

WINNEBAGO TRIBE OF NEBRASKA

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TESTIMONY OF VICTORIA KITCHEYAN, COUNCILWOMAN WINNEBAGO TRIBE OF NEBRASKA MAY 16, 2017

Good Afternoon Mr. Chairman and Members of the Committee:

My name is Victoria Kitcheyan. I am a member of the Winnebago Tribe of Nebraska where I currently serve as the Treasurer of the Tribal Council.

I would like to begin by thanking the Members of this Subcommittee, its staff, and our Congressman Jeff Fortenberry and his staff, for your on-going support for our efforts to address the continuing health care crisis at the Omaha Winnebago Hospital. A crisis that led our hospital to become the only federally operated health care facility in the United States to lose its Medicare/Medicaid Provider Certification over poor and inadequate patient care.

Mr. Chairman, as you know, CMS revoked our Indian Health Service (IHS) hospital's certification almost two-years ago, and with it the hospital's ability to bill Medicare and Medicaid for services provided. I wished that I could come here today and tell you that our CMS certification has been restored, but I cannot. When I started writing this testimony, last Friday May 5th, the IHS was telling our Tribal Council that it was planning on requesting recertification at the end of this month. However, as of today, May 9th, that effort has been delayed yet again. Apparently, the latest news is that the IHS has now become concerned by some of the findings that it received in the recent CMS review of its Rosebud and Pine Ridge facilities. It has therefore decided to conduct yet another internal review of the progress at Winnebago before resubmitting its recertification package to CMS. While this appears to be logical, I have frankly grown tired of receiving and giving this Subcommittee new target dates for this important recertification submittal.

While the IHS is telling our Congressional delegation that it is making progress, my Tribe still has a number of major concerns. For example, as of today, we still have 51 staff vacancies out of a total of 202 positions, giving us a staff vacancy rate of 25.2%. Additionally, our Service Unit has now suffered a net total loss of more than \$4 million in third party income, as a direct result of our hospital's delay in obtaining CMS recertification. This \$4 million net loss is after accounting for the IHS carry over amount that were reallocated to our Service Unit to deal with the absence of CMS reimbursements.

That is not to say that some improvements have not been made. We now have a new CEO who my Tribal Council genuinely believes is working very hard to make improvements. Nevertheless, while this Gentleman works very well with our Tribal Council, we have quickly come to understand that he is not the person who controls the funding for our Service Unit. So, in short, to say that things are where they should be after two years would be an exaggeration.

Mr. Chairman, our hospital's lack of full staffing and its \$4 million loss in third party billing has clearly limited the quality of care provided to our people. I only wished that I could tell you where the extra funding that this Subcommittee has provided for recertification work at our hospital has been used, but I honestly cannot. Please believe me when I tell you that this is not a result of my Tribal Council's failure to ask. The Winnebago Tribe knows that our Service Unit has received some of those dollars, and we greatly appreciate that help, but when we ask for a full accounting of where those monies were expended, the answers that we receive were vague at best. So, in short, while we are regularly assured that the recertification of the Omaha Winnebago Hospital is a top priority of the IHS Central Office, our experience at the local level suggests that this message is not being passed down to the Great Plains Regional Office.

For all of these reasons, we would like to request your assistance in obtaining a direct, clearly identified portion of the additional FY 2017 funding that this Subcommittee just appropriated to IHS to address CMS certification issues. Our Omaha Winnebago Hospital is at a critical junction in the recertification process, and our Service Unit is burning through the carry over dollars that were provided to it every day that this recertification is delayed. In fact, every time our CEO attempts to fill one of the critical vacancies that the CMS has identified as a prerequisite to recertification, our Great Plains Regional Office's Finance Department stops him from doing so because it is, by their account, "not in the budget." How can our Service Unit ever expect to obtain recertification when our CEO has to jump through hoops just to hire for a mandatory position?

The federal hiring freeze has also created some serious delays in our recertification process. While the IHS is telling the Tribes that the hiring freeze no longer applies to our Service Unit, no one seems to have made that clear to the Great Plains Regional Office. How can we be expected to recruit when we cannot even tell an applicant whether a given job is or is not available today? Our hospital's on-going budget is based upon recertification by no later than Oct 1, 2017. If that does not happen, it cannot continue to perform at the unacceptably low level that it is operating now. That is very scary.

