

The Cherokee Nation's system would fit their reform proposals like a glove:

- managed competition
- "gatekeeper" function to control overuse of specialty services
- capitated "global" budget to limit expenditures
- vertical integration of health services
- elimination of duplication through public-private cooperation
- reinforcement of program access through inter-governmental cooperation
- reduction of expenses through innovation
(daycare centers for the elderly, 800 number for "call-in" advice, etc)

Yet, it could also serve as a model for delivering community-based, cost-effective quality health services in a rural setting.

It would be a "feather in the cap" of the IHS to actively engender, support and promote such a successful model. They could actively promote the development of inter-tribal coalitions for the creation of similar delivery systems.

Congress should welcome the opportunity to demonstrate how comprehensive services can be provided through such a system at a relatively low *per capita* expenditure rate. And that provides a strong logical basis for the Cherokee Nation to request separate funding (under Self-Governance, and **outside** the normal IHS appropriation and allocation process) for a 5-year demonstration of an integrated system of rural health care. Such a funding status would provide quicker access to the increased resources needed, as a capitation of the active user population, without waiting through the interminable bureaucratic debate which will accompany the adoption of national reforms. It will also introduce new efficiency by eliminating the need to process all decisions through the IHS Oklahoma City Area Office.

Mike Synar might welcome the opportunity to take the lead in introducing legislation to support such a demonstration project.

In closing, I want to thank you and all the staff here at the Keeler Complex for making my last assignment both pleasant and productive. I've worked in lots of different settings,... from Bavarian resorts at the foot of the Alps,.. to the Kathmandu Valley in the Himalayas,.. to semi-abandoned coal mining towns in the Appalachian mountains of Tennessee... and have developed a very special fondness for only two particular cultures. The character and attitudes of the Cherokees bear striking similarities to those of the Tibetans (my other favorite people). That shouldn't be too surprising, since history indicates that both groups have common origins in the Mongolian area of what is now Western China, in Asia. My untrained ear even finds impressive similarities in the sound of the spoken languages, as well as the more obvious similarities in physical appearance and the cultural tendency toward quiet, ruminant behavior and patience.

I have expressed to Jim Danielson my otherwise unspoken imaginings about getting the two groups together. Perhaps you would be interested in, someday, inviting the Dalai Lama to visit the tribe and spend some time talking about similarities in your cultural heritage. He visits the U.S. with some regularity. I know he has a deep interest in, and feels an affinity with, Native Americans and I suspect that he might accept such an invitation.

Pam, Jim, some council members and others have already asked if I would be retiring "completely" or if I would be available to come back and help out from time to time. Perhaps the best way to answer that is to draw an analogy to parenthood, since you have children who have reached the age of independence. To some extent, I feel a sense of parenthood regarding the Cherokee healthcare plans, since I attended the "birthing" process and have been granted the opportunity to provide it some nurture during its early growth.