

homes and 61 children were placed in adoptive homes. We are also working in 40 separate communities in youth related activities ranging from recreation to leadership to substance abuse. We have a youth shelter, for homeless youth and in that youth shelter which is named after our deputy chief, we had 200 children this past year.

We also have worked with a project through HUD and the State of California to start a new system of programs for the elderly that will begin this year. We have a number of programs in rural areas but we want to increase those rather dramatically. On the social programs side things are going well and as you will recall, I tell you this every year, our intent is to decentralize services, and centralize management and you can look at statistics and see that it has been done. When I was elected in 1983 we had less than five field offices in the Cherokee Nation and we now have 13 separate field offices throughout the 14 counties, and five primary health clinics as well.

There are three major initiatives that we will undertake this year that I will be spending my time on. As most of you know our health department is the largest in the tribe. We have about 1,200 full-time employees at the Cherokee Nation of which 500 are in the health area. The reason that department has grown so much is that we have emphasized health care. What happened to us is we anticipated having a certain membership and then that membership skyrocketed. Now people go to the Indian hospital and expect a certain type of health care and they don't get it anymore, because there are too many people and not enough money and not enough health care providers to provide it to them. As a policy decision, years ago we decided to decentralize health care and build these clinics in outlying areas. I talked to you about Sallisaw and Stilwell. We bought a hospital in Jay and turned that into a clinic, we built a clinic in Nowata, opened a clinic in Salina, we have a mobile health care unit and put a lot of effort, time and attention on health care in the Cherokee Nation and still we have a crisis in health care. If you don't believe we have a crisis in health care go to Hastings or Claremore, get referred out for a service and see if you can get your bill paid. It does not happen. I know women who have breast cancer and have gone to our facilities and who have been referred out for chemotherapy and then Indian Health Service won't pay their bill. They have no private insurance to pay that bill so they are really in a bind. We cannot ignore that, so myself and the tribal council have made a decision to try to figure out some way of integrating health care system so that everyone knows what health care resources are available for them. I grew up as many of you did, thinking that the Indian Health Services facilities would take care of all my health care needs when I got sick, its not happening folks. I can tell you that. So we have to spend a lot of time on a comprehensive way of reforming the health care system so that we can provide decent health care to our people. We have not made any decisions yet, but we are working on long range plans to try to redesign a system that will make sense for all of us and consolidate these fragments. So health care will be a huge issue for us. On Tuesday, I will be meeting in Washington with Ira Magaziner to talk about how health care for native people fits into the National Health Care Reform System that is being debated right now. It will fit in, Indian Health Service is part of the National Health Care Reform now, that decision has been made. Health care for native people is going to change dramatically and radically. We just want to be in the drivers seat to help manage that change so that it benefits us.

The second big area that we will spend a lot of time on as a nation is education, every