

# Watchmen Ministry North Idaho Voter Guide for Kootenai Hospital District Trustee

[\\* Click on each candidate's name to see their completed questionnaire \\*](#)

Question	<a href="#">Chris Nordstrom</a>	<a href="#">Katie Brodie</a>	<a href="#">Robert M. McFarland</a>	<a href="#">Terence E. Neff</a>	<a href="#">Duke Johnson</a>	<a href="#">Steven D. Matheson</a>
<p><b>2.</b> How could the hospital be improved? Please provide your top 2-3 ideas.</p>	<p>Bigger is not always better! Kootenai Hospital and its Clinic spin-off have embarked on a seemingly endless expansion that is not necessarily good for patients and residents. Large construction projects and acquisitions need more scrutiny, with a reasoned approach to expansion. <a href="#">(The remainder of Mr. Nordstrom's Answer can be seen in his questionnaire)</a></p>	<p><b>Declined to Respond</b></p>	<p>The chief challenge and duty of the hospital is to grow enough to adequately serve the people of Kootenai County and North Idaho, and to maintain and improve its already very good quality of care. I want to see it continue to improve patient safety in terms of complication free outcomes of patient care, and improve the comfort and confidence of our patients. Specifically, I am interested in improving the transparency of costs to patients. <a href="#">(The remainder of Dr. McFarland's Answer can be seen in his questionnaire)</a></p>	<p>Kootenai Health functions for the community. At Kootenai Health, we know that we can always improve. We make changes in our operation and in our services depending on the needs of the community. With the rapid growth that we have seen in the area, our citizens have seen a corresponding growth at Kootenai Health. There may be some that want to go back to the good old days where we had a nice adequate medical center. This is not however, what we have been tasked to do. <a href="#">(The remainder of Dr. Neff's Answer can be seen in his questionnaire)</a></p>	<p>Over the years, Kootenai Hospital has provided excellent healthcare to individuals and has many outstanding medical care providers at every level. The hospital, however, has lost some of the focus from its original intent of just providing excellent care as a community hospital and instead began endeavoring to be a regional or referral hospital which is worrisome terminology. <a href="#">(The remainder of Dr. Johnson's Answer can be seen in his questionnaire)</a></p>	<p>The Hospital Board has lost focus and appears to be making every decision through the lens of: "What's best for the hospital?" Instead, the Board should be focusing on: "What's best for the community?" My financial expertise would complement the composition of the board by adding a skill set notably absent at this time - one with prior experience in managing large, financially complicated institutions. <a href="#">(The remainder of Mr. Matheson's Answer can be seen in his questionnaire)</a></p>
<p><b>3.</b> What would your overall strategy be for the hospital and how do you plan to implement it?</p>	<p>I want to see more transparency, including a newsletter that publishes the board meeting minutes real-time and regularly. All major decisions of the board must be easily available for all to see. I also want to see separate legal council, reporting only to the Board, so the Board does not have to rely solely on the hospital's staff legal council, who report to the CEO.</p>	<p><b>Declined to Respond</b></p>	<p>My overall strategy is to measure every decision by the same standard I applied to my decades of clinical care: do what is best for the patient. The hospital and its system exist only to serve the health of its patients, and all other considerations are secondary.</p>	<p>We recently developed our new vision statement. My overall strategy would be to make that vision come true. To have one connected team boldly transforming the health care experience. This means that we use technology to interconnect the health team (and we are currently implementing a new medical records system to make this a reality). The patient experience should be eased through improved access, navigation, and care transitions. <a href="#">(The remainder of Dr. Neff's Answer can be seen in his questionnaire)</a></p>	<p>I would like to work with the other Trustees to: A) Make sure all healthcare decisions and recommendations are based upon the most verifiable published scientific and medical literature to benefit our community rather than relying upon governmental organization announcements. We should be capable of analyzing medical data ourselves thus removing unnecessary influences. <a href="#">(The remainder of Dr. Johnson's Answer can be seen in his questionnaire)</a></p>	<p>Strengthening the balance sheet. The pandemic has understandably weakened the hospital's financial position and increased concerns regarding long-term viability. This conversation is not news to our community as demonstrated by the recent need to convince the City of Coeur d' Alene to sponsor urban renewal tax increment financing to help facilitate infrastructure improvements near and around the hospital campus. <a href="#">(The remainder of Mr. Matheson's Answer can be seen in his questionnaire)</a></p>

