

Testimony of Councilwoman Victoria Kitcheyan
Winnebago Tribe of Nebraska
House Subcommittee on Indian and Insular Affairs
Hearing on “Modernizing the Implementation of 638 Contracting at the Indian Health Service”
December 11, 2025

I. Introduction

Good morning, Chairman Hurd, Ranking Member Leger Fernandez, and Members of the House Subcommittee on Indian and Insular Affairs (“Subcommittee”). My name is Victoria Kitcheyan, and I have the honor of serving on the Winnebago Tribe of Nebraska’s Tribal Council. Thank you for the opportunity to testify at today’s hearing on “Modernizing the Implementation of 638 Contracting at the Indian Health Service.”

The Winnebago Tribe’s (“Tribe”) experience demonstrates both the consequences of a failing federal system and the transformative power of Tribal self-determination through 638 contracting and compacting. Through the 638-compacting process, the Tribe has dramatically improved health outcomes and access for our Tribal citizens and community members.

II. Issues that Led to the 638 Compact

In February 2016, I testified before Congress at a hearing on “Reexamining the Substandard Quality of Indian Health Care in the Great Plains.” I spoke about the fact that, since at least 2007, the Indian Health Service (“IHS”) facility serving my people had been operating with life-threatening deficiencies that should not exist at any hospital in the United States. These were failures in basic, essential medical care, including:

- The Centers for Medicare and Medicaid Services (“CMS”) identified multiple “immediate jeopardy” findings.
- Nurses were not trained to administer emergency medications or locate lifesaving equipment.
- Patients sent home with minimal care later required emergency airlift.
- Families were denied access to medical records, even after preventable deaths.

As a result of these deficiencies, the IHS-operated Winnebago Hospital lost its Medicare/Medicaid certification in 2015. This loss of certification—and the preventable deaths that preceded it—shattered our community’s trust. For years, we trusted IHS to protect our people. Instead, our community was left with fear, trauma, and a hospital that was unsafe.

III. The Tribe’s Assumption of the Hospital

After years of urging IHS to correct course, the Winnebago Tribal Council made the difficult but necessary decision to assume control of our hospital under a Tribal self-governance compact. This was no easy decision, as we knew we would be taking on a severely troubled enterprise. However,

we were determined to rebuild it from the ground up. On July 1, 2018, at a midnight ceremony, the Winnebago Tribe formally assumed operations of the embattled Winnebago Hospital from IHS.

The Tribe renamed the hospital Twelve Clans Unity Hospital in honor of our twelve traditional clans. At the same time, we established the Winnebago Comprehensive Healthcare System (“WCHS”) to unify all Tribal health services—from public health to specialty care—under one integrated, culturally grounded organization.

Initial steps included:

- Establishing a governing board, executive leadership, and baseline policies.
- Beginning preparations to restore CMS certification lost under IHS in 2015.
- Launching a multi-year strategic plan to improve safety, quality, staffing, and public health capacity.

Within a year and a half, independent consultants from Joint Commission Resources documented drastic improvements in safety and quality. In April 2023, CMS recertified Twelve Clans Unity Hospital with no significant findings or corrective actions required—a remarkable turnaround given what we inherited.

IV. Outcomes Achieved Through Tribal Self-Governance

Since assuming management of the hospital, the Tribe has dramatically improved services and quality of care for our patients, who include approximately 10,000 Tribal members from Winnebago and the surrounding area. The Tribe takes great pride in Twelve Clans Unity Hospital (“TCUH”), a 13-bed facility that provides inpatient hospital care, a primary care clinic, emergency services, pharmacy, radiology, and other services. The Tribe has demonstrated that 638 compacting works. It saves lives, restores trust, and delivers culturally grounded care our people deserve.

a. Improved Quality of Care and Patient Safety

There are numerous examples of how the Tribe has improved quality of care and patient safety:

- In 2023, TCUH was certified by CMS with no significant findings or corrective action plans.
- When the Tribe assumed operations, most TCUH medical staff were contract or short term. By Fiscal Year 2024, all but one were permanent staff.
- The Tribe established a Sexual Assault Nurse Examiner (“SANE”) program to provide immediate and respectful care to survivors of sexual assault and domestic violence. Specially trained nurses offer medical support 24/7 in a safe, culturally sensitive, and survivor-centered environment.

