

Every dollar you put into unemployment benefits increases economic activity by \$1.73, up to \$2.15. It is a terrific boost to the economy, plus it goes to the people who need it the most, the ones who are out of work.

Mr. Sweeney also calls for an increase in food stamp benefits. Many of these people are not tax filers and don't receive unemployment benefits, so they would benefit. They are struggling with their jobs, trying to get by, and many of them still qualify for food stamps.

He also talks about a tax rebate targeted toward middle and lower income taxpayers. He talks about acceleration of construction projects. That is money well spent too. It isn't just the Tax Code we should be looking at. There are other ways to move the economy and do the right thing for America.

One of the things Mr. Sweeney notes in his letter is that there is a backlog of \$100 billion in needed repairs to American schools. He also says there are 6,000 bridges that have been declared unsafe. The Presiding Officer certainly knows that issue well, as chair of the Transportation Appropriations Subcommittee. There is a lot we can do to improve the economy of America by improving the infrastructure. I don't have to remind people what happened in Minnesota not long ago when a bridge failed. People died. It is an indication to all of us that we have to be aware of that need.

This letter I commend to all colleagues because it is a good starting point when we discuss what we can do to this economy to make a difference, a real stimulus package.

This package should be funded at appropriate levels to have an impact on our gross domestic product. The money should go by way of help to taxpayers and their families who truly are struggling. I just have to tell you, if you are making a quarter million a year, the notion that the Federal Government is going to send a rebate check to Members of Congress and people who make dramatically more money—wait a minute; what is this all about? Doesn't it make more sense for us to focus on those folks who are struggling who will spend it, who will energize the economy, than maybe giving enough money for families so that they can put a little extra coat of varnish on their yacht? Is that really an economic stimulus? I don't think so.

I hope we will be able to help those businesses that will create good-paying jobs in America. That is critically important. I hope we will do this in a way mindful of the need for unemployment insurance and food stamps for those who are truly at the bottom and trying to move on with their lives and make a new life for their families.

The Center on Budget and Policy Priorities issued a statement and said that the stimulus plan that some have suggested may fail a test of being effective if it doesn't help families making under \$40,000 a year. Keep in mind that

if you are being paid the minimum wage in America, you are making a little over \$20,000 a year. So even people making twice the minimum wage and more would receive no help from some of proposals made already. We don't need to bypass 45 percent of households, 65 million of them with modest incomes. If a family of four has an income below \$41,000 a year, under some of the proposals being discussed, they receive no help at all. We have to make sure they are included. We have to make certain the economic stimulus package really reaches those who have been left behind by the tax cuts for wealthy people that have been in vogue for so long in Washington.

These families are the strength of our country. These are the people who get up every morning and go to work, raise the kids, and make the neighborhoods and towns that make America strong. It is time for us to try to come together on a bipartisan basis, get an economy moving forward which helps all of us by making certain we don't leave behind those families at the end of the economic ladder who have been ignored for so long.

During the course of this break, I visited with a lot of families. It is hard to imagine sometimes, for those of us who are lucky enough to make a good living and have good health insurance, what these poor families put up with in trying every single month to keep it together. It is a lot of stress and strain. There is no stimulus package we will pass that will wave a magic wand and make their lives miraculously better. But woe to us if we pass a stimulus package which ignores the reality of economic sacrifice and struggle in America. Woe to us if we pass a stimulus package which ends up putting money in the hands of those who, frankly, don't need it as much as others. And woe to us if, at the end of the day, we stay hidebound to some old theories that have not worked and find our Nation sliding into a recession where we will all suffer.

I yield the floor.

The PRESIDING OFFICER (Mrs. MURRAY). The Senator from Montana.

Mr. BAUCUS. Madam President, is the Senate in morning business?

The PRESIDING OFFICER. The Senator is correct.

Mr. BAUCUS. I rise to speak for less than 10 minutes.

The PRESIDING OFFICER. The Senator from Montana has 12½ minutes remaining on the Democratic side.

Mr. BAUCUS. I thank the Chair.

