

# NOMINATION

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## HEARING

BEFORE THE

### COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS UNITED STATES SENATE

ONE HUNDRED SEVENTH CONGRESS

SECOND SESSION

ON

RICHARD H. CARMONA, OF ARIZONA, TO BE MEDICAL DIRECTOR IN  
THE REGULAR CORPS OF THE PUBLIC HEALTH SERVICE, AND TO BE  
SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE

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JULY 9, 2002

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## NOMINATION

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TUESDAY, JULY 9, 2002

U.S. SENATE,  
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,  
*Washington, D.C.*

The committee met, pursuant to notice, at 10:05 a.m., in room SD-430, Dirksen Senate Office Building, Senator Kennedy (chairman of the committee) presiding.

Present: Senators Kennedy, Dodd, Murray, Reed, Gregg, Frist, Hutchinson, Sessions, and Warner.

### OPENING STATEMENT OF SENATOR EDWARD M. KENNEDY

The CHAIRMAN. We will come to order. Today the committee will consider the nomination of Richard Carmona to be the Surgeon General of the United States. I have an opening statement, but we are joined by two of our colleagues, and a former colleague as well, Senator DeConcini. We want to welcome them, as well as our nominee, congratulate our nominee for this very, very important and significant deposition, and at an appropriate time, Doctor, I will ask you if you will be good enough to introduce the members of your family, but at this time you are accompanied by two very distinguished members and good friends to Senator Frist and myself, and good friends to this committee, and we are delighted to have them here to say a word in your behalf.

I recognize Senator McCain for whatever comments that he might make.

### OPENING STATEMENT OF SENATOR MCCAIN

Senator MCCAIN. Thank you very much, Mr. Chairman. Thank you for holding this hearing. I want to thank you and Senator Frist for taking the time to consider this very fine American to serve as Surgeon General of the United States.

Dr. Carmona's inspiring story is the living embodiment of the American dream. A high school dropout, Richard Carmona first served our Nation with the Special Forces in Vietnam, where he became a decorated Green Beret. Upon his return he obtained his high school equivalency and became the first member of his family to graduate from college. He went on to become a nurse, and later enrolled in medical school, specializing in trauma surgery.

When he graduated Dr. Carmona relocated in Tucson, Arizona and established southern Arizona's first trauma center. Later he continued his education, obtaining a master's degree in public health from the University of Arizona where he now serves as a

member of the faculty. As a professor Dr. Carmona trains future doctors in clinical surgery, public health and community medicine.

Always in pursuit of more challenges, in 1986 Dr. Carmona joined the Pima County Sheriff's Department as a surgeon and a SWAT team leader. Today Dr. Carmona is a celebrated deputy sheriff. In fact, he has received the honor to "Top Cop" from the National Association of Police Organizations, and is one of the most decorated policemen in Arizona.

In addition to his service to the community Dr. Carmona is a motivating community leader. He has stressed the importance of community preparedness and warned of the dangers of a biological assault long before September 11th. After the terrorist attacks Dr. Carmona recognized the psychological impact of the events on Tucson residents, and coordinated a team of mental health experts to assist him in dealing with the associated trauma. Due to his bioterrorism experience, he was also put in charge of implementing southern Arizona's bioterror and emergency preparedness plans.

Mr. Chairman, Arizona will surely miss this outstanding man, and I know he will miss Arizona. Our Nation will gain an invaluable leader. With his military and law enforcement background, coupled with his demonstrated commitment to public health and community preparedness, Dr. Carmona is extraordinarily, perhaps uniquely qualified to address the needs of our Nation as Surgeon General.

I thank you, Mr. Chairman, for allowing me to appear, and I look forward to the opportunity of seeing Dr. Carmona in this very important position.

The CHAIRMAN. Thank you very much, Senator McCain, for your good words, strong words of recommendation, and we are glad that you are here. We know that you have other responsibilities, so we are glad to have you stay, but if you have to excuse yourself, whenever you want.

