

not a lot of money over 10 years, but it is meaningful to them. It means we can keep promises we have made to them.

In the other major areas of difference, I have provided some additional funding for prescription drugs—again, a plan that is very modest compared to what Members of Congress and Federal employees have. I have also suggested additional funding for transportation because we need it. We need to improve the efficiency of our transportation system in this country.

Those are the choices that are going to be before our colleagues. The plan I have offered today is a plan that will produce, as I have indicated, \$1.2 trillion less in deficits than the President's plan; over \$750 billion less in deficits than the Senate GOP plan. That is important. That is critically important. I hope my colleagues will take a close look at this plan. I welcome their support. I urge them to give full consideration to it.

Finally, the other major difference is on education. The plan I have offered would move us toward keeping the promise we made to States and local jurisdictions all across America when we passed the IDEA act. We promised we would provide 40 percent of the funding. We are doing half of it. That is not good enough. When the Federal Government makes a promise, it ought to be kept.

Tomorrow, under the rules of the Senate, we will not have time to discuss these options. We will not have much time for debate at all. There will be a minute a side before the vote is called. But all of us will be held accountable for the choices we make tomorrow. They are choices not just for tomorrow and not just for this year, they are choices for the next decade.

There has rarely been a more important decade in terms of the choices being made. What we are about to see is something that has never happened in this country before, a circumstance where we have this baby boom generation that almost overnight is going to double the number of people eligible for our retirement programs in this country. Nobody will be able to say 10 years from now, when the crunch really hits, gee, we had no idea this was going to happen. Our colleagues are on notice. They know.

We have presented now, over and over, in great detail, where we are headed. The choice is ours to make. I hope we make it wisely.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. DASCHLE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

The minority leader is recognized.

INDIAN HEALTH AMENDMENT TO THE BUDGET RESOLUTION

Mr. DASCHLE. Mr. President, through treaties and Federal statute, the Federal Government has promised to provide health care to American Indians and Alaska Natives. Sadly, we haven't come close to honoring that commitment. Tomorrow, I intend to offer an amendment to the budget resolution to rectify this situation.

The IHS is the only source of health care for many Indians, and is required to provide that help and that support, yet funding has never been adequate.

The chronic underfunding has grown even worse in recent years, as appropriations have failed to keep up with the steep rise in private health care spending.

While per capita health care spending for the general U.S. population is about \$4,400, the Indian Health Service spends only about \$1,800 per person on individual health care services. The Government also spends considerably less on health care for Indians that it spends for Medicare beneficiaries, Medicaid recipients, and veterans.

This level of funding is woefully inadequate to meet the health care needs of Native Americans—who have a lower life expectancy than other Americans, and disproportionately suffer from a number of serious medical problems. Indians have higher rates of diabetes, heart disease, sudden infant death syndrome, and tuberculosis. There is also a great need for substance abuse and mental health services.

More funds are needed at the IHS to provide necessary health care services to Indians.

The current shortage of funds has startling and disturbing results. Native Americans are often denied care that most of us would take for granted and, in many cases, consider essential. They can be required to endure long waits before seeing a doctor and may be unable to obtain a referral to see a specialist. As incredible as this may seem, many Indians and Alaska Natives seeking health care are subject to a literal "life or limb" test; that is unless their life is threatened or they risk losing a limb, their care is postponed. Others receive no care at all.

This rationing of care means that all too often Indians are forced to wait until their medical conditions become more serious—and more difficult and costly to treat—before they may have access to health care. This is a situation none of us would find acceptable. Yet today this is the reality in Indian country.

Last year, Gregg Bourland and Harold Frazier, then the chairman and vice chairman of the Cheyenne River Sioux Tribe, sent a letter to the IHS. This is how they describe the situation in Eagle Butte, SD:

In January and February 2002, the Eagle Butte Service Unit on the Cheyenne River Sioux reservation has been swamped with children with Influenza A, RSV [Respiratory Syntactical Virus], and one fatal case of

meningitis. There are only three doctors on duty, one Physician Assistant, and one Nurse Practitioner. The only pediatrician is the Clinical Director who will not see any patients, even though there is a serious need for the services of a pediatrician.