I would like to make two points. First, the Finance Committee held a hearing this morning—in fact, it is going on right now—on an economic stimulus package, pressing the Director of the Congressional Budget Office, Peter Orszag, on various options that will stimulate the economy the most and what options will help people who need their money the most. That is not just all Americans who pay income taxes but people who don't pay income

taxes, people who don't pay payroll taxes but file because they think, as good Americans, they should—they have no income tax liability and no payroll tax liability—and also some senior citizens who file income tax returns but who do not have any significant income tax liability. The fact is, if the rebate alone were to be given to anybody who files an income tax return, which was not the case with the 2001 rebate program—that applied only to people who paid income taxes—if a rebate were to apply to all filers irrespective of whether they paid income tax, that would reach 90-plus percent of all Americans. Add to that extending unemployment insurance benefits and food stamp benefits, I think that package would really help people who need it the most.

There are various ways to put this together. I even suggested as a possibility, so as not to spend more than we should on a total package, that whereas the President is suggesting an \$800 rebate for individual filers and a \$1,600 rebate for couples, that could be significantly cut down, but give a bonus to households that have children so that a couple with two or three children would get an additional, say, \$400 bonus per child in addition to the, say, \$400 or \$500 payment an individual would get or, say, an \$800 check that a couple would get.

My point is, the Finance Committee is exploring different ways to make sure we do what is best. Of course, it will depend on some negotiation with the White House and both Houses of Congress. But I want to make the point clearly that we in the Finance Committee are doing our level best to try to find what works best, to get the greatest bang for the buck, with a view toward getting a stimulus package passed quickly, not loading it up with measures that are going to bog it down and prevent passage.

#### INDIAN HEALTH CARE IMPROVEMENT ACT

Mr. BAUCUS. Madam President, I rise to speak briefly on the next order of business, and that is the Indian Health Care Improvement Act.

In the 1939 WPA Guide to Montana, it is written:

The Indian attitude toward the land was expressed by a Crow named Curly.

He was from the Crow Indian tribe. Here is what he said:

The soil you see is not ordinary soil—it is the dust of the blood, the flesh, and the bones of our ancestors. You will have to dig down to find Nature's earth, for the upper portion is Crow, my blood and my dead. I do not want to give it up.

But over our long national history, we all know, sadly, the Federal Government repeatedly separated America's original inhabitants from the land they so dearly loved and continue to love. As a result of that sad and sometimes dishonorable history, as a result of treaties, statutes, court decisions,

executive orders, and moral obligations, the United States owes a singular debt to its Native Americans.

In partial fulfillment of that obligation, in 1976, Congress passed the first Indian Health Care Improvement Act. That 1976 law was the first legislative statement of goals for Federal Indian health care programs. That law established the first statutory requirements for the provision of resources to meet those goals.

In that 1976 act, the Congress found that:

Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people.

Today, when we get to the bill—I think roughly in about an hour from now—at long last, we will have before us the Indian Health Care Improvement Act of 2007. It has been a long trail that has led us here today. It is important we made the journey to get here. This bill will provide better health care for nearly 2 million American Indians from 562 federally recognized American Indian and Alaska Native tribes. We need to improve the health care of Native Americans. Native Americans suffer from tuberculosis at a rate  $7\frac{1}{2}$  times higher than the non-Indian population. The Native American suicide rate is 60 percent higher than in the general population.

Medicare—our program for seniors—spends about \$6,800 per person a year. Medicaid—the low-income program for health care—spends about \$4,300 per person. The Bureau of Prisons spends about \$3,200 per person for health care. But the Bureau of Indian Affairs and the Indian Health Service spends only \$2,100 for health care. That is less than a third of Medicare, less than half of Medicaid, and a third less than what the Federal Government spends for medical care for prisoners.

From the beginning of the Indian Health Care Improvement Act of 1976, Medicare and Medicaid have played a part in paying for health care delivered to Native Americans. The 1976 act amended the Social Security Act “to permit reimbursement by Medicare and Medicaid for covered services provided by the Indian Health Service.” Today, Medicare, Medicaid, and now the Children's Health Insurance Program are a significant source of funding for health care delivered to Native Americans.