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<p><b>4.</b> Do you support “Critical Race Theory,” why or why not?</p>	<p>I absolutely do not support Critical Race Theory. I was told recently about a young boy in first grade in the Coeur d’Alene School District who came home from school and told his mom, “I don’t want to be white anymore.” This poor child has been traumatized by either explicit or implied attitudes of teachers to hate himself, simply for being white. This has to stop. I am absolutely against any kind of racism. <a href="#">(The remainder of Mr. Nordstrom’s Answer can be seen in his questionnaire)</a></p>	<p><b>Declined to Respond</b></p>	<p>All patients and everyone deserve equal treatment regardless of race, religion, sexual orientation, or any other identifying feature.</p>	<p>This question is not relevant to the position as Trustee of the Kootenai Hospital District. Kootenai Health provides quality care to all citizens, regardless of their race, ethnicity of political beliefs.</p>	<p>As Medical Director of NHI, I taught wellness in many Marxist (socialist/communist) nations, such as Venezuela, and have seen first-hand how horrible Marxism treats the average person. One of the pioneers of critical race theory (CRT), Ibram X. Kendi, seemingly reveals the true intent of CRT in his book, How to Be an Anti-Racist by stating, "In order to be truly anti-racist, you also have to be anti-capitalist." <a href="#">(The remainder of Dr. Johnson’s Answer can be seen in his questionnaire)</a></p>	<p>No. Critical Race Theory, by definition, is systemic racism.</p>
<p><b>5.</b> What policies would you recommend to ensure patients receive the treatments they need without creating an excess financial burden by running unnecessary tests?</p>	<p>I believe that every patient should be allowed to have their own personal healthcare advocate, a spouse or loved one, or a personally known and trusted medical professional, who is allowed to be present in the hospital or doctor office when care options and decisions are being discussed. I don’t pretend to know all the answers so I would solicit input from citizens who have experienced pressure to do unnecessary testing or overbearing pressure from anyone in a hospital setting.</p>	<p><b>Declined to Respond</b></p>	<p>I have been a faculty member in a physician training program that specifically teaches providers to use scientifically validated, evidence based methods in diagnosis and treatment, to limit care to that which is worth the expense. We train our residents to check the medical record for prior studies so as not to duplicate expenses. There is a large grey area of judgment on what is necessary or advisable, but those who order tests must learn the skill of balancing thoroughness with economy, and in our hospital we should keep this as an expressed goal.</p>	<p>The leading cause of unnecessary testing is the duplication of tests. This occurs when health care is fragmented and the medical records of providers do not ‘talk to each other’. This means that providers may not know what has been done, so they might repeat testing. We have invested millions of dollars into a new integrated medical records system that would allow all providers to be using the same medical record system. This would give all providers access to previous tests and their results. <a href="#">(The remainder of Dr. Neff’s Answer can be seen in his questionnaire)</a></p>	<p>Physicians perform certain testing to rule out conflicting diseases which is best for the patient. However, some expensive testing is done to reduce lawsuit risk even though the physician understands the patient has an extremely small chance of having the additional disease. This excessive testing to reduce lawsuits can only be changed at the level of the legislature and the court system because doctors are defenseless if they don’t meet strict guidelines. What can be done is to allow competition because competition always helps to drive down costs compared to monopolies. <a href="#">(The remainder of Dr. Johnson’s Answer can be seen in his questionnaire)</a></p>	<p>Overly aggressive health care can cause mistakes, injury and is estimated to cost \$200 billion annually. The Choosing Wisely campaign (ABIM Foundation) suggests many ideas including health care providers handing out wallet-sized cards to patients with questions they should ask when determining whether they truly need they procedure. <a href="#">(The remainder of Mr. Matheson’s Answer can be seen in his questionnaire)</a></p>

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<p><b>6.</b> What qualities would you look for in a Hospital CEO and why?</p>	<p>I think a hospital CEO should not treat running the hospital as just another business, but make patients top priority over revenue and profit. A hospital CEO must be able to balance the corporate mindset with humility in taking input from medical practitioners and advocates. Terminology and technology are going to be much more specialized in a hospital setting, so a good leader needs to understand this and use good judgment, seeking technical input. A good hospital CEO must also possess common sense and above all compassion.</p>	<p><b>Declined to Respond</b></p>	<p>Our hospital is large enough that when we hire a new CEO, we will be choosing among men and women who have a track record, so demonstrated competence and expertise are the chief criteria. They must be informed, decisive, moral, personable and considerate, and aligned with the established goals of Kootenai Health but able to lead in new directions if this proves desirable.