

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT

OF

ROBERT G. MCSWAIN, M.P.A.

ACTING DIRECTOR

INDIAN HEALTH SERVICE

BEFORE THE

SENATE COMMITTEE ON INDIAN AFFAIRS

FEBRUARY 7, 2008

HEARING FOR ROBERT G. MCSWAIN, M.P.A.

February 7, 2008

Mr. Chairman, Madam Vice-Chair, and other distinguished members of the Senate Committee on Indian Affairs:

I am humbled and honored to have been nominated by the President, supported by tribal governments across the nation, endorsed by Secretary Leavitt, and for this Committee to consider my nomination as director of the Indian Health Service.

I'd like to thank and acknowledge my family, especially my wife June McSwain who has been my confidant and closest friend and daughter Kristin Ruud, son Major Eric Ruud, daughter Elizabeth McSwain and my granddaughter Britney Ruud. On this special occasion I wish to acknowledge my grandparents Dan and Ella McSwain, both passed on, who instilled in me the Indian values of mutual respect, compassion, listening, and caring for the environment.

I am proud to pledge before this committee, to both the Federal and tribal governments, to do my best to uphold the federal government's commitment to raising the health status of American Indians and Alaska Natives to the highest level. Should I be confirmed, I will remain committed to working with this Committee, the Administration, and Tribal Governments toward our shared goals and objectives.

For those on the Committee and those attending this hearing, I would like to provide some background about myself. I am a Tribal Citizen of the North Fork Mono Indian Rancheria that is located in the Sierra-Nevada mountain range, in North Fork, California. I began my health career in 1971 as the Director of Central Valley Indian Health, Inc., one of 16 original programs of the California Rural Indian Health Board. I then served as the Executive Director of CRIHB, providing leadership for a state-wide Tribal health program.

In 1976 Dr. Emery Johnson, Director, Indian Health Service (IHS), selected me as Director of the IHS California Area Office (CAO). The CAO is one of 12 Area Offices of the IHS. My term as Director of the CAO was marked by significant changes brought

about by the enactment of the Indian Self-Determination and Education Assistance Act (ISDEAA) Public Law (P.L.) 93-638; and, the Indian Health Care Improvement Act (IHCIA) P.L. 94-437. In 1986 I transferred to IHS Headquarters where I held several positions of increasing responsibility and authority, culminating in 2005 when Dr. Charles Grim, Director, IHS, selected me to be his Deputy Director. In September 2007, Secretary Leavitt designated me as the Acting Director, IHS.

In the early history of the IHS program, the greatest achievements in reducing health disparities were through increased medical care and public health efforts that included massive vaccination programs and bringing safe water and sanitation facilities to reservation homes and communities. I believe future reductions in health disparities will be made through health promotion and disease prevention efforts and programs.

If confirmed, I will work diligently to support the decision of Tribes to contract, compact, or retain the Indian Health Service as their provider of choice. The Indian Self-Determination Act allows Tribes to manage their own health programs. In addition,

this Administration and the Secretary have put their words into action and increased tribal consultation with the Department.

I am also committed to continuing the three Director's Health Initiatives: Health Promotion and Disease Prevention; Behavioral Health; and, Chronic Care Management. I firmly believe the future of Tribal communities depends on how effectively the Indian health care system addresses chronic diseases. And, preventing and treating chronic disease is critical to addressing the most serious illnesses faced by the Indian community.

Collaborative efforts are one way to bring the message of prevention to Indian people. As such, they IHS has collaborated with other organizations like the National Boys and Girls Clubs of America to increase clubs on reservations, NIKE Corporation to promote healthy lifestyles, per an Interagency Agreement CDC to fund IHS FTEs supporting epidemiology and disease prevention activities, Mayo Clinic to support efforts to reduce cancer and related health burdens, and Harvard University to improve American Indian and Alaska Native health and wellness.

Organizational performance is also important to the agency's effectiveness in administering its programs; and the IHS has made consistent progress in addressing management areas included in the President's Management Agenda, a government-wide management improvement initiative. In addition, the agency was rated "Exceptional" by the Department of Health and Human Services for the third year in a row for its overall organizational performance.

The Indian Health Service has had a long history, some 50 plus years, of continually changing and reacting to meet the new challenges and I am excited to report that we have been looking closer at working smarter, more efficiently and effectively. Key to our successes in the past and our future efforts is the committed, compassionate, and competent workforce we have in our Indian healthcare system.

In making the case for change and recognizing the forces driving the need to change we have concluded: The current healthcare delivery structure faces many challenges; such as, increasing needs to meet demographic and health condition trends.

Healthcare is labor intensive and we must focus on filling vacancies in both health care professions and support positions to ensure timely and quality access to health care services for American Indian and Alaska Native people.

The IHS and its Tribal partners through some amazing Tribal Leaders, have been advocates for Indian health: In the past we've simply adapted to the current health care environment without examination of how to improve the entire IHS system. This is a chance to change by design; we need to change in such a way as to maximize our capacity to deliver care; to continue to meet our responsibility to Indian people, we must develop a delivery system to increase access to care, and to achieve consistency in services across the system; and, design an integrated Indian health system to serve American Indian and Alaska Native people throughout the United States.

We need a Indian Health Service delivery system that is flexible while considering the national needs of Indian country as well as regional differences. A system where an Indian from the Great Lakes region can walk into a clinic in the Southwest and be seen by a provider who, with access to the patient's health

information and records, is able to care for that patient with a level of service equal to that of any other facility or program in the system.

As every previous Director of the Indian Health Service, I have the same great passion about this organization and our mission to raise the health of our people to the highest level possible. My actions will always reflect the honor of being entrusted to provide health services to American Indian and Alaska Native people. Should I be confirmed, I will lead the Indian Health Service, with honor and respect for our ancestors, and work with you and the Administration for the benefit of American Indian and Alaska Native people.

I am pleased to respond to any questions you may have concerning my nomination.

Thank you.