

**OPENING STATEMENT OF
SENATOR DORGAN
AT THE JULY 14, 2005
JOINT HEARING OF
THE SENATE INDIAN AFFAIRS COMMITTEE
AND
SENATE HEALTH, EDUCATION, LABOR AND PENSIONS COMMITTEE
ON S. 1057,
THE INDIAN HEALTH CARE IMPROVEMENT ACT AMENDMENTS OF 2005**

I thank Chairman McCain for his leadership.

I thank my colleagues on the HELP Committee for joining with us in considering today the Indian Health Care Improvement Act Amendments of 2005. I am particularly pleased to note that two of our colleagues from the HELP Committee - Senator Kennedy and Senator Bingaman - have asked to be added as cosponsors of S. 1057.

It is my earnest hope that, by working together - together as authorizing committees, and together with the Administration and representatives of Indian country - the Indian Health Care Improvement Act will be reauthorized this year.

I know our witnesses today will provide additional statistics regarding health needs in Indian Country. We cannot, in good conscience, be satisfied with the status quo like this:.

- Native American youth are more than twice as likely to commit suicide; in the Great Plains area the likelihood is as high as ten times
- American Indians and Alaska Natives are 517 percent more likely to die from alcoholism
- 650 percent more likely to die from tuberculosis
- 318 percent more likely to die from diabetes
- 204 percent more likely to suffer accidental death

Over the past few months, my colleagues have heard me speak on the Senate floor about Indian health care in connection with amendments I have offered to the FY 2006 budget resolution and the FY 2006 Interior appropriations bill. My amendments proposed to provide an additional \$1 billion for programs not only in the IHS, but also BIA, tribal colleges, water infrastructure.

I have talked on the Senate floor about people in tribal communities who are hurting and in desperate need of services. Many of these people I know or have known, or, in the tragic case of Indian youth suicide, whose surviving family members I have met with.

I know this is true, too, for Dr. Grim and the other witnesses who will testify today - you all see and hear and experience, every day, the very real need for the kinds of services and programs and facilities, the kinds of best practices, collaborations and innovations that S. 1057 would authorize for American Indian and Alaska Native communities. I want to thank each of you who has stuck with this reauthorization process since 1999 and earlier for your persistence and continuing vision.

I want to say that I am particularly pleased with and supportive of the provisions of Title VII of the Indian Health Care Improvement Act Amendments of 2005. This section of the bill would authorize the Secretary of Health and Human Services -- through the Indian Health Service, the tribal health programs and the urban Indian organizations -- to develop a comprehensive behavioral health prevention and treatment program. Such a program would emphasize collaboration among alcohol and substance abuse, social services and mental health programs and would benefit all age groups.

Since the Indian Affairs Committee's hearing on June 15 on teen suicide prevention, several more youth suicides have occurred on the Standing Rock Reservation in North and South Dakota. The services and programs for Indian youth, in particular, the training of paraprofessionals, the education of community leaders, the construction and staffing of new facilities and research that would be authorized by Title VII will make a very real difference in the lives of men and women who live at Standing Rock, and all Native Americans.

I look forward to the comments today of the Indian Health Service, the tribes and urban Indian organizations, and others and appreciate your help in improving this legislation that will provide creative and effective solutions to address the health needs of Indian people.