

# GAO Highlights

Highlights of [GAO-17-587T](#), a testimony before the Committee on Indian Affairs, U.S. Senate

## Why GAO Did This Study

GAO's High-Risk Series identifies federal program areas needing attention from Congress and the executive branch. GAO added federal management of programs that serve Indian tribes and their members to its 2017 biennial update of high-risk areas in response to serious problems in management and oversight by Interior and HHS.

This testimony primarily summarizes the findings and recommendations from GAO's prior reports on the federal management and oversight of Indian education, energy resources, and health care, which are discussed in GAO's February 2017 High-Risk report. To conduct this work, GAO reviewed relevant federal laws, regulations, and policies; reviewed and analyzed federal data; and interviewed tribal, federal, and industry officials, among others.

GAO uses five criteria to assess an agency's progress in addressing high-risk areas: (1) leadership commitment, (2) agency capacity, (3) an action plan, (4) monitoring efforts, and (5) demonstrated progress.

## What GAO Recommends

As discussed in the February 2017 High-Risk Report, GAO made 41 recommendations—39 of which remain open—to Interior and HHS on management and oversight of federal programs for Indian tribes on education, energy, and health care. Sustained focus by Interior and HHS in implementing GAO's recommendations and continued oversight by Congress are essential to achieving progress in these areas.

View [GAO-17-587T](#). For more information, contact Melissa Emrey-Arras at (617) 788-0534 or [emreyarrasm@gao.gov](mailto:emreyarrasm@gao.gov)

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## HIGH RISK

### Actions Needed to Address Serious Weaknesses in Federal Management of Programs Serving Indian Tribes

#### What GAO Found

As discussed in GAO's 2017 High Risk report, GAO has identified numerous weaknesses in how the Department of the Interior (Interior) and the Department of Health and Human Services (HHS) manage programs serving Indian tribes. Specifically, these weaknesses were related to Interior's Bureau of Indian Education (BIE) and Bureau of Indian Affairs (BIA) in overseeing education services and managing Indian energy resources, and HHS' Indian Health Service (IHS) in administering health care services.

- **Education.** GAO found serious weaknesses in BIE's oversight of school spending and identified unsafe school conditions. For example, in 2014 GAO reported that BIE did not have written procedures and risk criteria to ensure that schools use federal funds to educate students. Further, GAO found that BIE staff lacked expertise and training to effectively oversee school spending. As a result, GAO found several instances of misused funds, including \$1.7 million for one school that was improperly transferred to off-shore accounts. In 2016, GAO also reported that deteriorating facilities and equipment contributed to unsafe conditions at BIE schools. At one school, GAO found seven boilers that failed inspection because of safety hazards, such as elevated levels of carbon monoxide and a natural gas leak. Though they endangered student safety, most of the boilers were not repaired until 8 months after inspection. GAO made 11 recommendations related to Indian education issues that remain unimplemented.
- **Energy resource management.** GAO found that BIA had inefficiently managed Indian energy resources and the energy development process. For example, in June 2015 GAO reported that although BIA's review and approval are required before Indian energy resources can be developed, BIA does not have a process or the data needed to track its review and response times. According to a tribal official, BIA's review of some energy-related documents took as long as 8 years and, during that time the tribe estimates it lost more than \$95 million in revenues. GAO recommended, among other things, that BIA develop a process to track its review and response times of energy-related documents. Interior stated that it will develop such a process by September 30, 2018. GAO has made 13 additional recommendations related to Indian energy development that remain unimplemented.
- **Health care.** GAO has found that IHS provides inadequate oversight of its federally operated health care facilities and of its Purchase Referred Care program (PRC). For example, in 2016 and 2017, GAO reported that IHS provided limited and inconsistent oversight of the timeliness and quality of care provided in its federally operated facilities, and as a result, could not ensure that patients received timely, quality care. GAO reported that, according to IHS officials, access to timely primary care at some facilities was hindered by outdated medical and telecommunications equipment, as well as an insufficient workforce. GAO also found that IHS had taken few steps to evaluate variations in the level of funds it allocated for the PRC program and concluded that IHS could not equitably allocate funds to meet the health care needs of Indians. GAO made 14 recommendations on Indian health care that remain unimplemented.