

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 did not know what to do about his lowered heartbeat, abnormal urinalysis, or the fact his mother was not feeling well. Despite the symptoms, IHS refused to provide an ultrasound or to send her to Pierre, which is the closest city off the reservation, to see an obstetrician. Brayden was stillborn.

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

I received a letter not long ago from Michelle German about her daughter Brittany.

This is Brittany. I have the letter, and I will read portions of it. Michelle writes:

My daughter Brittany is thirteen years old and for the last couple of years has suffered from a skin disorder called polymorphous light erosion/eruption, which basically means she is allergic to UV rays (the sun). We had visited many doctors, at the Sisseton Indian Health Service and the Coteau des Prairie Clinic (also located in Sisseton) before being referred to a dermatologist in Fargo. . . . The Indian Health Service denied our request for a referral due to the lack of funding, but I find this very ironic because I had my own insurance. However, I was told that her condition has already been diagnosed, it is not life threatening and that the Indian Health Services were not going to be responsible for any debt that my insurance would not cover. Since this had all taken place, I had lost my job and my insurance. I find it frustrating that we were over income to qualify for Medicaid or the CHIPS program through the State of South Dakota!

To make a long story a little shorter, we have been doctoring back at the Indian Health Service and now we are battling the pharmacy because it does not carry the medication that has been prescribed to her by the dermatologist. Brittany has been [on] various medications throughout her clinic visits at the Indian Health Service without success. The prescribed medications, that are working, are not available through the Indian Health Pharmacy and I have been purchasing it from our local drug store in the amount of forty-five dollars per forty-five gram tube.

Brittany has gone through quite an ordeal because of the question "what is the matter with your face?" and now it is on her arms and legs which are beginning to scar due to the scratching. She has been limited to being kept indoors from the hours of 10 a.m. to 3

p.m. to prevent any outbreaks and the itchiness that follows. This is very hard for both of us because she is a very active teenager who enjoys playing golf, softball and swimming. We have had to change the type of clothing worn in the summer, the bathing soaps and lotions; she is now required to wear sunscreen and lip screen throughout her time outside. . . .

I could go on, . . . but I think you get the idea. I have attached a picture of my daughter when the skin rash started on her face for your review.

I hope this helps explain her story. We have case after case. This may not be life-threatening. But Brittany is not able to get the help she needs, the attention she needs, the treatment she needs, in large measure because IHS has said in her case they do not see a life-threatening problem.

This is not solely an Indian issue. It affects surrounding rural community hospitals, ambulance services, and other health care providers who work with the IHS.

The Lake Andes-Wagner ambulance district in southeastern 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 or non-Indian, do when they face an emergency?

Bennett County Hospital in southwestern South Dakota suffers similar IHS reimbursement problems, as do others in the non-IHS areas throughout rural America.

In his budget request for the next fiscal year, the President requested only \$1.9 billion for clinical services for Indians. This represents a very small increase over what the President requested for fiscal year 2003 and no increase over what was finally included in the omnibus appropriations bill. We can and we must do better.

The amendment I am proposing again would increase funding for clinical services by a mere \$292 million. I would like to say that this is the minimum amount that is necessary to provide basic health care to the current IHS user population, but I can't say that. The minimum amount necessary is an additional \$2.9 billion, and this is one-tenth of that amount.

Today, I am asking the Senate to live up to the commitment it made last March, to make that extremely modest \$292 million increase real by including it in this appropriations bill. It is nowhere near enough, and it is sorely needed to address the severe funding shortfall the Indian Health Service faces.

The cost of the amendment is offset by revenue raised from an extension of the customs user fee that will otherwise expire on September 30. We all agree the extension is inevitable. This will require only a small portion of those funds, and I can think of no better use for the money.

Native Americans are facing a literal "life or limb" test before they can access health care today. We are spending twice as much per capita on Federal prisoners' health than on the health care for the Indians to whom we promised full health benefits. We simply cannot tolerate this. The problem is real. The solution is simple. We must start giving the Indian Health Service the funds it needs to provide Native Americans the health benefits they were promised.

Let's take this modest step toward that end.

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

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

The legislative clerk proceeded to call the roll.

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

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

Mr. CHAMBLISS. Mr. President, I ask unanimous consent to proceed as if in morning business.

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

The Senator from Georgia.

(The remarks of Mr. CHAMBLISS pertaining to the introduction of S. 1635 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

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#### MORNING BUSINESS

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to a period for morning business.

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

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#### PESTICIDE REGISTRATION APPLICATIONS

Mr. COCHRAN. Mr. President, I ask unanimous consent to have printed in the RECORD a chart outlining the proposed decision time review periods for various categories of pesticide registration applications submitted to the Environmental Protection Agency.

There being no objection, the material was ordered to be printed in the RECORD, as follows: