16 July 1993

Dear Chief Mankiller:

Last week, Jim Danielson suggested my writing down some thoughts to share with you as a sort of personal close-out to my activities with the Cherokee Nation, before I retire. I welcomed the opportunity to do so, and wanted you to understand that these thoughts and comments are provided for your discretionary use. There are no other copies of this sent to anyone, and it is not "saved" on my computer. You are at liberty to share whatever portion of this commentary seems appropriate and, if necessary, should feel free to hold me responsible to support or defend my remarks.

I sometimes "live dangerously", but try very hard not to shrink from honest accountability.

The first question is the basic "where are we, now?" It appears that our roundtable critique of the proposed system at the *Fin and Feather* was a huge success in terms of generating an active excitement about implementing the proposed system. Pam tells me that in her encounters with council members since that meeting, the new healthcare system is all they want to talk about. I had specifically asked for tough criticism and avoidance of any self-serving "patting ourselves on the back." Still, the group seems to have concluded that we are, conceptually, light-years ahead of the state or national planning efforts and have an extremely viable model for changing the way <u>rural</u> health care is delivered. There is a crying need for good rural delivery models.

We've reached the point where I'm quite comfortable with the outline of a Cherokee Nation healthcare system and feel strongly that you should aggressively proceed with implementing those plans, PROVIDED:

A. The Clinton Administration's reform plans (or legislative action by Congress in anticipation of those reforms) will lock-in a substantial increase in funding for the tribe'shealth care. I believe this <u>will</u> materialize at about double the present funding levels, and that view is shared by Cliff Wiggins (from the IHS Director's office and by Terry Rice), and...

B. You are willing to hire about three (3) fulltime implementors, who are well qualified experienced people, with no other responsibilities but to put the necessary infrastructure in place over the next two years or so.

There is still a great deal of hard work to do before the system becomes a functional reality, but the implementation work on informing the public and building the system components should start as soon as possible. I think it is very important to maintain the present level of attention, excitement and momentum we have engendered toward implementing a new health care system. Informational articles should appear regularly in the *Advocate* and any other public information medium to which we have access. Town meetings and public discussion should be actively pursued at the earliest possible time. The building of the system infrastructure will require a cooperative attitude between your tribal (implementing) staff and the IHS hospital administrators, clinical staff and Area Office folks in Oklahoma City. That may translate into seeking replacement of IHS facility administrators (one is retiring soon and the other would leave if he could find another job assignment). You should also aggressively seek a commitment of support for the program from Oklahoma congressional representatives and the new Director of the IHS, since you may need the pressure of direct orders or instructions to gain the cooperation of the Area Office.