



For Immediate Release
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**Hearing Statement of Senator Max Baucus (D-Mont.)
Regarding Health Care and Child Welfare Services for Native Americans**

A Chief and Indian Wise Man named Shinguaconse once respectfully addressed a Government official. He said:

“My father, you have made promises to me and to my children. If the promises had been made by a person of no standing, I should not be surprised to see his promises fail. But you, who are so great in riches and power, I am astonished that I do not see your promises fulfilled.”

We would be ashamed, if Shinguaconse were here today. America is great in riches and power. But our health-care promises to America’s original inhabitants remain unfulfilled.

In 1976, Congress made promises when it passed the Indian Health Care Improvement Act, or IHCIA. IHCIA provided critical funding and improvements to ensure that our nation’s first people get access to health care.

But for the last 13 years, Native Americans have been waiting for Congress to fulfill those promises. For the last 13 years, we have seen Congress fail to reauthorize the law.

As a result, the current funding level for the Indian Health Service system is only 52 to 60 percent of the need. That means that in any given year, by the month of June, the only patients who can receive treatment in Indian Health Service hospitals are those with conditions that “threaten life or limb.”

Listen to the story of one 25-year-old Native American, a veteran of the Gulf War. He was diagnosed with a problem that required removal of his gall bladder. Now, gall bladder removal has become a pretty routine operation. But this young man could not be referred for surgery in an Indian Health Service hospital. His condition did not “threaten life or limb.”

So he had to wait.

So his gall bladder became inflamed. His kidneys and other organs shut down. Because of this needless delay, he will be on dialysis for the rest of his life. And we can trace that result back to a lack of adequate funding for his care.

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Listen to some other results of inadequate health care funding in Indian country: Native Americans younger than 25 years of age die at a rate three times that nationwide. Native Americans are three times more likely to die in accidents. Native Americans are four times more likely to die from diabetes. And Native Americans are seven and a half times more likely to die from tuberculosis.

As well, in Indian country, methamphetamine abuse is at an all time high. So today, we will also examine the links between substance abuse and the tribal child welfare system. In Montana, two-thirds of child welfare cases are related to substance abuse — primarily meth.

The child welfare system is also languishing because of inadequate funding. And the system also suffers from a lack of culturally-appropriate approaches to help tribal children to find loving, permanent homes.

I am proud to have worked last year with Senators Grassley, Rockefeller, Hatch, and Snowe to pass the Child and Family Services Improvement Act of 2006. This act provides \$140 million over five years to fund competitive grants to encourage collaboration and innovation across the country. These grants will help families to heal from addiction. And these grants will help to keep children from entering the child welfare system.

There is still much work to do. More than a third of foster children in Montana are Native American. Across America, most of the Native American children in foster care are under the jurisdiction of tribal courts. But Native American tribes that administer their own child welfare systems are not eligible for Title 4-E funds to run their programs.

We also need to think creatively about allowing children and loving family members the option of subsidized guardianship. Nearly 20,000 foster children, who cannot return to their parents, have found safe permanent homes with relatives.

We owe the first inhabitants of this great Nation medical care consistent with the medical care found in mainstream hospitals and clinics. We also owe their children a child welfare system that works for them. We must do all we can to provide help.

Last year, Congress came close to reauthorizing IHCA. Three committees favorably reported bills. In the Finance Committee, a bipartisan effort yielded the Medicare, Medicaid, and SCHIP Indian Health Care Improvement Act of 2006. This year, let us complete the job.

Let us heed the call of Shinguaconse. Let us act like a nation great in riches and power. And let us fulfill our health-care promises to the first Americans and to their children.

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