Senator Kyl, welcome.

#### OPENING STATEMENT OF SENATOR KYL

Senator KYL. Thank you, Mr. Chairman. I would like to put an introductory statement in the record and simply expand on the last point that Senator McCain made.

Dr. Carmona's background is so broad and varied that one might call him a man for all seasons. But I think the last point Senator McCain made is important for us now. He is a man for this season. His unique background will qualify him to deal with the unique responsibilities that he will have in helping us in the war on terror. I think while we have had excellent Surgeons General in the past, with backgrounds in other areas of the medical field and health profession, at this particular time his unique background will serve him well and serve us well as we work our way through this war on terrorists with the bioterrorism issues that you and Senator Frist have been so active on, and many of the other things. So he, I think, is exactly the right nominee at this time, and in addition to all of the other ways that he will help and the other experience that he brings to the office, his experiences that will shed unique light on and inform his leadership with respect to the war on terror

I think make him uniquely qualified at this particular point in time.

I join my colleague in strongly recommending him to the committee and in volunteering in any way to assist this committee to move his nomination forward.

[The prepared statement of Senator Kyl follows:]

PREPARED STATEMENT OF SENATOR JON KYL

Mr. Chairman, I am pleased to introduce Dr. Richard Carmona, the nominee to be Surgeon General of the United States.

Dr. Carmona is exceptionally qualified for this important position at this crucial time. The President has announced that the new Surgeon General will address a number of important health issues, among them, helping America prepare to respond to major public health emergencies, such as bioterrorism.

Dr. Carmona's education and extensive career in public service have prepared him to lead ably on all health issues facing Americans today. He received his medical education from the University of California at San Francisco and a Masters of Public Health at the University of Arizona. He is currently a Clinical Professor of Surgery, Public Health, and Family and Community Medicine at the University of Arizona, as well as Chairman of the State of Arizona Southern Regional Emergency Medical System. Dr. Carmona has published numerous scholarly articles on such varied subjects as emergency care, trauma care and responses to terrorism.

He is also currently a Deputy Sheriff in the Pima County Sheriff's Department SWAT team and the National Association of Police Organizations named him the nation's Top Cop in 2000.

Dr. Carmona has also been an administrator of a community hospital. Additionally, he was a Special Forces Medic and served in Vietnam, where he received the Bronze Star, two Purple Hearts, and a Combat Medical Badge.

As you can tell, Mr. Chairman, Dr. Carmona not only has the medical experience to be Surgeon General, but also other experience that will be necessary for the Surgeon General position at this time.

I have no doubt that Dr. Carmona will be an excellent Surgeon General and help our Nation deal not only with bioterrorism, but other pressing issues such as alcohol and drug abuse, and overcrowding in hospital emergency rooms. I trust he will receive a quick confirmation.

I Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very much, Senator Kyl. These are strong recommendations, and we are delighted to have both of you make these presentations here today.

I will make a brief opening statement, and ask our colleagues if they want to say a word, and then we will go right ahead with our statement from Dr. Carmona.

The Surgeon General is the Nation's doctor. He is our country's principal official on health care and health policy issues. The Surgeon General leads the Public Health Service and the Service's Commissioned Corps, one of the seven Uniformed Services of the United States.

This is one of the most important jobs in our national government. The Surgeon General promotes and protects the health of all Americans, whether it is providing care through the Public Health Service, addressing the threat of bioterrorism, urging our citizens to adopt healthy lifestyles and to stop smoking, or helping young mothers nourish healthy children. This position demands a person of extensive expertise and experience, who has demonstrated a strong commitment to improving the public health.

Over the years our Surgeons General have enabled millions of our fellow citizens to live longer, fuller lives. We remember Dr. David Satcher's work on mental health and against the tobacco industry; Dr. Everett Koop's historic leadership on AIDS; Julius

Richmond's pioneering work on Head Start; and of course, Dr. Luther Terry's landmark report on smoking.