- In October 2025, WCHS announced that its Emergency Room successfully obtained Nebraska Basic Trauma (Level IV) Center designation from the Nebraska Department of Health and Human Services. The journey to trauma designation was over six years in the making, requiring extensive training, rigorous preparation, and the collective effort of staff across multiple departments.
- Other 2025 milestones include increasing the percentage of patients with hypertension under control from 53% to 70%; launching a leading-edge electronic medical record, Meditech Expanse; and emergency room nursing staff patient satisfaction scores reaching the 94th percentile nationwide among Critical Access Hospitals.

b. Expanded Access to Care

TCUH has secured on-site clinics in high-demand specialties: OB-GYN, Dermatology, Nephrology, Urology, Orthopedics, Podiatry, and Chiropractic. Self-governance has also allowed the Tribe to broaden the solutions and medications available for diabetes and bariatric care. The “Haisewi-pi-nagu” (Path to Good Weight) program is a high-intensity, medically assisted weight-loss program designed to help adults lose 10-20% of their body weight, reducing their risk of developing diabetes by half. The “Wa i pi nagu” (Diabetes) Program provides a full range of services to diagnose, treat, and manage diabetes. For a rural Tribal nation, bringing these specialties home is transformational. It reduces travel burdens, increases follow-up care, and helps us better address chronic illnesses across the reservation. WCHS utilizes telehealth to further expand access to care, providing specialty services in Psychiatry, Behavioral Health, Endocrinology, Gastroenterology, and Rheumatology.

c. Strengthened Public Health and Community Trust

Each year since 2018, quality metrics, patient utilization, and community trust have grown. Our people now return to their hospital with confidence, something that was unthinkable under federal operation. WCHS was instrumental in protecting our people during COVID-19. In October 2025, the Winnebago Public Health Department was awarded national accreditation by the Public Health Accreditation Board (“PHAB”), becoming only the eighth Tribal health department to receive national accreditation. Over the last three years, emergency room use has increased 16%, and primary care access has increased 38%.

V. Recommendations for Modernizing 638 Contracting at IHS

The Winnebago Tribe’s journey offers clear lessons for Congress as it examines the modernization of 638 contracting at IHS. To address inconsistent 638 implementation across Area Offices and strengthen nationwide support for Tribal self-determination, IHS should establish a standardized, transparent, and accountable framework for ISDEAA program administration. Specifically, IHS should:

a. Develop and Publish Uniform Performance Metrics

IHS should create and publicly report key performance indicators—such as average approval timelines for contracts and compacts, staffing levels and vacancies, pending contract actions, and

dispute-resolution timelines. Standardized data would allow tribes, IHS leadership, and Congress to identify performance gaps, diagnose underlying causes, and ensure consistent service across all Areas.

b. Implement a Comprehensive 638 Implementation Manual

Modeled on the Bureau of Indian Affairs' updated self-governance regulations and Indian Affairs Manual, IHS should develop and adopt a detailed 638 handbook that outlines required procedures, timelines, responsibilities, and standards. This manual should guide IHS staff and inform tribes, thereby reducing inconsistencies, improving efficiency, and promoting uniform application of ISDEAA requirements across Area Offices.

c. Strengthen Area Office Capacity and Accountability

In response to persistent concerns identified by the U.S. Government Accountability Office, IHS should implement targeted capacity-building measures at the Area level, including staff training, standardized workflows, and enhanced oversight mechanisms. This effort should directly address GAO-identified deficiencies in action planning, monitoring, and demonstration of progress to move the agency closer to removal from the High-Risk List.

d. Improve Transparency and Communication with Tribes

IHS should establish regular, structured communication channels with tribes to share performance data, clarify expectations, and solicit feedback on Area Office operations. Consistent engagement will reduce uncertainty for tribes considering 638 assumptions and foster stronger, more predictable partnerships.

e. Clarify and Fully Fund Inherently Federal Functions

IHS should clearly define all Inherently Federal Functions (“IFFs”) that remain the responsibility of the agency and ensure that each IFF is comprehensively and consistently funded. IHS should separate these functions from activities that fall under tribal management to avoid cost-shifting, improve transparency, and uphold the federal trust and treaty obligations. This includes publishing updated policy guidance that delineates IFF responsibilities, and the associated funding mechanisms.

f. Restructure the Distribution of Program Funds

IHS should restructure the distribution of new and existing program funds, so they are equitably accessible through the Indian Self-Determination and Education Assistance Act (“ISDEAA”) framework. This includes prioritizing the routing of new initiatives—including behavioral health, public health, and other programmatic resources—through self-determination contracts and self-governance compacts rather than competitive grants; shifting from grant-based models to formula-driven or opt-in distribution methods that ensure all tribes can access resources intended to serve universal needs; and integrating new or expanded program funds directly into recurring Tribal base budgets when requested. This unified approach strengthens Tribal self-determination, reduces inequities created by competitive funding structures, and ensures that tribes can design and administer programs in ways that best meet local priorities.

VI. Conclusion

Through 638 compacting, the Winnebago Tribe transformed a hospital once known for appalling conditions into a model of excellence. Modernizing the implementation of 638 contracting is a pathway to saving lives, restoring dignity, and ensuring that future generations never suffer the failures my community endured. Thank you for the opportunity to testify today. I look forward to answering your questions and working together to strengthen the program for all Tribal Nations.