

# **WINNEBAGO TRIBE OF NEBRASKA**

P.O. Box 687 \* Winnebago, Nebraska 68071 \* PH: 402-878-2272 \* Fax: 402-878-2963  
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**TESTIMONY OF  
VICTORIA KITCHEYAN  
ON BEHALF OF  
THE WINNEBAGO TRIBE OF NEBRASKA  
MAY 2018**

Good Afternoon:

My name is Tori Kitcheyan. I am a proud member of the Winnebago Tribe and an elected member of the Winnebago Tribal Council. I am also the Great Plains representative and Vice-Chairperson for the National Indian Health Board. Thank you for inviting me here today.

I would like to begin by thanking each and every Member of this Subcommittee, and your wonderful staff member, Darren Benjamin, for your steadfast support of the Winnebago Tribe during our on-going health care delivery crisis. I would also like to publically thank our Congressman Jeff Fortenberry, and his Chief of Staff Reyn Archer for being our Champions.

As I noted at last year's hearings, it is very difficult for me to come here, year after year, and announce that the Winnebago Reservation still houses the only federally operated hospital in the United States to have lost its CMS certification, but that is the reality. I also wish that I could tell you that this crisis is now over, but it isn't! As of this coming July 23rd, it will be three years since the hospital lost its ability to bill Medicare and Medicaid because of poor quality patient care, and IHS still has not yet even submitted an application to CMS.

When this ordeal began in 2015, the Winnebago Tribe was adamant that because the Indian Health Service created this problem, the Indian Health Service needed to fix it. As the weeks, months and now years went by, the Winnebago Tribe finally came to the conclusion that we could no longer wait. We can no longer wait for a failed bureaucratic system that is managed from hundreds of miles away to fix itself. We can no longer wait for someone else to be in charge of correcting the dozens of deficiencies necessary to meet even basic standards of healthcare for our people. Instead, the Winnebago Tribe has decided to take on the monumental challenge of assuming management of the hospital operation.

I am pleased to announce to the Subcommittee that the Winnebago Tribe requested and has been formally approved to participate in the IHS self-governance program under the Indian Self-Determination and Education Assistance Act. We are now in active negotiations with the Indian Health Service to enter in a compact and funding agreement to assume hospital operations on July 1, 2018. We know that this is a major undertaking, but we are confident that the Tribe has the

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ability to do this, and do it well. The healthcare of our community is at stake and no one has a more vested interest in making sure we are successful than ourselves.

To this end, we are taking the many steps necessary to build a strong team, develop partnerships, and create strategic plans as well as sustainable operational and financial. We also recognize that to be successful we need outside support and we are going to continue to need your help.

While the additional accreditation emergency funds that you have so kindly appropriated have helped the hospital to stay afloat, rebuilding the hospital's administrative structure and service delivery systems will not be an easy task. We will need to create new hospital administrative systems, develop policies and policies, recruit and hire new staff, provide extensive staff training, hire accreditation specialists and consultants, make hard decisions about existing equipment, and re-establish our hospital's creditability with Medicare, Medicaid, other third party payers, and our local medical facilities. We are also going to have to rebuild the confidence in this facility that our members and the surrounding Indian community have lost over the years.

We are prepared to do the work, but we have no false assumptions. We know that we will face some serious obstacles and we know that we are going to need financial help to overcome them. I am sickened when I think about the amount of third party billing that our facility has lost in the last three years, and about the fact that the American Tax Payers have had to step up and help overcome those losses, simply because the federal delivery system failed so badly. But I am here to assure you that it is a new day at Winnebago and that our Tribe is now moving forward thanks to your help.

## **STATUS AND SPECIFIC NEEDS**

Our goal is to provide the best possible services that we can to our people. While the added accreditation emergency funding has helped a great deal, it has utilized by IHS primarily to staff the Emergency Departments with contractors at Winnebago, Pine Ridge and Rosebud. From an operational standpoint, it is critical that the vacancies be filled, to the extent possible, with well-qualified and permanent staff. It is also critical that the lost third party revenues and carry over funds be restored so that the hospital has the necessary reserves and operational funding going forward. Training and staffing focused on the restoration of CMS accreditation will also take considerable effort. We have been in communication with the Indian Health Services administration about these specific needs through the self-governance negotiations process, and we are hopeful that the resources will be allocated appropriately. Just because the Tribe is assuming management of the hospital, this is not over for IHS. We need to remain partners and we need to work together to ensure success.