These are big shoes to fill, but today our country needs another such champion of public health. We need a strong and independent Surgeon General who will put public health first and leave politics and ideology well behind.

Dr. Carmona comes to us with an impressive background. He has taken on many important responsibilities. He is a trauma surgeon, a decorated police officer, a former health administrator and a former Green Beret. He is the father of 3 children. In addition to his heroic service in the Army and as a law enforcement officer, Dr. Carmona made his professional mark in the fields of trauma care and bioterrorism preparedness.

It is my particular hope that he will bring the same commitment and the same success he has achieved in these fields for the people of Arizona to promoting the health of our Nation, from preventing tobacco use by our children and youth, to expanding access to health care, to addressing disparities in health among our Nation's communities, to improving childhood immunization rates, to fighting the AIDS epidemic.

Dr. Carmona is supported by the National Safe Kids Campaign, the National Alliance for the Mentally Ill, the National Hispanic Medical Association, and by Dr. Phil Lee, the distinguished former Assistant Secretary of Health.

So you are very welcome here, Dr. Carmona.

I will ask my colleagues if they want to say a word, and then we will proceed with your presentation.

[The prepared statement of Senator Kennedy follows:]

#### PREPARED STATEMENT OF SENATOR KENNEDY

Today, the Committee will consider the nomination of Dr. Richard Carmona to be Surgeon General of the United States.

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Dr. Carmona is supported by the National Safe Kids Campaign, the National Alliance for the Mentally Ill, the National Hispanic Medical Association, and by Dr. Phil Lee, the distinguished former Assistant Secretary of Health.

So I welcome Dr. Carmona, and look forward to working with him closely in the days to come.

#### OPENING STATEMENT OF SENATOR GREGG

Senator GREGG. Mr. Chairman, let me thank you by moving this hearing so promptly on this nominee, and I am really here to hear from the nominee, so I reserve my comments and submit my thoughts to the record.

I would say this, however, that the Surgeon General position—I agree with the Senator from Massachusetts—the Surgeon General's position is a critical position, and it is one which really defines a large amount of health care delivery in this country, and especially how we as a culture address certain issues, and Dr. Everett Koop, who was a New Hampshire person, set a standard which I think is the standard we should hope that Surgeons General in the future will try to reach, and I look forward to working with you, Doctor, to attain that standard.

The CHAIRMAN. Senator Frist.

#### OPENING STATEMENT OF SENATOR FRIST

Senator FRIST. Thank you, Mr. Chairman, and I too have placed my opening statement in the record, but do want to comment on the position of the U.S. Surgeon General, that for the last 100 years has played a true leading role on health care matters facing the Nation.

Former Surgeon General, Dr. C. Everett Koop, called the position, "a high calling with an obligation to interpret health and medical facts for the public." If there is ever a time we need that sort of position, that sort of responsibility, it is today. That calling has never, never been more urgent, I believe.

While Americans enjoy the most sophisticated and most advanced health care in the world, there are public health challenges that we must confront as we look into the future. We have recently

experienced an under-prepared public health infrastructure, that despite recent attention, is not yet adequately equipped to meet the threat of bioterrorism. There are unacceptable levels of substance abuse, especially among our young people today. There is a growing prevalence of obesity and the serious conditions that may result from it.

Given these challenges, I am pleased to join my colleagues in welcoming Dr. Carmona this morning. I look forward to hearing more about how his training and his energy will serve the Nation in this new role.

Welcome, Dr. Carmona.

Senator KENNEDY. We are joined by Senator Sessions, if you want to say a brief word, we would be——

#### OPENING STATEMENT OF SENATOR SESSIONS

Senator SESSIONS. Just briefly, I would just emphasize that in addition to Dr. Frist's comments and yours regarding the primary functions of this office, the one that is so well known, it is good, as a former law enforcement officer, prosecutor myself, that you have real law enforcement experience. You have got combat experience with the military and decorated in a number of ways, with the Bronze Star and the Purple Heart in Vietnam. It is something that I think speaks well of your commitment to America. In addition to that, it will help you deal with the terrorist threat that we are facing today, and I think that background is particularly valuable at this time.

