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because they cannot afford it, and one-half of all the people hounded by collection agencies are in debt because they have medical bills they cannot pay.

The crisis is not confined to the 100 million Americans who are uninsured or underinsured. Key health care institutions on which millions of Americans depend are on the verge of collapse.

In New York City, the average wait in emergency rooms is 3 days before a patient can be admitted to the hospital. In Los Angeles, more than half the private hospitals have dropped out of the Los Angeles trauma care network that provides emergency services for the most seriously injured because they can no longer afford to care for uninsured patients.

Virtually every State in the country is reporting that patients are piled up in emergency rooms because of a lack of hospital beds. Forty percent of the Nation's hospitals fail to meet health and safety standards.

Whether a patient is rich or poor, insured or uninsured, these conditions have the potential to put life at risk. And even Americans that are fully insured today are just one paycheck, one job change, one management decision to drop insurance coverage from being out of luck tomorrow.

One of the most troubling aspects of the current crisis is the devastating impact on children. Every child in America deserves a healthy start in life. But too many fail to get it because their parents can't afford it and society won't provide it. One in every five children in America today—12 million children in all—have no health insurance coverage. Two out of every three pregnant women who are uninsured do not get the low-cost, effective prenatal care that their babies need. It is no wonder that eighteen other industrial nations have a better record in keeping babies alive than the United States. Forty percent of our children do not even receive basic childhood vaccines.

American children are the innocent victims of the health care crisis and that means that America is the victim, too—because our children are our future.

The crisis in health care is not only a health issue, it is an economic issue as well. The United States spends more than any other country on health care. We spend 40 percent more per capita than Canada, 90 percent more per capita than West Germany, and more than twice as much as Japan. No wonder that American firms are struggling to compete in world markets, that health care has become a flash point in labor negotiations, and that business and labor alike are demanding a comprehensive health policy.

I believe that the time has come when universal health care and tough cost control measures can and must be enacted. I believe the American people

are demanding action, and when the people lead, the politicians will follow.

The legislation we are introducing today represents as downpayment on the comprehensive reform that must be enacted. It targets one of the most critical health problems in our current system—inadequate coverage under Medicaid for poor pregnant women and children, and I urge the Senate to enact it.

By Mr. INOUYE (for himself and Mr. McCAIN):

S. 3082. A bill to expand the authority of the Secretary of the Interior on connection with the investment of Indian trust funds, and for other purposes; to the Select Committee on Indian Affairs.

INVESTMENT OF INDIAN TRUST FUNDS

Mr. INOUYE. Mr. President, I am pleased to be introducing legislation which will allow Indian tribes and individuals the right to exercise some choice in the management of their own funds which are held in trust by the Bureau of Indian Affairs of the Department of the Interior. Currently the BIA manages approximately \$1.9 billion on behalf of more than 300,000 individual Indians and 200 tribes. Most of the individual accounts are relatively small and comprise about one-fourth of the total while the tribal accounts, earnings from the sale of lease of trust assets, constitute about one-third with the remainder consisting of judgment funds resulting from successful legal claims of Indians against the Federal Government. The statute directing the BIA to manage these moneys was last amended in 1938 and has been interpreted by the Interior Solicitor as not allowing the investment of these funds in private management companies. My proposed amendment, developed in response to requests from a number of tribes, would provide such authority to be exercised at the option of the tribe or individual. Specifically, the option would be use contract for the management services of a mutual fund provided that the pool of securities managed contains only federally issued or guaranteed securities which is the restriction under current law. The Secretary of the Interior must examine the proposed management arrangement to ensure that the principal of the trust funds will not be at risk and the Indian tribe or individual exercising this option is required to waive any liability of the Secretary regarding the yield or net interest income generated by such management arrangements. I believe this amendment is consistent with the important Federal Indian policy of self-determination while providing sufficient safeguards as is appropriate for Indian trust funds.

This bill also amends the 1974 Indian Financing Act by authorizing the Secretary of the Interior flexibility in the disposition of funds appropriated under the revolving loan program. Current law restricts the

making of direct loans to eligible Indians or tribes only after the applicant has demonstrated that he or she cannot get a loan from a private bank or other financial institution. My amendment allows the Secretary to also use these funds in conjunction with a loan by a bank, to contribute to the loan guaranty fund, or to make interest subsidy payments authorized by other provisions of the Indian Financing Act. A recent report by the Interior Department severely criticized the BIA for its management of the revolving loan fund. By comparison, the loan guaranty and business grant programs were performing quite well primarily because these funds supported the commitment of the private lender. This amendment will allow the Secretary to reallocate revolving loan funds, at his discretion, to these other, more successful programs.

I anticipate that the minor changes in existing law and current programs contemplated under this bill will be considered expeditiously in the time remaining in this session of the Congress. Although minor these changes are important and will demonstrate the ability of Congress to respond to the needs of Indian people.

By Mr. DASCHLE (for himself, Mr. BAUCUS, Mr. BURDICK, Mr. CONRAD, Mr. INOUYE, and Mr. McCAIN):

S. 3083. A bill to establish a tribal cattle herd pilot project, and for other purposes; to the Select Committee on Indian Affairs.

TRIBAL CATTLE HERD PILOT PROJECT ACT

Mr. DASCHLE. Mr. President, on behalf of Indian tribes in my State that asked that I sponsor this proposal, I am introducing legislation today to create a Tribal Cattle Herd Pilot Project (TRICAPP). The following Senators asked to be listed as cosponsors: BAUCUS, BURDICK, CONRAD, INOUYE, and McCAIN.

The proposal would establish a loan program in the Bureau of Indian Affairs to help Indian tribes establish cattle herds. The cattle would be maintained by the tribes and offered to tribal members who meet certain guidelines to start their own cattle operations.

The program's goal is to offer members of Indian tribes an opportunity to become self-sufficient through ranching enterprises. The program draws on two of the principle natural resources on most reservations: grasslands and people. TRICAPP is designated to help tribes put these resources to their best use.

According to Wayne Ducheneaux, chairman of the Cheyenne River Sioux Tribe, in testimony before the House Interior Committee, TRICAPP could provide 257 families with the opportunity to start up or expand cattle operations. The reservation includes more than 1.2 million acres of rangeland, with surplus acreage for 6,775