

**Mr. Charles Clement, President/CEO
Southeast Alaska Regional Health Consortium
Testimony before the
House Natural Resources Committee
Subcommittee on Indian, Insular and Alaska Native Affairs
Southeast Alaska Land Transfer Act of 2017, H.R. 1901
June 7, 2017**

Chairman LaMalfa, Congressman Young, and Ranking Member Torres, members of the Committee, I want to thank you for the opportunity to testify today.

My name is Charles Clement. I am the President and CEO of the Southeast Alaska Regional Health Consortium (SEARHC) and a member of the Metlakatla Tribe of Alaska. I bring you the greetings of our Board Chair, Ms. Kimberley Strong. I am honored to testify in strong support of the Southeast Alaska Land Transfer Act, H.R.1901.

SEARHC is an Alaska Native controlled non-profit tribal organization. We are authorized by the resolutions of 15 federally-recognized Alaska Native tribes to administer a comprehensive health care delivery system for the Tlingit, Haida, Tsimshian and other Native peoples of Southeast Alaska. This bill today is critical to our efforts to improve the care that we provide at Mt. Edgecumbe Hospital in Sitka, Alaska. We are developing plans to make critically needed upgrades to bring Mt. Edgecumbe into the 21st Century, but we need clear title to the land, currently held by IHS, in order to move forward with these upgrades. This is what H.R.1901 will accomplish.

SEARHC was founded in 1975 and is one of the oldest and largest Native-run health organizations in the United States. In 1976, we first contracted with the Indian Health Service (IHS) under the Indian Self-Determination and Education Assistance Act (ISDA) to take over management of the Community Health Aide Program serving our Tribes. In 1982, we expanded our contract to take over operation of the IHS Juneau clinic, recently renamed the Ethel Lund Medical Center, and in 1986 we expanded once again to take over operation of the Sitka Mt. Edgecumbe Hospital. For more than twenty-years we have provided health care services to the people of our region under a Self-Governance Compact with the Indian Health Service executed under Title V of the ISDA. Today, our service area stretches over 35,000 square miles, with no roads connecting most of the rural communities we serve.

Through our compact we operate twenty-eight community health clinic sites and one hospital. We have 950 employees ranging from specialized doctors in Mt. Edgecumbe to community health aides in our village clinics. Again, the facility most relevant to today's hearing is the Mt. Edgecumbe Hospital in Sitka.

The Mt. Edgecumbe Hospital (S' 'axt' Hit in Tlingit) is a 25-bed critical access hospital. We provide acute care, critical care, obstetrics, surgery, and perioperative care, as well as outpatient primary care and emergency services. At Mt. Edgecumbe we employ 458 individuals, including 25 doctors, 58 nurses, and 8 specialists. Last year we had 46,392 outpatient visits, performed 1,236 surgical procedures, had 502 inpatient admissions, and delivered 57 babies.

The Mt. Edgecumbe Hospital is critical to our ability to provide quality care throughout Southeast Alaska. SEARHC's top priority is therefore addressing the aging condition of the Hospital. This is why this legislation is needed, so we can secure necessary resources and make facility upgrades required for a modern 21st century hospital.

At 67 years old, the Mt. Edgecumbe Hospital is the oldest facility in Alaska and one of the oldest in the Nation. It was constructed toward the end of World War II by the War Department and through the 1950s focused largely on tuberculosis treatment. The hospital is in poor condition and ill-suited to a 21st century model of health care dominated by primary and ambulatory care facilities. SEARHC has therefore developed plans to make the critically needed upgrades required to bring Mt. Edgecumbe into the 21st century.

The need for H.R.1901 is simple. Title to the parcel underlying Mt. Edgecumbe Hospital, and those parcels adjacent to the hospital, is currently held by IHS, our primary partner in this project. SEARHC needs to hold unencumbered title to the land where the upgrades will be made. The bill therefore directs the Secretary of the Department of Health and Human Services to transfer approximately 19.07 acres of land located on the Mt. Edgecumbe campus to SEARHC by warranty deed.

The warranty deed transfer can only be accomplished through federal legislation, so we ask for this Committee's help and that of the entire Congress to achieve this result. In doing so we wish to call to the Committee's attention that the bill is identical to legislative measures Congress recently enacted for the Yukon

Kuskokwim Health Corporation, the Alaska Native Tribal Health Consortium, and the Maniilaq Association.

Last year the Senate Appropriations Committee directed IHS “to work with the Southeast Alaska Regional Health Consortium to formulate options for facilities upgrades and ultimately a replacement facility at Mt. Edgecombe [*sic*] in Sitka. The plan shall be submitted to the Committee within 180 days of enactment of this act.” S. Rep. 114-281, at 91. H.R. 1901 is a critical first step in the process of developing a comprehensive new plan for the delivery of health care across our massive service area. This language was retained when Congress adopted the FY 2017 Consolidated Appropriations Act in April of this year.

We understand that IHS may believe additional time is needed to effectuate any land transfer that Congress may authorize. While we are not wedded to the 180-day timeframe set forth in section 2(a) of the bill, we believe the transfer needs to happen promptly.

The idea of this land transfer is not new. To the contrary, we have worked on this for years, and finally, thanks to this legislation, we can see the light at the end of the tunnel. To help move things along, over the past year we hosted Alaska Area IHS staff at the Sitka campus, we met at IHS Headquarters, and we tracked weekly progress through informal check-ins with agency staff. Our dedicated staff have spent hours and hours researching and tracking down the needed documentation and clearances to transfer the land. From tribal resolutions to site assessments, each requirement was carefully tracked and monitored. SEARHC also paid for contractors to conduct hazmat surveys and historic determinations of eligibility for the Sitka campus properties. We took the initiative to coordinate with outside agencies that may have a stake in the land transfer including the FAA, the Bureau of Indian Affairs, the Alaska Historical Society, and the National Parks Service. We have received a letter of support from the Sitka Historical Society.

The agency’s apparent belief that several years, rather than several months, are needed to complete the transfer reflects a fundamental misunderstanding of the bill, and that the land transfer will go forward promptly thanks to this new authorizing legislation. It is precisely to forestall several more years of delay under existing law that this bill has been introduced.

We thank the Committee for its support for this measure and look forward to speedy approval of the bill so that desperately needed work can begin soon to upgrade this critical hospital.