Thank you, Mr. Chairman.

Senator KENNEDY. Thank you very much.

Dr. Carmona, I will give you an opportunity to introduce your wife. I had the chance to meet her earlier. Then proceed with your statement.

Dr. CARMONA. Well, Senator, thank you for that opportunity. I thank you also for, if you will, getting me off the hook because I was sworn that I would not introduce her, and she just wanted to blend into the background, so I thank you.

It is my privilege to introduce my wife, Diane, my partner and my compass for life.

Senator KENNEDY. You are very welcome here. Thank you for being here.

Very good. You can proceed with your statement.

#### STATEMENT OF RICHARD CARMONA, M.D., MPH, FACS

Dr. CARMONA. Thank you, sir.

Chairman Kennedy, Ranking Member Gregg, distinguished members of the committee, guests and staff, I am profoundly humbled and honored to come before you to be considered for this prestigious appointment as the U.S. Surgeon General.

Three and a half months ago I began an unanticipated and uncharted journey into the unknown when I was nominated by President Bush to be the next U.S. Surgeon General. I am still numb and in disbelief at this extraordinary honor. No one could possibly anticipate this unique calling in their life, especially me. For in each successive milestone in my life, I have always felt quite blessed that I had achieved more than anyone in my family and

more than I had ever dreamed. From meager beginnings to dropping out of high school, and finally finding significant life direction from my first real employer, the U.S. Army, and my then newly-adopted family, the U.S. Army Special Forces. There I was continually tested, challenged and held accountable as I developed essential survival skills that allowed me to survive not only in combat, but also equally important, prepared me for the battlefields of life.

Courage, honesty, dedication, integrity and sometimes most important of all, tenacity, are some of those essential tools that were transferable to the real world as I embarked on life. From being a lifeguard at a public beach through being a soldier, medic, police officer, physician and surgeon, professor, researcher, public health officer, public health system CEO and community leader, I have found there is no greater endeavor than to serve one's fellow man.

Now I may have the ultimate opportunity for public service before me, U.S. Surgeon General, the top doc, the people's doctor. This really is a surreal experience. As I related to my very young, inquisitive daughter, it is as if the fairy godmother reached out and touched me and cast me in the best Disney movie ever made.

For many years some had wondered about my apparently disjointed career paths, military and police, special operations, emergency preparedness and management, search and rescue, paramedicine, medicine trauma surgery, public health and teaching. However, to me they were always complementary in regards to protecting the public's health, safety and welfare.

Then came 9/11 and my 5 decades of careers suddenly all merged and took on a new and even more significant meaning as homeland defense and domestic preparedness became household words. Ironical as it may seem, I believe it was best summed up by one of our former county supervisors, who was quoted in the press as saying, "Rich didn't know it, but he was training his whole life for this job as U.S. Surgeon General."

Over the last several months after my nomination I have had the opportunity and privilege to return to Washington frequently as I met many of you and others to prepare for this day. My perception of the awesomeness of our leadership and government has not lessened on any of my subsequent trips, but has rather heightened. Every trip here I feel like a very fortunate tourist who has been afforded the opportunity to witness the workings of the greatest government and country in the world.

As I made my rounds on the Hill and had the privilege to meet many of you, I gained a better understanding of the enormous responsibility of the position of U.S. Surgeon General. I was absolutely overwhelmed by your hospitality, candor, graciousness and by the passion that you and your colleagues described your areas of interest and concerns relating to health, safety and welfare of our citizens.

Among our many discussions, a common thread emerged: prevention. Whether the issue was counterterrorism, global health, AIDS, quality of health care, asthma, substance abuse or childhood obesity, maintaining health and wellness and preventing disease and injury was the highest priority for all of you, as I am happy to say it has always been for me.