</p>	<p>The most important thing to look for in a CEO would be whether or not they embrace the culture of the organization. We have a culture of quality, safety and engagement. The ‘Kootenai Way’ must be understood and embraced. (More on the ‘Kootenai Way’ can be found on Kootenai Health’s website) Secondly, a CEO would need to embrace the vision that we have developed. The CEO must understand that the practice of medicine is ever changing and we need to transform how we provide care to our patients. <a href="#">(The remainder of Dr. Neff’s Answer can be seen in his questionnaire)</a></p>	<p>I have had staff privileges at many hospitals and have experience with many CEOs. First, CEOs have a tendency to focus on what benefits the growth and financial welfare of the hospital and sometimes be so focused on those issues, they lose sight of what’s best for the citizens they are serving. Hospitals should be a refuge of care and safety first. Certainly, to function well, the hospital needs financial stability but should do so without losing sight of who they are truly serving. <a href="#">(The remainder of Dr. Johnson’s Answer can be seen in his questionnaire)</a></p>	<p>Intuitive, creative (original ideas), passionate, honest, kind, and an uncommon amount of tenacity or what I refer to as “grit”. A future CEO’s experience must demonstrate the ability of ensuring day-to-day operations are intentionally built to support board-established goals.</p>
<p><b>7.</b> If faced with a budget deficit, would you support cutting spending or increasing fees? What would be your reasons for this decision?</p>	<p>I think the hospital currently does a pretty good job of working with patients and families to minimize costs and provide arrangements for those uninsured or under-insured. Having said that, I still think some fees are higher than necessary, understanding that many fees and charges are negotiated by contractual agreements with large insurance companies and Medicare. We need to look closely at these agreements to make sure the hospital can offer the lowest possible costs for patients in need, especially the uninsured.</p>	<p><b>Declined to Respond</b></p>	<p>This question shows a lack of understanding of the health care payment system. A hospital can’t practically increase its charges, which are set by the many insurers. The way to financial solvency is through maximizing efficiency in patient care, and in the utilization of the extremely complex reimbursement systems. Kootenai Health has been very successful by mastering these issues, and we will require agility and skill to cope with the changes coming.</p>	<p>The health care industry is like no other. This is one of the reasons that we need Trustees with extensive experience in the governance and management of health care facilities on our board. The vast majority of payments from public and private insurers is predetermined. That means that Kootenai Health get paid the same no matter what our charges are. Increasing our charges does not increase our payments and therefore has a very small effect on the overall financial stability. <a href="#">(The remainder of Dr. Neff’s Answer can be seen in his questionnaire)</a></p>	<p><u>Cutting spending</u> – Hospitals run the risk of budget deficits especially if their projected growth with acquisitions don’t pan out as anticipated. Controlled growth with benefiting the citizens of the community first will reduce the risk of deficits tremendously.</p>	<p>When possible, reducing expenses is always the first option. However, the complexities of a modern hospital rarely have solutions so simple. As way of example, our local hospital will continue growing. With growth, the burden of increasing indigent health care will fall upon the hospital. Furthermore, eventually the hospital must become an ACS designated Level II trauma center to ensure our community can provide life-saving care instead of transferring those patients to Spokane. <a href="#">(The remainder of Mr. Matheson’s Answer can be seen in his questionnaire)</a></p>

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<p><b>8.</b> Being that Kootenai Health a publicly funded hospital, how would you encourage transparency to the taxpayers?</p>	<p>From what I have found, Kootenai has not issued a tax levy since 1995. Apparently hospitals in populated areas like Kootenai County seem to be able to make revenue amounts that more than cover costs. However, I would not approve of a tax levy before all efforts to reduce costs have been implemented. Although an annual audit is required, a regular report to the public should be made routine, in terms that the average citizen can understand.</p>	<p><b>Declined to Respond</b></p>	<p>We are a hybrid of a public facility and a business functioning in a private enterprise insurance world. See above re cost transparency. We haven't needed to levy taxes, and I plan never to do so.</p>	<p>It is true that the Kootenai Health District has taxing authority. It is also true that we have not exercised this authority since 1995. The Board minutes are available on-line on the Kootenai Health Website. Additional financial information is available upon request. Of course, citizens are always welcome to join us at our monthly board meetings.</p>	<p><u>Make sure the financial issues being discussed are readily available to the public.</u> We are being voted into the trustee position by the voters of Kootenai County and we serve them. They have every right to be involved in the process since it directly impacts their healthcare and finances.</p>	<p>Better governance. There are unnecessary challenges when obtaining information from the Hospital. I have personally experienced this over the last several years while researching the Hospital and the Board of Trustees. All meetings and records of a public agency shall be open and available to the public. It is the responsibility of the governing board (Board of Trustees) to meet these requirements. <a href="#">(The remainder of Mr. Matheson's Answer can be seen in his questionnaire)</a></p>
