

Q&A with Hospital Board candidates

Candidates Spencer Hutchings and Dr. Scott Burgstahler share why they are running

By Cameron Rasmusson
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The Pend Oreille Hospital District Board of Trustees election has typically not drawn much attention in the past. A taxing district that manages the distribution of public dollars to local health care facilities, the Pend Oreille Hospital District has usually been staffed by professionals within the local medical community. That changed in the most recent election, when POHD trustee Dan Rose was elected and later called foul on the board's tax management procedures.

That's why voters of all stripes are calling the election between Dr. Scott Burgstahler, LifeCare Center's on-site physician, and Spencer Hutchings, owner of gun and sporting goods store Sheepdog Supplies, one that matters. We spoke to both candidates for their perspectives on the position and the May 21 election.

Sandpoint Reader: Tell us a little of why you're running for the hospital district board.

Spencer Hutchings: After seeing how the board was staffed mostly by people who are on the Bonner General board, it didn't seem to me like if someone scrutinized it, it would look all that legitimate and fair in the way it distributed money. ... If you're part of the group that's receiving the money and also part of the group that's giving the money, that can look bad.

SR: How do you envision a more equitable situation in terms of how the money is distributed?

SH: I just don't think the people that are on the receiving end of the money should be the ones giving it out, so the people that are on the board for the hospital district that are in charge of distributing these taxpayer dollars should not also be associated with receiving that money. It could basically be anyone, as long as they're not receiving the money. You know, "Hey, who should I give this money to? Maybe I should give it to myself!" That's kind of how it looks, you know?

SR: You're probably familiar with the accusations by board member Dan Rose that the hospital district was illegally distributing public dollars, and the Idaho Attorney General's Office ultimately asked the board to make changes. What was your impression of that situation?

SH: I'm not familiar with the exact language of the code, and honestly, I really don't care what the code is around it simply because of the way it looks. It does not look correct to have people distributing money to themselves. Mur-



Spencer Hutchings.

der is illegal too, but you shouldn't have to have a law saying, "Murder is bad, it's illegal, don't do it." You shouldn't have to have a law saying, "You can't collect taxpayer dollars and give it to yourself." That just isn't right. It's improper. Somebody may have broken a law, and they may not have broken a law. I'm not a lawyer, but it just doesn't look right. And the way I looked at it was if I was on a board giving money to myself, I would feel a little dirty about that. That's just an obvious thing to me. And it seems to me that people who are on the Bonner General board, who are also on the hospital district board, they don't seem to see a problem with that.

... If the money's being collected for the good of the county, then anyone who's doing something to benefit the health and well-being of the taxpayers should at least be entertained and give a proposition as to what they might do with the money. You know, Panhandle Health or Kaniksu or whoever else. I

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Sandpoint Reader: Can you tell us a little about your history with the Pend Oreille Hospital District Board and why you're running for re-election?

Dr. Scott Burgstahler: I'm going up for re-election because I've been involved for a long time. I roughly know what the issues are and what the hospital needs from years of experience. I think the community has entrusted our hospital with a certain amount of money, and that money puts us in the black instead of the red each year. I just want to make sure that money gets where it's supposed to go.

SR: What do you see as the primary responsibilities of the district?

SB: I think it's to help our hospital stay vibrant and vital, because if it doesn't we could be a mark for a group of outside influences to take over our hospital and become, at some future date, a band-aid station — send all your patients to the mothership for anything more than a band-aid. That would be horrible. We'd lose local control ... and I think the issue is that we get the clinics supported that are underfunded each year.

I've been beat up in the press by people saying, "Why don't we give money to Panhandle Health District or Kaniksu each year?" ... The answer is those are being funded by state and/or federal dollars. I don't see any reason not to support those, but we're already doing that through another mechanism. The moneys channeled through this hospital district are supposed to go to our hospitals and its clinics.