Additionally, while we know this Subcommittee has never failed to pass its Appropriations Bill out of full Committee on time- every time, and it has never failed to fight hard to get those annual funding bills passed, the Congress' failure to appropriate full year funding in a timely manner has made addressing our local problems all the more difficult. Planning is hard enough under one Continuing Resolution, but making the kind of improvements that we need to make under multiple Continuing Resolutions has been beyond difficult.

I am here today because I am genuinely worried. Given our highly volatile situation, any cuts in FY 2018 IHS funding, which may be proposed by the new Administration, can very easily destroy what we are working so hard to achieve. So thank you for everything that you are doing to protect the health of our people. You are true heroes!

Rumors of future cuts in HHS and IHS funding are already affecting our recruitment efforts. It is hard enough to get a highly qualified medical expert to accept a job in Winnebago, Nebraska, at a salary which is below that being paid in surrounding urban areas, but when you add to this the possibility of salary freezes, layoffs of support staff, and limits on medical procurements, it becomes almost impossible. So please, remind your colleagues that, as our five unnecessary deaths have shown, the decisions that you make here in Washington do, in fact, impact people's lives.

Before closing, I would also like to take this opportunity to speak again about the problems that the Winnebago Tribe has experienced in its efforts to assume control over the operation of our hospital under a future P.L. 93-638 compact. As you can imagine, assuming control of something as technically demanding as a hospital requires a great deal of planning and a skill set that my Tribal Council simply does not have. The Winnebago Tribe wants to take over our IHS facility as soon as possible, but we simply cannot afford to hire the hospital management and planning expertise that is required to accomplish that goal on the tiny planning grant that the IHS has offered. For this reason, we again ask for your help. Mr. Chairman, my Tribe wants to do this correctly, and we simply will not attempt to assume control of this facility unless we feel confident that we are prepared to run it in a professional manner. The risk is just too great.

Finally, I would be remiss if I failed to speak briefly about the problems that the Great Plains Tribes are having in addressing the IHS funding and reorganization issues at the Great Plains Regional level. I have been honored to serve on the advisory committee on Great Plains reorganization for just over 11 months, and I can honestly state that it has been one of the most frustrating experiences of my career. This is because no one in the IHS system wants to give the Great Plains Tribes the budget and staffing information that we need in order to make informed decisions and recommendations. Allow me to explain.

- We travel for hours to attend an IHS sponsored meeting where we expect to receive regional budget and spending information. When we arrive, we are provided with nothing but a useless PowerPoint talking about the overall national IHS budget process.
- We ask the Regional Office to explain how national IHS appropriations are divided into funding for given service units, and when we do, we seem to know more about this process than the IHS employees that we are meeting with.
- Even simple questions never get answered. For example, just over a month ago, we learned for the first time, from the Sisseton Wahpeton Sioux Tribe- not from the IHS- that monies had been taken from the Sisseton Service Unit's budget and "reallocated." Yet, when we asked where those monies had been sent, the IHS personnel in our meeting could not give us a straight answer. This has led us to demand an accounting of all funds reallocated from one Great Plains Service Unit to another, including the amount reallocated and the purpose for the reallocation, but no information has been

provided to date.

- We also asked for documents that show the current and historic IHS budget allocations to the various Service Units, but get no usable information.
- We ask for a detailed accounting of where the additional funds that this Subcommittee has provided for Great Plains CSC issues have been used, but the answers that we receive are confusing and uninformative.
- We ask for information on how P.L. 93-638 contract and compact decisions are made and how monies are allocated under those circumstances and no one is willing to answer those questions.

So, in short, we are getting the “run around” and that is wrong, especially in cases like ours where CMS certification is at stake.

Mr. Chairman, we understand that appropriations and authorizing committees serve different roles and have different authorities, but we also understand the power of the purse. Thus, we are respectfully calling upon you to do everything in your power to provide some true oversight over what is going on with funding in the Great Plains Region which is, by CMS’s own reports, in crisis.

The Winnebago Tribe knows how hard this Subcommittee has fought to preserve the IHS budget during these tight fiscal times, and we appreciate those efforts very much. It is my sincere hope that you can use my testimony to show your colleagues that their decisions about Indian Health Care Funding have consequences, and that the wrong decisions can lead to very real harm. Thank you for this opportunity to address you today. I will be happy to answer any questions you may have.