on improvement.

Thank you.