



Committee On Finance

Max Baucus, Ranking Member

NEWS RELEASE

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**Statement of U.S. Senator Max Baucus (D-Mont.)
Markup to consider original bills entitled the
“Medicare, Medicaid, and SCHIP Indian Health Care Improvement Act of 2006”,
and the “Improving Outcomes for Children Affected by Meth Act of 2006”
Senate Finance Committee Hearing**

Just outside Crow Agency, near Montana’s southern border, lies the Little Bighorn Battlefield National Monument. There, in 1876, the U.S. Government launched a military campaign against bands of Sioux and Cheyenne who refused to stay on the reservation. Those Sioux and Cheyenne sought to continue their traditional nomadic way of life.

General Armstrong Custer led the U.S. Army. Crazy Horse, Sitting Bull, and Chief Gall led the Indian warriors. Teachers around Montana and throughout the Nation still tell the story of their battle.

The battlefield was once named for General Custer. In 1991, it was renamed for Little Bighorn. The story of the battlefield’s name alone is emblematic of the changing relationship that the U.S. Government has had with Tribal governments throughout this great land.

In 2003, an Indian memorial was dedicated at the battlefield under the theme “Peace through Unity.” Today we carry on that theme of unity — unity among governments, peoples, and even Committees of the Senate — as we consider two important pieces of legislation.

Crazy Horse once said: “A very great vision is needed, and the man who has it must follow it, as the eagle seeks the deepest blue of the sky.” The two bills that we consider today were written with a great vision of the future. And it is our charge today to ensure that this great vision is fulfilled.

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First, we will consider the “Medicare, Medicaid, and SCHIP Indian Health Care Improvement Act.” This bill is a corollary to the “Indian Health Care Improvement Act,” which was reported by the Indian Affairs Committee last October.

The provisions that we consider today deal directly with programs within the Finance Committee’s jurisdiction. These provisions make needed changes to Medicare, Medicaid, and SCHIP to improve access to high-quality, culturally-appropriate health care throughout Indian Country.

This bill is crucial for the more than 66,000 Indians who live in Montana. And it is crucial for the millions of Indians living throughout America.

Indian people continue to experience significant health disparities. Indian life expectancy is two years less than that for the general U.S. population. The death rate from tuberculosis is six times higher for Indians. The Indian suicide rate is 60 percent greater than in the general population. About 12 percent of Indian homes lack a safe indoor water supply. And Indian people have the highest prevalence of type two diabetes of any population in the world.

Some of the financial and human cost of these disparities could be reduced with better access to preventative, accessible, and affordable health care.

The Indian population has grown by 65 percent over the last 16 years. But the Indian Health Service budget has grown by less than two percent a year. Today, funding for the Indian Health Service meets only 55 percent of what is needed to assure that Indian people get good care.

Today, we begin to change that picture. This bill is years overdue for Congress. It is generations overdue for the Tribes. I am proud to stand behind this piece of legislation. And I look forward to working with my Colleagues on the Indian Affairs Committee to pass the complete Indian Health Care Improvement Act.

The second bill that we consider today is the “The Improving Outcomes for Children Affected by Meth Act.”

I have made no secret of the struggle that Montana has experienced with the methamphetamine epidemic. I hope that this legislation will help to ensure that families no longer struggle in secret with addiction. I hope that this legislation will help to ensure that families can get effective and comprehensive treatment. And I hope that this legislation will help to ensure that children whose parents are addicted to meth no longer have to shuttle from one temporary solution to another, never to resolution.

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Today, we offer children affected by meth the hope of treatment for their parents. Today, with family treatment for meth-addicted parents, we offer those children an opportunity to heal with their parents. And today, we offer states strategies and lessons learned to combat the epidemic.

I commend the thousands of case workers, foster families, neighbors, and friends across the Country who work to provide safety, stability, and love for the more than half-a-million children in the nation's foster care system. I am committed to working on behalf of our child welfare system with Chairman Grassley and with Senator Rockefeller. Senator Rockefeller cannot be here today. But he has always been and continues to be dedicated to child welfare issues.

Reauthorization of the "Promoting Safe and Stable Families" program will help to support strong families. And I am pleased that this legislation also gives Tribes across our Country the ability to make much-needed improvements to the tribal child welfare system.

The Nez Perce leader Chief Joseph said: "The Great Spirit Chief who rules above all will smile upon this land . . . and this time the Indian race is waiting and praying."

The Indian Tribes and American children have long waited and prayed. And we have a long journey ahead of us, before their patience and prayers will be answered.

But I believe that today's markup sets us on the right course. And may the Great Spirit Chief, who rules above all, smile upon this enterprise, today.

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