Aside from the immediate needs relating to the hospital assumption and CMS accreditation, I would also like to touch on a few additional points. One of these areas is in relation to behavioral health. We recognize, for example, that there are simply not enough resources for inpatient behavioral health beds and for long term substance abuse and drug treatment beds. In addition to

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opioid abuse, there is an ongoing issue with treatment for individuals with methamphetamine addictions in our communities. This places a burden on the existing systems and many are left without help.

While we have been forced to focus on our hospital for the last few years, we would also be seriously remiss if we failed to ask for this Subcommittee's on-going support for our community health programs. A very critical component of tribal health programs are the Community Health Representatives. These hard working people literally drive our outpatient care program, and provide vital follow up services for patients. They not only assist the elderly and infirm to remain healthy, they also help to ensure that our recently released patients are not required to return to the hospital for a second stay. In short, they are a cost effective way of providing vital services to our people, and of ensuring that limited IHS dollars are utilized in the most important and cost effective manner possible.

I must also recommend continued funding for on-reservation water and sewer systems. Currently, the systems that we are using have a high magnesium content which needs to be addressed regularly to meet basic safe drinking water standards. We have nearby springs which could be tapped, but we lack the funding to do so. Our sewer system is also out and out of date and it is in need of constant maintenance. These are the type of infrastructure projects that cannot only stimulate the economy and create jobs, they can also preserve and enhance human health.

I also want to advise you that, as a Member of the Great Plains Tribal Chairmen's Health Board, the Winnebago Tribe stands in full support and solidarity with Pine Ridge, Rosebud and the other Great Plains Tribes who have quite literally seen their hospitals hold on to the CMS Certification by the "skin of their teeth." If your colleagues want to see what happens when the Indian Health Service receives an inadequate amount of money and attention, look at Winnebago, and the millions of dollars of private third party billing that has been lost as a result of those failures. For this reason, the Winnebago Tribe calls upon this Subcommittee to continue to do everything in its power to support our relatives in South Dakota and the entire Great Plains Area, because no tribe should ever have to go thru the type of crisis that the Winnebago and Omaha Tribes have lived with for the last three years.

We recently learned that the Cheyenne River, Oglala and Rosebud Sioux Tribes have announced their plans to contract for the reconstruction and reinvigoration of the IHS Sioux San Hospital in Rapid City, South Dakota. Please do everything you can to help them accomplish their goals, and please remind your colleagues that the decisions that this Congress makes regarding Indian Health Care literally impact human lives.

Because my colleagues have done such a good job of commenting on the illogical and unsupportable FY 2019 proposed budget for BIA and BIE, I will not repeat what they have said. I will just join them in their exasperation. As an elected official, I am totally baffled by the complete disconnect between what the Department of Interior admits to be its minimum actual needs, and the requests that they are putting forth. One of the things I have learned over the past three years, is that the people who actually work with these programs every day are never given a

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voice in the budget development process. I still do not understand what happens between the local BIA, BIE and IHS officials' recommendations, and the final OMB submittals, but as a taxpayer I find it more than a bit disturbing. Had our local IHS Service Unit staff been given a stronger voice in this national process, our Winnebago Hospital might not have lost its CMS Certification in the first place and the United States would not have lost hundreds of thousands of dollars in third party billing.

For all of these reasons, I encourage you to continue to seek out ways to hear more from the real program operators, and not just from political appointees and supervisors who have never been in the school that they are referencing, never looked personally at the local crime statistics they are talking about, and never met a mother whose son has been denied a medical referral. We are tired of listening to the same script when what we need to be discussing is how we can provide the most needed services in a cost effective manner.

A prime example of this is the potential presented by renewable energy. Winnebago, like all Great Plains Reservations, is located in a rural area where energy costs are high and the costs of upgrading our energy systems are also far higher than in other more populated areas. This makes an investment in renewable energy a local and cost effective solution. Renewable energy may not be appropriate for all areas of the country, but in rural Nebraska it is something to be seriously considered, especially since it is often tax payer dollars footing our local energy costs.

Now, please do not get me wrong, as an elected official, I know all about budgets and spending limitations, but I also know that I want to be able to make the most informed decisions possible. That is why I, and all of the Tribal leaders in this room, appreciate these hearings so much. It is our only chance to tell you the truth about what is happening.

Finally, I would be remiss if I failed to thank you for your on-going support for improved law enforcement, but continue to advise you that your dollars are not yet making it down to our Reservation. On most nights we are down to only one officer covering our entire reservation. This is both illogical and dangerous. So please, continue to press for additional dollars, because our people deserve to feel safe!

Thank you for your time and attention.