Of necessity and by direction of the President and the Secretary, the role of the U.S. Surgeon General has broadened significantly from that of traditional public health responsibilities to now include the expanded leadership role as part of the team addressing homeland defense and domestic preparedness. A significant part of this new preparedness endeavor is to build, strengthen and expand the Commissioned Corps of the U.S. Public Health Service. These are our unsung heroes, domestic warriors, who on a daily basis during peace and war are responsible for the Nation's public health. They can be found working in numerous essential capacities nationally, such as researchers at NIH and CDC, clinicians at the Federal Prisons and U.S. Coast Guard and within the Indian Health Service, just to name a few of the many areas of responsibility. More recently they have been highly visible in our National Office of Emergency Preparedness and in our Disaster Medical Assistance Teams and National Disaster Medical System.

The events of 9/11 have thrust the new millennium upon us. Never before has the potential of the U.S. Surgeon General been so essential to the President, the Congress and the public. As the national leader and spokesperson for health issues, as well as the adviser to the President and the Secretary, the Surgeon General has the opportunity to bring the best scientific information forward, and articulate clearly and concisely, complex evidence-based science that has the ability to improve the health, safety and welfare of our citizens. From our brave first responders to mothers and fathers throughout America, we need the ability to deliver timely, uniform, user-friendly information that will empower the receiver to take appropriate individual or collective action in their daily activities that affect individual and public health as well as during catastrophic emergencies such as hurricanes, floods, disasters and the events such as occurred in 9/11. In our all-hazards approach, the public is an essential component of our team as our first responders.

I also recognize that my ultimate success as Surgeon General will be co-dependent on the team I am on and the networks I can establish and work with to effect change. To that end, I also know that I must work diligently in order to establish my credibility with the Congress and other leaders. I will therefore strive to become your consultant, your ally and your spokesperson, as you attempt to navigate the sometimes rough seas of health and public policy development in your service to our Nation.

Once again in my life I find myself in the enviable position of having exceeded my dreams. My goal now is simply to serve you and the public in an exemplary fashion so that my legacy would be that my presence made a significant difference for our country.

Thank you very much for the privilege of coming before you to have my nomination considered.

The CHAIRMAN. Thank you very much, Dr. Carmona.

The Surgeon General is the Nation's doctor and his voice can make a fundamental difference on the way we live our lives. What do you hope to be able to accomplish as Surgeon General? What would you like your legacy to be most identified with?

Dr. CARMONA. Well, sir, thank you, Mr. Chairman, for allowing me to comment on that very broad question. I guess I would sum

it up like this, that first I would hope to earn the respect of the public and Congress so that I earn the title of people's doctor. I would hope to lead, coordinate and articulate good science to the public and Congress so that we have an informed public and a Congress armed with pertinent information to formulate prudent health policy and public policy.

Overall, if fortunate enough to be confirmed, I would hope that my legacy would be that the public, President and Congress feel that I performed in an exemplary fashion and that my presence made a significant difference to the health, safety and welfare of our citizens.

The CHAIRMAN. Let me, if I could, ask you some questions that were raised in this Los Angeles Times story of yesterday, and in anticipation of the hearing they published an article reviewing your career, and raised a number of issues, potential controversies. Before getting into the specific questions relating to those issues, I wonder if you would like any opportunity to respond generally to the article?

Dr. CARMONA. Mr. Chairman, thank you for that opportunity. It is not often that we get to respond in public to press accounts of our activities.

I would say in general I was quite disappointed. I think it is somewhat of a paradox that the article seems to be holding me accountable to what the press has reported on me over many decades of activity, and something that I cannot control and really have very little input to.

