

her Indians. The U.S. government has, over the years, waged wars against various tribes, as they forced others to relocate great distances from their ancestral lands. In the 20th century, Washington made American Indians virtual slaves to the federal welfare system.

As a student of history with some Cherokee blood in my veins, I have had a keen interest in the plight of the American Indian. For that reason, I have been very encouraged and impressed with the efforts of Chief Phillip Martin of the Mississippi Choctaws. I have had the privilege of meeting Chief Martin, who has presided over an economic renaissance in his tribe.

Instead of looking to bureaucrats on the Potomac, the Choctaws looked to themselves and took advantage of opportunities in the free market to lift themselves out of destitution. Now the reservation is an economic dynamo of industrial and commercial enterprises. In fact, the reservation is among the top ten employers in the entire state of Mississippi.

I commend to the attention of my colleagues an article from the Wednesday, September 16, 1998 edition of the Washington Times entitled "Choctaws' climb from despair" written by Grover Norquist. Mr. Norquist describes the achievements of Chief Martin and the Mississippi Choctaws which should be a good lesson for not only other Indian tribes across the country, but other communities as well.

[From the Washington Times, Sept. 16, 1998]

CHOCTAW'S CLIMB FROM DESPAIR

(By Grover Norquist)

Forty years ago, a long forgotten band of Indians, the Mississippi Choctaws, were mired in the deepest of poverty, after 150 years of decline from what was perhaps once the mightiest Indian nation in the South. Unemployment had long stood at about 75 percent, and those who did work were poorly compensated sharecroppers. Life expectancy was only 45 to 50 years, and infant mortality was the highest of any population in the United States. Eighty-five percent of Choctaw housing was classified as substandard. Local education stopped at the sixth grade. The only health care was from a nearby federally run hospital. Even in the 1960s, a local newspaper called the Choctaw tribe "the worst poverty pocket in the poorest state of the union."

Then Chief Phillip Martin took over the reigns of leadership for the tribe. Chief Martin's insight was that his people were never going to climb out of this swamp of despair by relying on federal handouts and bureaucrats. He realized instead that their only hope was to turn to the private market economy and earn their own way.

Remarkably, he understood that what seemed to others like an economically hopeless enclave of despair had much to offer business and industry. The tribe's reservation was effectively an Enterprise Zone, with tribal business exempt from all federal and state taxes, as well as all state regulations and many federal regulations. Moreover, the tribe had a ready and available work force eager to be trained and perform well.

Through long years of hard work, Chief Martin turned these assets into astounding success. Today, the Choctaws are an economic powerhouse, proprietors of a sprawling, multi-enterprise, industrial and commercial empire. They are the largest employer in Neshoba County, and among the 10 largest employers in the state. They now have industrial plants on their reservation under contract with Ford, Chrysler, AT&T, Xerox, Navistar, American Greetings, McDonald's and others. They also now run one of the most successful casinos in the state, the Silver Star, opened just four years ago.

As a result, average family income has soared from about \$2,000 per year 35 years ago to around \$24,000 per year today. Unemployment has been all but eliminated, and only about 3 percent of Choctaw tribal members are on welfare. Life expectancy is now 65-70 years, an increase of almost 20 years from four decades ago. Infant mortality has now plummeted to below state and national averages.

The average educational level of adult tribal members has climbed from sixth grade in 1975 to almost 12th grade today. Substandard housing is virtually gone from the reservation, replaced by modern homes. In short, on indicator after indicator, the Choctaws are now approaching middle class American status.

In leading this long climb from the depths of poverty and despair, Chief Martin has achieved many accomplishments that show he well deserves the Hero of the Taxpayer Award we will happily present to him today:

He has shown the way for American Indians and tribes across this nation to climb out of government dependency and join in the mainstream American economy.

He has shown that the Enterprise Zone model of economic development, with greatly reduced tax and regulatory burdens and local control, can work incredibly well in the most difficult of circumstances.

He has been the leader and innovator in contracting out services and programs from the Bureau of Indian Affairs and Indian Health Service, so that now virtually all Federal Indian programs and services for the Mississippi Choctaws are run by the tribe rather than the federal government. He has consequently shown how the federal role in Indian affairs can be greatly diminished and the role of tribes in running their own affairs greatly increased.

Even though the tribe is effectively the state and local government for the Mississippi Choctaws and provides all state and local services, Chief Martin runs it and has accomplished all of the above to boot with virtually no tribal taxes.

INTRODUCTION OF THE MEDICARE HOME HEALTH CASE MANAGER ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 17, 1998

Mr. STARK. Mr. Speaker, I rise today with Representative BEN CARDIN (D-MD) to introduce the Medicare Home Health Case Manager Act of 1998. The Medicare home health benefit has received much attention this year. The reason for that attention has been the dramatic growth of home health services over the past decade.

The Balanced Budget Act of 1997 (BBA) made a number of changes to the home health benefit to help stem that growth. However, much more needs to be done.

The Medicare Home Health Case Manager Act is a double winner. It would simultaneously reduce Medicare spending on home health while improving the quality of the benefit. It does this by introducing a new component to the benefit: an independent case manager.

Today, home health care is prescribed by a patient's physician, but then the actual plan of care is executed by the home health agency treating the patient. This creates incentives that have nothing to do with quality or appropriateness of care. Under the cost-based reimbursement system that existed before passage

of BBA, the incentive to home health agencies was to over-utilize services for patients because that is how the agency made more money. In the BBA's prospective payment system (PPS) of the future, the incentive will be the opposite and there are real concerns about potential under-utilization of services.

The Medicare Home Health Case Manager Act would ensure that home health care decisions for long-stay patients were being made by an independent case manager who in no way financially benefited by the length or type of home care provided to a patient. They would be paid by a Medicare fee-schedule that would in no way be influenced by the amount or type of care they recommend.

This idea is endorsed by the Medicare Payment Advisory Commission (MEDPAC), a Commission appointed by Congress to provide expert advice on Medicare and Medicaid policy. In their March 1998 report to Congress they recommended that such a case manager be adopted for the home health benefit.

Their report states:

Such an assessment would help to minimize the provision of services of marginal clinical value, while ensuring that patients receive appropriate care. *Requiring case management of long-term home health users could improve outcomes for individuals with long-term home health needs and at the same time slow the growth of Medicare home health expenditures.* (emphasis added)

There are also real-life examples of case management systems saving money and improving care. For example, Maryland's Medicaid program has a high cost user initiative which in FY 96 saved the state \$3.30 for each \$1 spent—a savings of 230%. The Health Insurance Association of America also commissioned a study of its member plans and found that rehabilitation/case management programs return an investment of \$30 for every \$1 spent.

History has shown us that simply throwing more money into home health is not the answer for assuring that patients receive appropriate care. Let's use this opportunity to make a real, tangible improvement in the quality of care obtained by Medicare patients and simultaneously save Medicare spending by reducing inappropriate visits. I look forward to working with my colleagues for passage of this important legislation.

MEMBER OF INDIAN PARLIAMENT CRITICIZES INDIAN GOVERNMENT'S ACTIONS

HON. JOHN T. DOOLITTLE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 17, 1998

Mr. DOOLITTLE. Mr. Speaker, on August 14, News India-Times reported that Kuldeep Nayar, a member of the Rajiya Sabha, the upper house of India's Parliament, came under verbal attack for saying that Pakistan's attack at the town of Doda came in retaliation for similar acts by Indian agents in the Pakistani state of Sindh.

For this admission, some Indian Americans are trying to have him removed from Parliament, according to the article. Mr. Nayar