<p><b>9.</b> Do you support or oppose the legalization of marijuana? Why or why not?</p>	<p>I do not support legalization of recreational Marijuana, however, I do believe many cancer patients on chemotherapy cannot tolerate commonly prescribed oral pain medications and where injections may not be feasible in a home hospice setting. I believe there is science that supports the use of medical Marijuana, if prescribed by a physician. I would promote research on this subject to arrive at the best solution for patients.</p>	<p><b>Declined to Respond</b></p>	<p>I don't support the use of marijuana in any form or context.</p>	<p>This question is not relevant to the position as Trustee of the Kootenai Hospital District. As a Trustee, we do not have input on possible state of federal legislation. Kootenai Health provides quality care to all citizens, regardless of their personal habits.</p>	<p><u>Oppose</u> –I was medical director of a substance abuse program in Southern California and have treated many people who have been negatively impacted by marijuana. Though proponents tout the health benefits of marijuana, these studies, under scrutiny, are extremely weak and the negatives far outweigh the benefits in published scientific literature upon which my decisions are based. In general, however, I oppose government legislating or mandating moral or healthy behavior as these should be left up to individuals.</p>	<p>No. Marijuana is a gateway drug.</p>

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<p><b>10.</b> What does the term “equitable outcome” mean to you?</p>	<p>This term is generally used to identify areas where there is under representation of minorities which can create a perception of unequal treatment or unequal opportunity. Programs that promote “equity” means tipping the scales in favor of one group over another. So rather than hold everyone to the same standard of performance, an “equity” program promotes reducing or eliminating standards so the outcome is equal, rather than the opportunity. I believe in providing equal opportunity to everyone regardless of race, gender, etc.</p>	<p><b>Declined to Respond</b></p>	<p>The term doesn’t mean anything to me standing alone. If referring to health outcomes, everyone should be treated equally and the best outcome sought for every patient.</p>	<p>In the practice of medicine, equitable outcome means that patients receive the same quality of medical care regardless of their race, ethnicity, social status, political ideology, religious affiliation, sexual orientation or ability to pay. (I apologize if I omitted a particular group)</p> <p>It is the mission of Kootenai Health to provide quality medical to ALL citizens.</p>	<p>As noted previously in Question #4 above, as Medical Director of NHI, I taught wellness in many Marxist (socialist/communist) nations, such as Venezuela, and have seen first-hand how horrible Marxism treats the average person. As a Medical Director of a multibillion-dollar company speaking to audiences of thousands and providing media interviews, it was necessary for me to study the history, government, culture, population statistics and other details of a country before speaking in order to accurately communicate with a respective audience. The term “equitable outcome”, though it sounds fair and just, is Marxism in disguise. <a href="#">(The remainder of Dr. Johnson’s Answer can be seen in his questionnaire)</a></p>	<p>Not enough people are listening to Jordan Peterson.</p>
<p><b>11.</b> What is your background and why do you feel it qualifies you for this position?</p>	<p>After graduating High School, I attended Pasadena City College in California in a business administration course of study. I then went on to the Air Force where I served for six years as an avionics technician and trainer working on F4 and F16 aircraft. I earned an Associate of Science degree from the Community College of the Air Force. After leaving the Air Force with an Honorable Discharge, I pursued my Business Admin education at University of Phoenix and at St. Leo University in Florida.</p>	<p><b>Declined to Respond</b></p>	<p>I have been a practicing physician for forty years, including inpatient care at Kootenai Health. I have taught medicine to young physicians for many years, and am considered highly knowledgeable and effective. The local award for teaching excellence was named for me. I have chaired many departments and committees at Kootenai Health, and have been Chief of Staff. One of my proudest achievements is having been named a member of the physician investigation committee</p>	<p>I am running for this office to support the mission and vision of Kootenai Health. An excellent local medical center is so important for the citizens of Kootenai County. My qualifications for this office include a dedication to improving the health of our community for the past 35 years. A sample of my activities is below: I have been a member of the medical staff of Kootenai Health since 1985. I have served in numerous administrative position on the medical staff. These include serving multiple terms as</p>	<p>I’m a graduate of UCLA’s School of Medicine and began my medical career in emergency medicine in Southern California at a Level 1 trauma center. While working as an emergency physician, a 38-year-old male came into our emergency in full cardiac arrest. This event changed my life and inspired me to transition to preventive medicine which I have been practicing for over 30 years. During that transition, I and a partner physician had a family practice of over 8,000 patients and have taken care of patients in 150,000 office</p>	<ul style="list-style-type: none"> <li>•Financial, regulatory and credit risk oversight of a \$40 billion investment and derivative portfolio.</li> <li>•Managing Kootenai County’s \$150 million treasury.</li> <li>•Collection, care and distribution of \$200 million in annual property tax revenue to over 50 taxing districts and urban renewal agencies.</li> <li>•Audit oversight of \$2 billion fixed income portfolio.</li> <li>•Financial, regulatory and credit risk management advisory for hundreds of US companies equal to or larger than Kootenai Health.</li> </ul>