Several of these children have presented with breathing problems, high fever, and severe vomiting. The average waiting time at the clinic has been four and six hours. The average time at the emergency room is similar. Most babies have been sent home without any testing to determine what they have and with nothing but cough syrup and Tylenol. In at least three cases, the baby was sent home after these long waits two or more times with cough syrup, only to be life-flighted soon thereafter because the child could not breathe.

The children were all diagnosed by the non-IHS hospital with RSV [Respiratory Syntactical Virus]. No babies have died yet, but the Tribe sees no justification for waiting until this happens when these viruses are completely diagnosable and treatable.

It is absolutely unacceptable to put the lives of these children at risk. And we can do something to help. On more than one occasion, I have heard horror stories of pregnant mothers delivering children in circumstances that no expectant mother or child should have to endure.

For example, right now the service unit at Eagle Butte in South Dakota does not have an obstetrician. The Eagle Butte service unit is funded at 44 percent of the need calculated by the Indian Health Service. The facility has a birthing room and 22 beds, but there are only two to three doctors to staff the clinic, hospital and emergency room. Naturally, as a result, many children and expectant mothers do not receive the care they need and deserve. Due to budget constraints, the IHS policy is to allow only one ultrasound per pregnancy. The visiting obstetrician is available only every couple of weeks.

The story of Brayden Robert Thompson points out how dangerous this situation is. On March 3, 2002, Brayden's mother was in labor with a full-term, perfectly healthy baby. Brayden's umbilical cord was wrapped around his neck, but, without ultrasound, that went undetected. The available medical staff didn't know what to do about his lowered heartbeat, abnormal urinalysis or the fact that his mother was not feeling well. Despite the symptoms, IHS refused to provide an ultrasound or to send her to Pierre to see an obstetrician. Bryden was stillborn.

This tragic death was completely preventable, but tough choices are being made every day at IHS facilities throughout the country because there simply isn't enough money to provide the care that every American deserves.

The Pine Ridge Indian reservation in my State of South Dakota built a beautiful new hospital and health care center. In many ways, they are equipped to provide state-of-the-art, coordinated care. But they cannot retain healthcare professionals because of low payment schedules and inadequate training opportunities for local people.

Their shiny new labor and delivery rooms, surgery rooms and even dental

chairs stand empty, and individuals on the reservation are forced to travel long distances to receive these vital services. This also is the case on the neighboring Rosebud Indian reservation.

But this is not solely an Indian issue. It affects surrounding rural community hospitals, ambulance services, and other health care providers who work with IHS. For example, the Lake Andes-Wagner ambulance district in northeastern South Dakota is facing financial disaster, in part because they have not been reimbursed properly by the Indian Health Service.

This ambulance service offers emergency transport for citizens of Charles Mix County and Yankton Sioux tribal members, since the Wagner IHS hospital cannot afford to operate its own service. If this ambulance service shuts down, what will these residents—Indian and non-Indian—do when they face an emergency?

Bennett County Hospital in the southwestern part of South Dakota is located between the Pine Ridge and Rosebud Indian reservations, and suffers similar IHS reimbursement problems, as do other non-IHS providers in South Dakota and throughout rural America.

From 1998 to 2001, the most recent year for which IHS has data, IHS contract denials have increased 75 percent.

In his budget request for the next fiscal year, the President requested only \$1.99 billion for clinical services for Indians. This represents only a small increase over what the President requested for fiscal year 2003, and virtually no increase over what was finally included in the omnibus appropriations bill. We can and must do better.

The amendment I am proposing would increase funding for clinical services by \$2.9 billion over the President's request for fiscal year 2004. It is the minimal amount that is necessary to provide basic health care to the current IHS user population. The full cost over the next 10 years would be \$38.7 billion. The amendment also devotes an equal amount to deficit reduction, all offset by a corresponding decrease in the top tax rate reduction.