But as the committee is aware, when assuming leadership positions, it is often necessary to make difficult decisions for the benefit of the organization or the majority. As much as possible, even after appropriate discourse, input, compassionate thought and empathy, decisions have to be made that sometimes are disagreed with. Most people move on, but unfortunately a few hold on to their sentiments. I believe this article presented some of those contrary opinions that have developed over the years.

The CHAIRMAN. Well, let us start with your record of employment. You left the Tucson Medical Center with disagreements that ultimately led to litigation, and it said you resigned as the head of the Pima County Health Care System on the eve of a Board of Supervisors meeting at which you might have been fired. There was a quote, when you left, the system was carrying a \$40 million deficit on a \$55-million annual budget that was operating at 50 percent capacity. How do you respond to the allegations that you could not manage effectively this important health post?

Dr. CARMONA. Once again, Senator, thank you very much for the opportunity to respond to each of those issues briefly.

Regarding the medical center litigation, this was a business dispute. It was a breach of contract litigation where the medical center breached a contract with me. The end result was that the medical center made a public apology to me and my family in two local newspapers, full-page ads, and they had to pay a large monetary settlement for this. As far as I was concerned, that ended the issue, and as it was a decade ago and has been far out of my mind since. I am still on the staff there at the hospital, and have many friends at the hospital and continue to work there when asked to do so.

The CHAIRMAN. What about the point about your management skills though, the fact that this center ran into the kind of deficit situation that I have mentioned. Do you have any comment on that? As I understand it, this was an expanded range of services that were intended to be provided to the community. Some think that they were overstretched at the beginning of this and could not find the sufficient justification for those kinds of services, but what is your own kind of take on the reasons for the deficit?

Dr. CARMONA. Thank you, sir. I appreciate the comment once again to respond. Maybe I could put them all together, the resignation issue.

I was originally recruited for the position of CEO of the county's health system and agreed to stay for a year. That was at the request of the Board of Supervisors after I had shared a voluntary commission to study the public health system. After a year they promoted me and asked me to continue to stay because the record will show that we were doing quite well on reversing some of the negative trends that had been at that hospital. At the end of 3 years I finally felt it was time to move on, and expressed this to the Board of Supervisors, who are the elected officials that oversee all of the health facilities in the county. By the fourth year I had been trying to leave, and I had put a very definite date on my time to leave at the end of that contract year, and I did so. It was not because I did not enjoy the work, it was because I originally came for a year. I extended that to 4 years and some people, for their own benefit, chose to characterize this as being forced out, but it was not so, and I think that is evident in letters that you have received about my tenure at that time.

The deficit issue, the county health system is a county-owned public entity that included the county hospital and many other assets, and was actually a business with revenues of approximately \$300 million per year. The hospital accounted for about \$65 million to \$70 million per year. The so-called deficit was really accumulated over approximately 20 years and really started long before I even moved to the State of Arizona, and was actually primarily the result of providing indigent care at public facilities. Due to the method of accounting that the county used, it was called a debt or a deficit, when in fact it was really the cost of providing indigent care.

For some time I worked with the Board of Supervisors and the county manager to restructure this and to change the accounting practices. I am happy to say that shortly after I left, the county manager did work on those recommendations and change that, and the so-called debt was eliminated totally from the county budget. So I am very proud of that record, and I stand on that record.

The CHAIRMAN. Well, you did not eliminate the indigent care which you could have done——

Dr. CARMONA. No, sir.

The CHAIRMAN [continuing]. As an economic factor, but you continued on that.

Let me go to this board certification issue. According to your records you completed your surgery residence in 1985 and began working at the trauma center in Tucson shortly thereafter. You only became board certified in 1993. That was late in your career

and coincided with your departure from the Tucson Medical Center. The Los Angeles Times claims that you failed the Surgery Board twice before passing in 1993. How do you account for this, and does this reflect on the issues of competency or capacity in the medical profession?