	<p>Along with my technical training and experience in the Air Force I embarked on a 40 year career in networking and telecommunications, working at banks and financial institutions in Southern California and Texas.</p> <p>My last position was vice president of Network Collaboration at The Capital Group Companies (parent company of the American Funds). In my 21 years with the firm I was responsible for leading a team of engineers and technicians, implementing many, multi-million dollar projects. I have extensive experience working with large budget initiatives and with corporate executive boards in budgeting, planning, and decision making at the executive level.</p> <p>I do not have a bunch of medical letters after my name. But I am convinced that medical degrees and experience are not required for a position as a Trustee on the Hospital Board; the Board of Trustees does not provide medical advice to the hospital. The board's role is advise and consent in the oversight of hospital executive administration and the doctors who are the medical experts.</p> <p><a href="#">(The remainder of Mr. Nordstrom's Answer can be seen in his questionnaire)</a></p>		<p>year after year for decades, meaning that my peers considered me to be expert enough and fair enough to judge concerns about their practice.</p> <p>Please see my statement to the Kootenai Health administration questionnaire to all candidates for a partial listing of my past service on state and local boards, and presidencies of state medical organizations. I am currently on the Boards of Directors of the Kootenai Health Foundation and the Coeur d'Alene Downtown Rotary Club, the Board of Advisors of the WWAMI regional medical education consortium with the University of Washington, and am a member of the U of Washington Medical School Admissions Committee. In short, I have decades of experience and over fifty cumulative years of service on public volunteer boards, am very effective as a board member, and wish to continue to serve my former patients and all my neighbors with the skills I have developed.</p>	<p>Chairman of the Pediatric Committee, serving as Chief of Staff of the medical staff, as well as serving as chairman of the Credentials Committee. I am currently a trustee and have served in this position since 2008. Currently, I am Chairman of the Board of Trustees.</p> <p>Between 1993 and 1998, I served as a board member for Medical Service Bureau of Idaho.</p> <p>I have been a board member for the Kootenai Health Foundation.</p> <p>Additional experience includes participation on several State of Idaho task forces and committees (focused on the health care of Idaho's children).</p> <p>I have had extensive education in process improvement and governance. Throughout my 35 years as a Pediatrician in Coeur d'Alene, I have also advocated for the uninsured and underinsured.</p> <p>My primary goal is to continue to serve the citizens of Kootenai County in continuing our efforts at Kootenai Health to provide the highest quality medical possible. I believe that the overall health of the community is dependent on the physical health of its citizens. People want quality care provided locally.</p>	<p>visits and assisted in hundreds of surgeries along with managing hundreds of hospital admissions. I have been on the medical staff of many hospitals and understand their operations well. Additionally, in my preventive medicine career, I became Medical Advisor and subsequently Medical Director of Nutrilite Health Institute for 14 years and represented this multibillion-dollar supplement manufacturer (largest in the world) by teaching preventive medicine in 30 different countries globally. During my tenure at Nutrilite, I regularly obtained information from the CDC and WHO understanding that these are imperfect organizations and should not be the guiding light of healthcare. During my tenure as Medical Director, I successfully advised the company and its affiliates globally along with their millions of distributors globally during the SARS1 and H1N1 pandemics and readily see that Kootenai Health needs assistance in properly guiding the community through this pandemic and any future pandemics. During this Covid-19 pandemic, Kootenai Health restricted care for many other health conditions which have worsened during the pandemic such as depression, drug abuse, routine care and more <a href="#">(The remainder of Dr. Johnson's Answer can be seen in his questionnaire)</a></p>	<ul style="list-style-type: none"> <li>•Series 7 &amp; 63 Certifications, Financial Industry Regulatory Authority (FINRA) August 1999 through June 2004.</li> <li>•Managing Principal of registered municipal advisory firm (voluntary withdrew registration after being elected as Kootenai County Treasurer).</li> <li>•Certified Public Accountant, WA: September 1991 through September 1996</li> </ul>
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