

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT

OF

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INDIAN HEALTH SERVICE

BEFORE THE

HOUSE NATURAL RESOURCES SUBCOMMITTEE ON INDIAN, INSULAR

AND ALASKA NATIVE AFFAIRS

HEARING ON

**H.R. 4289 - TO PROVIDE FOR THE CONVEYANCE OF CERTAIN
PROPERTY TO THE TANANA TRIBAL COUNCIL LOCATED IN TANANA,
ALASKA, AND TO THE BRISTOL BAY AREA HEALTH CORPORATION
LOCATED IN DILLINGHAM, ALASKA, AND FOR OTHER PURPOSES.**

May 18, 2016

STATEMENT OF THE INDIAN HEALTH SERVICE

Chairman Young and Members of the Committee:

Good morning. I am Gary Hartz, Director of the Office of Environmental Health and Engineering of the Indian Health Service (IHS). I am pleased to have the opportunity to testify on H.R. 4289, a bill to provide for the conveyance of certain property to the Tanana Tribal Council located in Tanana, Alaska, and to the Bristol Bay Area Health Corporation located in Dillingham, Alaska, and for other purposes.

The Indian Health Service (IHS) plays a unique role in the Department of Health and Human Services (HHS) because it is a health care system that was established to meet federal trust responsibilities to American Indians and Alaska Natives (AI/ANs). The mission of the IHS, in partnership with American Indian and Alaska Native people, is to raise the physical, mental, social, and spiritual health of AI/ANs to the highest level.

The IHS provides comprehensive health service delivery to approximately 2.2 million AI/ANs through 28 hospitals, 62 health centers, 25 health stations, and 3 school health centers. Tribes also provide healthcare access through an additional 18 hospitals, 282 health centers, 150 Alaska Village Clinics, 80 health stations, and 4 school health centers. In support of the IHS mission, the IHS and Tribes also provide access to functional, well maintained, and accredited health care facilities and staff housing.

H.R. 4289 would provide for the conveyance by warranty deed of certain property located in Tanana, Alaska from the Federal Government to the Tanana Tribal Council in

Tanana, Alaska and certain property located in Dillingham, Alaska from the Federal Government to the Bristol Bay Area Health Corporation in Dillingham, Alaska.

Tanana Tribal Council

The Tanana Tribal Council (TTC) assumed responsibility for the provision of IHS-funded health care services in 1995 under the authority of the Indian Self-Determination and Education Assistance Act (ISDEAA). The Federal property described in H.R. 4289 is used in connection with health and related programs in Tanana, Alaska by the TTC. On July 5, 2007, the TTC requested transfer of 11.25 acres of property including land, buildings and appurtenances in Tanana, Alaska. On November 21, 2007, the IHS informed TTC of its intent to fulfill TTC's request. In order to fulfill the request, the IHS further informed TTC of requirements that need to be completed to execute the transfer including but not limited to a new plat subdividing the land if necessary; Phase I Environmental Site Assessment; environmental remediation of the property; demolition of certain buildings and structures; and, historical consultation with the State of Alaska. Since 2007, the IHS has collaborated with TTC to complete these transfer requirements and with the exception of on-going environmental remediation on a small portion of the land, the IHS anticipates that the requirements could be completed in time to execute a transfer via warranty deed under H.R.4289. IHS anticipates no conflicts related to work currently underway to transfer the property via quitclaim or if determined that the property will be transferred via warranty deed. If a warranty deed is executed under H.R.4289, the IHS will continue to work with the TTC and the State of Alaska to complete environmental remediation on the remaining portion of land where it is

required in accordance with the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (42 U.S.C. 9620(h)(3)).

Bristol Bay Area Health Corporation

The Bristol Bay Area Health Corporation (BBAHC) assumed responsibility for the provision of IHS-funded health care services in 1980 under the authority of the Indian Self-Determination and Education Assistance Act (ISDEAA). The Federal property described in H.R. 4289 is used in connection with health and related programs in Dillingham, Alaska by the BBAHC. On May 29, 2015, the IHS transferred 1.474 acres of land to the BBAHC via quitclaim deed. The documentation prepared in support of transfer via quitclaim deed will also support transfer via warranty deed.

IHS supports the transfers as furthering the Government-to-Government relationship that exists with American Indian and Alaska Native tribal governments. It is important to emphasize that, as a normal practice, IHS does not transfer properties via the warranty deed mechanism.

IHS believes there are technical issues with some of the bill's language pertaining to environmental liability and the reversionary clause and would like the opportunity to work with the committee to provide technical assistance on these matters.

We believe that reasons to use a warranty deed mechanism in future cases are limited. Traditionally, Alaska Tribes and Tribal Health Organizations (T/THO) have preferred to leave the title of facilities previously operated by the IHS with the Federal Government.

The majority of the health care facilities used by the Tribes in the other 35 states are located on tribally owned lands. This warranty deed transfer would be the sixth of its kind in Alaska. IHS recently issued five warranty deeds authorized by Congress to transfer parcels of land to the Maniilaq Association, Alaska Native Tribal Health Consortium, and Yukon Kuskokwim Health Corporation previously transferred through a quitclaim deed. On other numerous occasions, properties have been transferred to tribes and/or tribal health organizations through quitclaim deeds.

Although a warranty deed does not have a reversionary clause ensuring the property will continue to be used in support of federal health programs, we think retrocession of IHS programs is unlikely. We can count only four retrocessions since the 1975 enactment of ISDEAA. Three were only small program components which have been re-assumed by the Tribes. None of these retrocessions were in the Alaska Area.

Mr. Chairman, this concludes my testimony. I appreciate the opportunity to appear before you to discuss H.R. 4289. I will be happy to answer any questions the committee may have. Thank you.