The issue is hospitals don't make it on in-patients anymore. ... Most people



Dr. Scott Burgstahler.

don't want to go to the hospital to stay there anymore, they want to get their treatment and get out. (So you open clinics) that are a part of the hospital umbrella. ... Doctors are now going to hospitals saying, "Buy my clinic, buy my practice, because I can no longer afford to manage it." That's a good thing and a bad thing. It means the hospital is taking on more responsibility, but from a hospital standpoint we get a bigger umbrella and footprint. (But many of these clinics are) expensive endeavors, and the hospital district is really there to help that. We're also helping to set up this ear, nose and throat clinic, although maybe someday that will be self-sufficient.

SR: One of the biggest criticisms of the district board is a perceived conflict of interest due to involvement on the Bonner General Health board. How do you respond to that?

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don't even know who would be asking for the money, but they're not entertaining anyone else. It's only going to Bonner General. And if that were a corporation that was owned by the government, that'd be fine. But Bonner General is privately owned.

SR: What about your background and skills do you feel qualifies you for the board?

SH: I spent over a decade working for one of the largest medical providers in the nation. I was a manager at that place, and I dealt with budgets far larger than this entire hospital's budget. So I've dealt with the medical field. I know how they spend their money. I know how they hide their money. I spent enough time doing it that I find selling guns is a more ethical profession than working at a hospital, at least in the management perspective, the money control — not the actual care providing. It's how the money's handled and how the money's spent. The place I was working at was making so much money, they'd have a hard time being a not-for-profit. They'd have to make sure that at the end of the year they didn't make a profit.

SR: Do you think that would be a criticism you'd level at Bonner General?

SH: Who knows? No one has seen their books. Who knows what they spend their money on. I would think that if they're so generous and so giving to the community, they would open their books up and let people look at them and see where they do spend their money.

SR: Historically these positions have not attracted a high voter turnout. What would you tell voters to encourage them to vote?

SR: Because it's your money. It's all of our money. And they're not spending it in what looks to me like an ethical manner. I'm not doing this so I can make anything off of it. I have absolutely nothing to do with any kind of medical care facility anymore. I have nothing to do with Bonner General. I don't make a dime off the position ... there's nothing for me to benefit from this. I'm just doing this because it looked to me like something wrong was going on, and no one else was going to run for it. If I see something that's wrong and don't do anything about it, I'm just as guilty as everyone else.



SB: There isn't a requirement that you be on both boards, but it helps because we know some of the needs of the hospital. The hospital board is designed more to decide (what doctors) we should bring to the community and identify where we're having trouble with staffing and things like that. But what we do at the hospital district is say, "OK, we've got these clinics that are underfunded, but they're important to our community, so let's help them." ... You want to know as a taxpayer that the money is going to the hospital, not somebody's pocket.

Now I've been accused, because my wife works one day a week at the hospital and works at some other clinics, of putting money in her pocket. But I don't determine her salary — she gets paid to scale. She doesn't send business to me, I don't send business to her, and if there were anything like that, I would have to recuse myself.

So these boards are really separate, and there's no reason you have to be on both. It's just no one's wanted this job before.

SR: Could you talk a little about the letter from the Idaho Attorney General's Office that said some of the district's funding procedures violated Idaho law?

SB: Our meetings used to be two minutes long — the county has a check for us, and we pass it on to the hospital. That's not good enough anymore, according to the Idaho Attorney General. And I understand that. Having more oversight ... that makes a lot of sense. ... Now, here's the problem: A lot of the money this year has gone to lawyers, just because we had to re-package this thing to make the Attorney General happy. But going forward, it'll make it easier, and it won't be as much of a question mark.

SR: Is there anything you want to say in closing, especially to voters who may not have voted in this election before?

SB: Even though we handle a small amount of money, it's real money, and our hospital is on a very narrow budget. Some years it's the difference between our hospital making it or not. ... Some years Medicare will say they're not paying us anything, and it has to do with insurance reimbursements and things like that.