The amendment is cosponsored by Senators INOUE, BINGAMAN, DORGAN, MURRAY, WYDEN, JOHNSON, LEAHY, CANTWELL, REID, KENNEDY, and LIEBERMAN. It is also supported by a wide range of health organizations, native and non-native.

This budget resolution is a test of this Nation's priorities. Some will say that it doesn't matter, that it is purely symbolic. But the whole point of the budget resolution is to establish an enforceable fiscal framework and make room in our budget for needs that we believe are worthy of our national attention.

I know there are some in this body who honestly believe that it is more important to accelerate huge tax cuts for our Nation's wealthiest citizens than to provide Native Americans the health care they have been promised

but denied. Some defend that position by saying that someday, somehow, these Native Americans will benefit from the tax cuts extended to others, that the benefit will "trickle down" to them as well. It is their right to take that position, but they could not be more wrong.

A woman going into labor cannot wait for economic benefits to trickle down to her.

A child in respiratory distress cannot wait either. How is it possible that we can afford to delve deeper into debt to fund additional tax cuts for those doing relatively well in this country, but we cannot afford to dedicate a small fraction of that amount to fund the most basic health care services for some of the poorest people in America, today?

We must not tolerate this situation.

The problem is real; the solution is simple. Give the Indian Health Service the funds it needs to provide Native Americans the health benefits they were promised.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BURNS). The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. GRAHAM of South Carolina. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. CHAMBLISS). Without objection, it is so ordered.

ADDITIONAL STATEMENTS

LOCAL LAW ENFORCEMENT ACT OF 2001

• Mr. SMITH. Mr. President, I rise today to speak about the need for hate crimes legislation. In the last Congress Senator KENNEDY and I introduced the Local Law Enforcement Act, a bill that would add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society.

I would like to describe a terrible crime that occurred September 13, 2001 in Clarkston, GA. Four men cornered and assaulted a 22-year-old Sudanese man who was walking home late at night. The group of attackers stepped out in front of him and accused him of being involved in the terrorist attacks in New York. The men threatened, "You killed our people in New York. We want to kill you tonight." They shoved him against a wall and tried to stab him, slicing a hole in his shirt. Finally, when another Sudanese man rushed over to his friend's rescue, the four attackers fled.

I believe that Government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act is a symbol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.●

TRIBUTE TO PAULETTE CAREY

• Mr. BUNNING. Mr. President, I rise today to honor and pay tribute to Paulette Carey who was selected as the Veterans of Foreign Wars, VFW, National Citizenship Education Teacher Award winner for grades 6 through 8. She was chosen for her contributions as a teacher to classroom activities that have benefitted her students. Paulette was chosen among entries received from 53 VFW State and overseas headquarters.

As a teacher at Oldham County Middle School, Ms. Carey has demonstrated excellence in her classroom that has made all the difference in the lives of her students. Her commitment towards improving the quality of education in Kentucky's schools has proven her value as an educator.

I am glad that Paulette Carey chose to be a teacher in the Commonwealth of Kentucky, and it is a source of great pride to call attention to her excellence. The citizens from Oldham County are fortunate to call Paulette Carey one of their own. They are privileged to be served by such a fine educator. Her example should be followed by teachers across Kentucky.●

MESSAGES FROM THE PRESIDENT

Message from the President of the United States were communicated to the Senate by Mr. Williams, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

PETITIONS AND MEMORIALS

The following petitions and memorials were laid before the Senate and were referred or ordered to lie on the table as indicated:

POM-69. A resolution adopted by the Borough of Middlesex, State of New Jersey, relative to the releasing of first responder funds to municipalities; to the Committee on the Judiciary.

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POM-70. A joint resolution adopted by the Legislature of the State of New Mexico relative to fully funding the Federal Government's share of special education services in public schools; to the Committee on Health, Education, Labor, and Pensions.

SENATE JOINT MEMORIAL 1

Whereas, since its enactment in 1975, the Federal Individuals with Disabilities Education Act has helped millions of children with special needs receive a quality education and develop to their full capacities; and

Whereas, the Federal Individuals with Disabilities Education Act has moved children