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COMMENDING VERGENNES FIRE CHIEF RALPH JACKMAN FOR 50 YEARS OF SERVICE

Mr. LEAHY. Mr. President, I rise today to pay tribute to Ralph Jackman of Vergennes, VT. Mr. Jackman has been reporting for duty as chief of the Vergennes Fire Department for 50 years—since December 1, 1954.

Chief Jackman started with the fire department 8 years before he took over as chief. During his tenure a new station was built, the number of firefighters doubled, the number of vehicles tripled, and the budget more than quadrupled.

Though at 80 years of age Chief Jackman has given up fighting the fires himself, he continues to respond to calls and manage the volunteer department's paperwork and affairs.

I congratulate Chief Jackman and his family for over 50 years of service to the City of Vergennes and the State of Vermont. He has selflessly given so much to his community.

I ask unanimous consent that an editorial that appeared in today's Burlington Free Press be printed in the RECORD.

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

[From the Burlington Free Press, Dec. 8, 2004]

OPINION: TRUE PUBLIC SERVANT

Rare is the modern-day employee who stays in a job throughout his adult lifetime.

In sharp contrast stands Ralph Jackman, who has committed the last 50 years to the Vergennes Fire Department. That surely makes him one of the longest serving fire chiefs in the nation.

Jackman became chief of the department on Dec. 1, 1954, eight years after joining the force. And at age 80, don't expect him to retire anytime soon. Jackman's not actually battling blazes these days, but he's still in the thick of the action by managing the volunteer department's paperwork and overseeing the changes that have brought this fire department into the 21st century.

Among those changes was construction of a new fire station and a doubling of the number of firefighters.

He has also seen destruction and death. Jackman recalls in 1948 following a fire engine on the way to a blaze, and watching the engine crash into an oncoming car, leaving firefighter Lee Schroder dead.

His most memorable blaze was the Feb. 24, 1958, fire that destroyed much of downtown Vergennes. He was an eyewitness to an event that shaped the spirit of a small Vermont city.

His devotion to his community was honored last weekend at a gathering that drew Gov. Jim Douglas and Vergennes Mayor Kitty Oxholm.

The nation came to understand the depth of that commitment on 9/11, when so many of

New York City's firefighters lost their lives trying to save victims of the terrorist attacks on the World Trade Centers. Vermont firefighters don't face that extreme scenario, but they put their lives on the line every time they roll to a scene to protect their neighbors.

Jackman recently said, "Being chief is just a privilege and an honor."

However, it is the people of Vergennes who have been honored by his 50 years of service to their community.

ADDITIONAL STATEMENTS

FINAL THOUGHTS ON THE INDIAN HEALTH CARE IMPROVEMENT ACT AMENDMENTS OF 2003

• Mr. CAMPBELL. Mr. President, I am pleased to provide for inclusion in the CONGRESSIONAL RECORD, the final cost estimate for S. 556, the Indian Health Care Improvement Act Amendments of 2003 prepared by the Congressional Budget Office.

This estimate had not been completed in time to be filed with the Senate Report No. 108-411 on S. 556 that was filed on November 17, 2004.

S. 556 would reauthorize the Indian Health Care Improvement Act which sets forth the statutory framework for the Indian health system and was first enacted in 1976. The act was reauthorized in 1992. The goal of the 1976 act, as amended, is to raise the health status of Indians to achieve parity with that of other Americans.

American Indians and Alaska Natives rank at or near the bottom of nearly every health indicator when compared to the general U.S. population. Health studies indicate disproportionately higher mortality rates of alcoholism, between 670-770%; tuberculosis, 650%; diabetes, between 318-420% accidental injuries, 280%; suicide, 190%; and homicide, 210%, than other populations.

With the basic goals of the Act unrealized, the need for reauthorization grows greater. S. 556 would have provided an additional set of improvements to the Indian health care system—most notably, for facility construction, access to care through Medicaid cost-sharing waivers, and long-term planning through the establishment of a bipartisan commission to study the Indian health care system.

The reauthorization bill has been a work in progress since the 106th Congress when I introduced a bill to reauthorize the act. I have introduced a bill to reauthorize the act in every subsequent Congress. Over the course of the past three Congresses, the Committee has held eight hearings on the reauthorization with four hearings held in the 108th Congress alone.

I was particularly pleased to have Secretary Thompson testify before the Committee on July 21, 2004, regarding the administration's views on the proposed legislation. At this hearing, the Secretary expressed enthusiastic support of the proposed legislation and his desire to see it enacted this year.

This show of support was particularly important because we had been anticipating the administration's view for several months and were fast coming to the end of the 108th Congress.

At the hearing, Secretary Thompson committed his staff to immediately begin meeting with the bill committee staff to work on the bill. Much effort to advance this legislation had already been put forth by committee staff, tribal leaders and the Indian health community. With department staff working alongside committee staff, we anticipated swift passage of the bill.

However, swift passage did not happen and I am disappointed that the reauthorization did not get enacted this year. The committee staff worked diligently along with the administration and Indian tribal leaders until the very end of this Congress to finalize the bill for passage.

I believe that, in addition to the changes made prior to July, 2004, the committee was quite responsive to the department's concerns and suggestions in revising the bill.

In particular, the provisions for Medicare and health professional shortage areas were not included in the reported bill. The committee modified the establishment of creative funding programs such as the revolving loan funds and opted for studies for this type of funding mechanism instead—at the request of the administration.

There was substantial discussions at the eleventh hour regarding provisions governing urban Indians and non-eligible individuals. I believe the Federal responsibility to provide health care applies to individual Indians living in the urban centers, especially when it is remembered that Indians reside in urban areas primarily as a result of the Federal policy of relocation during the first half of the 20th Century.

In addition, in the course of negotiations, we were made aware of concerns dealing with the Veteran's Administration drug supply schedules and services to non-eligible individuals. A limited scope of services to certain non-eligibles has been a part of the Indian Health Care Improvement Act for years. Nevertheless, the Department and some tribes have different views of the scope of services.

In any event, the matter is being addressed in the courts. Any resolution we could offer would be better served by reviewing the decision of the courts and then thoroughly examining the matter instead of fixing what has not been determined by the courts to be a problem.

Likewise, I am concerned with what may be a desire to rollback the gains tribes have made in implementing the Indian Health Care Improvement Act and the Indian Self-Determination and Education Assistance Act.

The underlying policies and plain language of the both statutes should not be ignored and the commitment to self-governance needs to be respected when enacting any Indian legislation.