

**Chairman Lisa Murkowski Opening Statement  
Committee on Appropriations Subcommittee on Interior, Environment,  
and Related Agencies**

**Hearing to review to Review the FY2017 Budget Request & Budget Justification  
for the Indian Health Service**

**March 9, 2016**

*(As prepared for delivery)*

I'd like to welcome everyone this morning to the second hearing of the Interior Appropriations Subcommittee for Fiscal Year 2017. Today we will examine the budget request for the Indian Health Service (IHS). I want to thank Mary Smith, Principal Deputy Director for the Indian Health Service for appearing before us today. Ms. Smith was named to the top position at the agency last week and we wish her well. The head of the IHS is a tough job. It is also a critical job for us in Alaska, where all of the health care for Native Alaskans is delivered through compacts between tribal organizations and the IHS.

Ms. Smith is accompanied by Elizabeth Fowler, Deputy Director for Management Operations, and Gary Hartz, Director of the Office of Environmental Health and Engineering.

Last year, we started what I hope will be a tradition - we held the first IHS budget hearing in over 5 years. With a budget of over \$5 billion, yet a seemingly limitless number of needs for health care delivery for Native Americans, it's critical that this subcommittee exercise a strong oversight role to make sure scarce resources are spent as efficiently as possible.

The IHS budget request for FY 2017 is \$5.185 billion for programs within this subcommittee's jurisdiction. This is an increase of \$377 million, or 8% above last year's enacted level.

There are worthy increases in this budget, including \$82 million for contract support costs. I am pleased this budget fully funds these costs and adopts the approach I put forward in the Senate bill for FY 2016 which establishes a separate, indefinite appropriation for contract support costs to ensure these legal obligations are met and other programs will not be affected.

Other important increases include, \$132 million to address the more than \$2 billion backlog on the current Health Care Facilities Construction list, and \$15 million for the Substance Abuse and Suicide Prevention program with a particular focus on youth.

I'm particularly interested in the initiatives in your budget to address substance abuse, suicide, and domestic violence. These are enormous problems throughout Indian Country and are particularly acute in Alaska. The statistics are truly devastating. One out of every three American Indian or Alaska Native women will be sexually assaulted in her lifetime; the alcohol related death rate for Native Americans is 6 times greater than the rest of the population; and the suicide rate for 15-24 year olds is 2.5 times the rate for other ethnicities.

We've had a very courageous group of young people from Tanana, Alaska who have spoken out about these issues in their community over the past few years. They have written what's known as the "Tanana Pledge" to encourage Native Alaskans around the state to stand together against suicide. Only a few weeks ago, dozens of youth in the remote Alaskan village of Kwethluk, took a stand against drugs and alcohol in their community. They marched in the streets of their village with homemade signs, and said frankly and powerfully, "enough is enough!"

In an effort to push for more effective ways to address issues like suicide among Indian youth, I sent a letter last December to Secretary Burwell with 11 other senators, including Ranking Member Udall, concerning the issue of complex trauma. In that letter, we asked that the Department of Health and Human Services develop a coordinated interagency approach that incorporates the growing evidence that complex childhood trauma is often the underlying cause of substance abuse and youth suicide.

I see that your budget discusses trauma-informed care and indicates that the agency's Mental Health and Social Service program provides training and work-force development to IHS and Tribal healthcare providers to incorporate culturally relevant and trauma informed approaches. When we get to the time for questions, I would like to learn more about what IHS and the Department of Health and Human Services as a whole are doing in this area. It's absolutely critical that we make better progress on these issues.

Finally, I'm extremely concerned with the situation at the IHS Rosebud Hospital on the Rosebud Indian Reservation in South Dakota. Conditions at the hospital are so bad that IHS sent out a notice on March 1, indicating that the Center for Medicare and Medicaid Services (CMS) will terminate its provider agreement with the hospital effective March 16th. This will mean that IHS can no longer bill for Medicare and Medicaid services and that in many instances tribal members will have to travel long distances to get care.

There have been cases reported in the press where employees at Rosebud were washing surgical instruments by hand because the hospital's sterilization machine was broken for 6 months, and a case where staff members left a pregnant woman unattended and she delivered her premature baby on the floor of a hospital bathroom.

This is simply unacceptable. We need to hear from you today what the Indian Health Service and Health and Human Services is doing to rectify this situation and when the hospital can restore its provider agreement with CMS.

Thank you to the witnesses for being here. I now turn to Ranking Member Udall for any comments that he would like to make.

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