I am proud that an important part of the Indian Health Care Improvement Act before us today is a product of the Finance Committee. That committee's provisions address health care provided to Indians through Medicare, Medicaid, and the Children's Health Insurance Program. Those provisions would increase outreach and enrollment of Indians in Medicaid and the Children's Health Insurance Program. These provisions would protect Indian health care providers from discrimination in payment for services and require

States and the Secretary of HHS to consult with Indian health providers, and they would ensure that Medicaid managed care organizations pay Indian health providers appropriately.

It is a good package. It is not near enough. It is an abomination—it is a tragedy what little attention we pay to Native Americans' health care needs. I wish more people in the country would visit Indian reservations. I wish they would visit Indian Health Service hospitals. They would realize the abysmal plight of so many people in America. But this bill helps. It helps provide more resources where people need it—not near enough but more—and I strongly encourage the Senate to pass this bill when we get to it in the next hour or so. Congress should reauthorize the Indian Health Care Improvement Act.

The United States owes a debt to the Native American population whose ancestors are tied up with the very soil all Americans share. The Federal Government owes a duty to help improve the health of American Indians. And we in this Senate have the obligation to pass this act and honor the flesh, the bones, and the blood of our Indian brethren.

Madam President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

#### CONCLUSION OF MORNING BUSINESS

Mr. DORGAN. Madam President, what is the order of the Senate?

The PRESIDING OFFICER. Morning business is now closed.

#### INDIAN HEALTH CARE IMPROVEMENT ACT AMENDMENTS OF 2007

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of S. 1200, which the clerk will report.

The legislative clerk read as follows:

A bill (S. 1200) to amend the Indian Health Care Improvement Act to revise and extend the act.

Mr. DORGAN. Madam President, this is a piece of legislation we have reported out of the Committee on Indian Affairs in the Senate. Senator MURKOWSKI, the vice chair, and I have worked hard on these issues. We have also made some changes since reporting the bill out of the Committee on Indian Affairs and will offer a substitute that will be cosponsored by both of us. We are now clearing that substitute, and I will, at the appropriate time today, I hope, offer the substitute version.

Some might wonder why there is a separate Indian health care bill, and the answer is relatively simple: because this country has a trust responsibility—a trust responsibility that has grown over a long period of time and has been reaffirmed by the Supreme Court, affirmed by treaties with various Indian tribes—a trust responsibility to provide health care for Native Americans.

The last comprehensive reauthorization of the Indian Health Care Improvement Act was 15 years ago in 1992. The act itself has been expired for the last 7 years, and it is long past the time for this Congress to reauthorize this program. Even though the act has expired, the Indian Health Service continues to provide Indian health care, despite not having a current authorization. But with advances in medicine and in the delivery and in the administration of health care, we need to finally pass this reauthorization and give the Indian population of this country the advantage of the expansions we will do in this reauthorization bill.

This legislation reflects the voices and the visions of Indian Country. It also responds to a number of concerns that have been raised by others, including the administration. The enactment of this reauthorization has been the top priority of myself and the vice chair of the committee, Senator MURKOWSKI. I also wish to say the former vice chair of the committee, the late Senator Craig Thomas from Wyoming, at the start of this Congress, worked very hard on this legislation and cared very deeply about it. We bring this to the floor, remembering the work of Senator Thomas and recognizing his important work.

I wish to describe the need for the legislation as I begin before I describe the legislation itself. I have in the past couple weeks done some listening tours on Indian reservations, particularly in North Dakota, and we heard and saw many examples of deplorable conditions in Indian health care. It is true there are some health care providers in the Indian Health Service that are making very strong efforts to do the best they can, but they are overburdened and understaffed, underfunded. I wish to give some examples of that.

I wish to show a picture—a photograph, rather—of someone I have shown to the Senate before. This is a woman on the reservation in North Dakota, the Three Affiliated Tribes near New Town, ND. Her name is Ardel Hale Baker. Ardel Hale Baker has given me consent to use her image. She had chest pains that wouldn't quit. Her blood pressure was very high. So they went to the Indian health clinic, and she was diagnosed as having a heart attack. The clinic staff determined she needed to be sent immediately to the nearest hospital 80 miles away. She told the staff she didn't want to go in an ambulance because she knew she would end up being billed for the trip, and she didn't have the money. So she