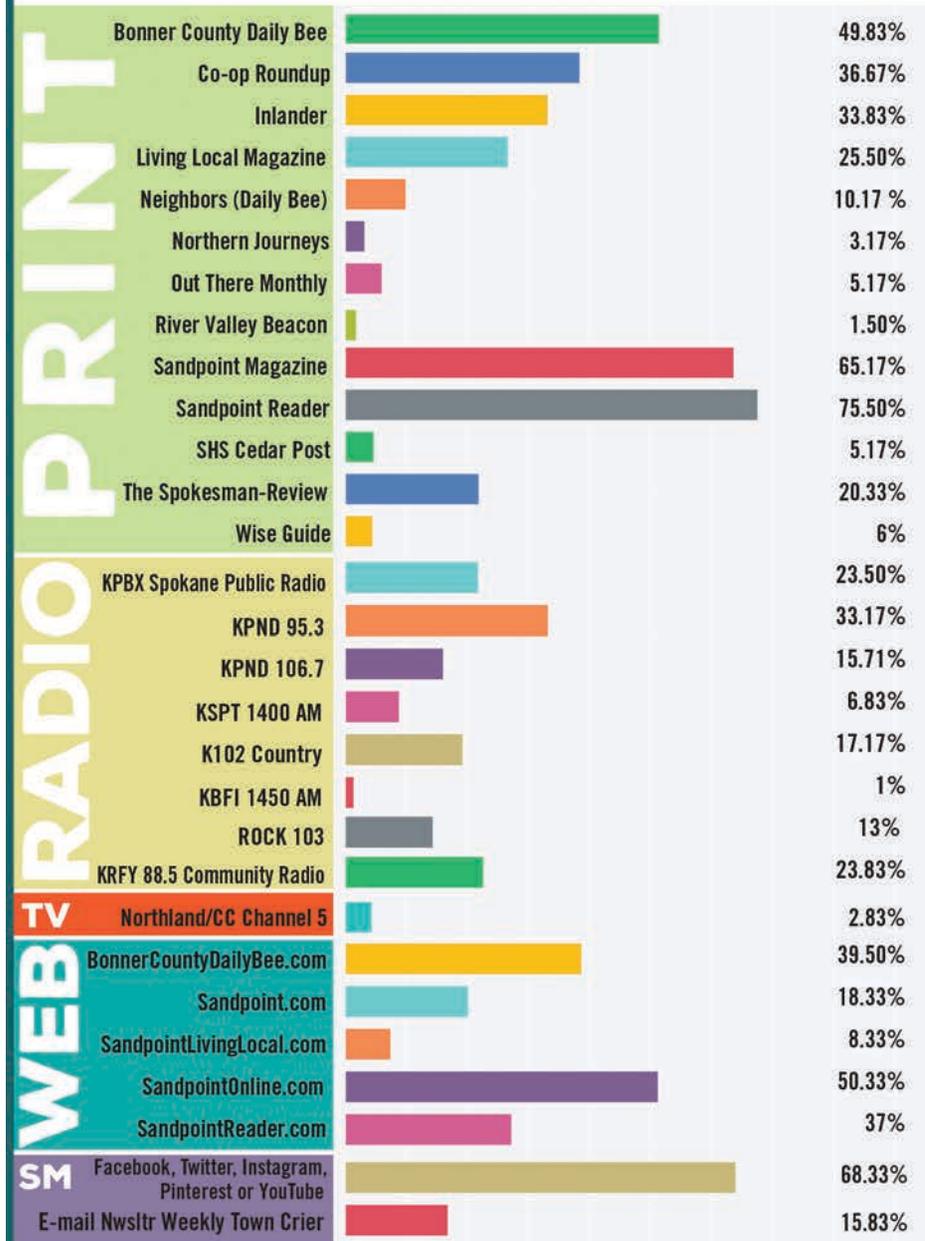


What's Sandpoint **READING** and **LISTENING** to?

To see which media area residents are using, we surveyed locals online and around town February 1-March 18, 2019. A total of 603 people participated. Below is a snapshot of the results. To compare where we were a year ago, visit SandpointReader.com and follow the link for Media Survey...

QUESTION: Please select ALL locally circulated media that you read, listen to, or watch with any regularity:

600 ANSWERED, 3 SKIPPED QUESTION



QUESTION: If you use social media regularly, which do you use?

562 ANSWERED, 41 SKIPPED QUESTION

