

United States Senate

WASHINGTON, DC 20510

May 16, 2019

The Honorable Gene Dodaro
Comptroller General of the United States
U.S. Government Accountability Office
441 G Street, N.W.
Washington, D.C. 20548

Dear Mr. Dodaro:

The Senate Committee on Indian Affairs has reviewed reports published by the Wall Street Journal and PBS Frontline that the Indian Health Service (IHS) service area leadership and facility-level management failed to appropriately respond to and address multiple accusations that former U.S. Public Health Service Commissioned Corps pediatrician Stanley Patrick Weber used his position within the Service to abuse Native youth over the course of several decades.¹

We fully condemn Mr. Weber's abhorrent criminal behavior and expect him to be prosecuted to the full extent of the law. But, as the Committee with oversight jurisdiction of the IHS, we are also deeply concerned by these reports of IHS management actions throughout Mr. Weber's tenure. These concerns grew as the Committee learned that IHS management not only failed to intervene and address reports of Mr. Weber's misconduct once they became aware of it, but they also knowingly allowed him to transfer to a different IHS facility – exposing children on the Pine Ridge Reservation to a child predator.

Previous oversight investigations by the Committee suggest that management failure to respond to incidents of misconduct is not limited to the Weber case. Of particular note, former Chairman Dorgan issued a report in 2010 documenting IHS's habitual use of transfers, duty reassignments, and administrative leave to side-step addressing employee misconduct and performance issue.²

Accordingly, we request that GAO address the following questions:

1. Does IHS currently have policies and procedures in place at all levels of the agency to require appropriate documentation of provider performance and/or personnel misconduct issues for members of the federal civilian service and U.S. Public Health Service Commissioned Corps?
2. Are service unit or service area managers adequately documenting and monitoring provider performance or misconduct issues?
3. What actions have officials at IHS Headquarters taken to provide oversight of service units and service areas actions related to personnel documentation and monitoring? Are these actions sufficient?

¹ Christopher Weaver et al., *A Pedophile Doctor Drew Suspicions for 21 Years. No One Stopped Him.*, WALL STREET JOURNAL (Feb. 8, 2019), <https://www.wsj.com/articles/a-pedophile-doctor-drew-suspicions-for-21-years-no-one-stopped-him-11549639961>.

² S. COMM. ON INDIAN AFFAIRS, 111TH CONG., IN CRITICAL CONDITION: THE URGENT NEED TO REFORM THE INDIAN HEALTH SERVICE'S ABERDEEN AREA (2010), <https://www.indian.senate.gov/sites/default/files/upload/files/Chairman-s-Report-In-Critical-Condition-12-28-10.pdf>

4. Does IHS's new employee credentialing system ensure that information regarding performance issues and misconduct is available for providers who work at multiple service units?
5. To what extent, since 2010, has IHS used transfers, administrative leave, and/or reassignments to address poor provider performance or misconduct?

As part of your review, we also request that GAO offers policy recommendations for any areas related to the above items which require improvement to protect patient safety.

Your prompt attention to these matters is greatly appreciated. If you or your staff have any questions about this request, please contact Jennifer Romero (Jennifer_Romero@indian.senate.gov) or Kim Moxley (Kim_Moxley@indian.senate.gov).

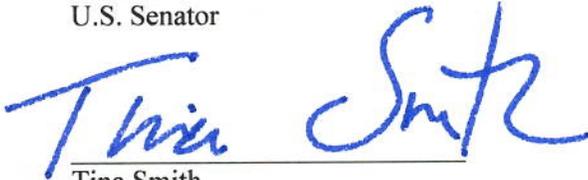
Sincerely,



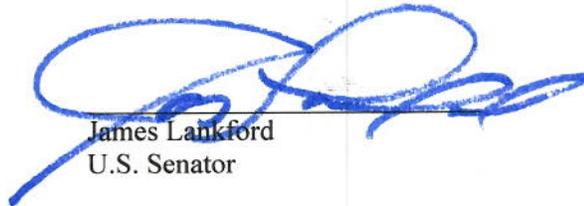
Tom Udall
U.S. Senator



John Hoeven
U.S. Senator



Tina Smith
U.S. Senator



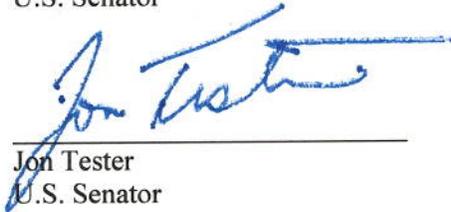
James Lankford
U.S. Senator



Catherine Cortez Masto
U.S. Senator



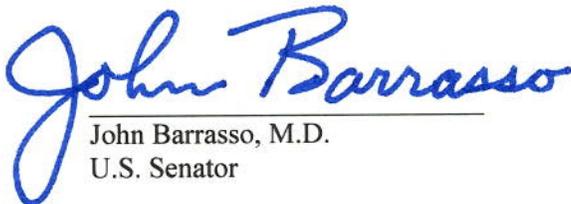
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