Dr. CARMONA. Mr. Chairman, once again, thank you for allowing me to comment on these issues. These are issues that have been brought forth before in a public forum in the press, and were actually part of that initial litigation that you spoke of as we opened the session. There was never any issue with my competence. I passed the required test for the American Board of Surgery in the time allotted by the American Board of Surgery. That is a voluntary process. No one has to undergo these testing. Most of us do it on a voluntary basis. The Board of Surgery has a window of opportunity that you can apply and take the test. I did so, and passed within the time.

As far as my competency or the capacity as a medical professional, a single test is probably not a very good indication of anybody's specific knowledge. I would say that probably my couple of decades of practice would be a far better indicator of my level of competence. I think as you can from my record and my numerous performance evaluations from the university, from the hospital I have worked at, from organizations that I have leadership positions, they have all been exemplary. The fact is, is that my peers even voted me the physician of the year during that time. So I do not think that anybody has ever questioned my competency or my ability to practice as a surgeon, and then I think all of my evaluations have been superior, and again, I fall back and stand on my record that I think I have had a very good record and have served my patients well, especially the indigent patients that I fought very hard to maintain programs for in the under-served areas in Arizona.

The CHAIRMAN. Well, all those letters will be made a part of the records, and it is impressive, the sort of uniform expressions of both respect and appreciation by your patients that we have received. It is impressive.

The Los Angeles Times also reported that you sought board certification in emergency medicine, and that according to the Times you claimed in a sworn statement to have worked 5,000 hours in that capacity, but that it was not the case. Did you make a mistake or was there a question? What was the issue that was raised with this?

Dr. CARMONA. Mr. Chairman, once again thank you for allowing me to address this issue.

First I probably should be able, if you do not mind, just briefly explain the process that was in place at the time. In the early 1990s, late 1980s, the American Board of Emergency Medicine was a relatively new board and had sent out information to all physicians who had practiced in the area of emergency care, that if you would like to sit for the emergency boards, you could do so on a voluntary basis. You needed to submit your hours and what experience you have had in emergency medicine, and you could do that without having taken a formal residency, and this was a so-called grandfather clause that most every board has had as it is devel-

oped. I chose at that time, after consultation with our emergency medical director in the ER, to provide an application and let them evaluate that application.

So there were no errors on the application. I filled it out truthfully, and I submitted the hours that I spent. Now, as you can imagine, as a trauma surgeon I spent almost all my time in the emergency room taking care of very severely injured patients. In addition, when I was a resident and a fellow, I did a lot of emergency room work, so-called moonlighting. All of those type of hours and training and experience can count toward that exam. Initially the board sent me a letter and said, "Fine, we accept your hours and you can sit for the exam." A physician who was a competitor, who was also involved in that initial litigation—a lot of this goes back to that initial litigation—sent a letter to the board and said, well, he thought that my training was too concentrated in trauma and not enough broadly defined. So it was not so much the amount of hours. It was that I was more a trauma surgeon than I was with general ER medicine.

The board asked me to reapply and spend a considerable amount of time redelineating my hours specifically. At that time I did not have the time to reapply and an application, and since I did not intend to practice emergency medicine, I chose not to pursue this any further. Again, this was never an issue. I was never accused of any impropriety. The application was made out entirely truthfully, and this only arose during the course of that litigation, and I might add that the judge who was involved in that litigation dismissed this because there was no evidence associated to support it.

The CHAIRMAN. Thank you. I am taking some time here, and I will ask just one other question that related to the article, and then we will go to our other colleagues on some of the public health issues, but I think it is important that these issues be put to rest.

There is the issue of the confrontational sort of style. The Times reported that this was an issue that was raised particularly with regard to the county commissioner, threats that you made to her. What is your response to those charges about how you treated the county commissioner and the suggestion of that confrontational style?

Dr. CARMONA. Mr. Chairman, once again thank you for the opportunity to respond.

As I am sure the committee of distinguished Senators knows, you know, when you are in certain leadership positions and a body of elected officials appoints you to be an agent of change, to change the status quo, to bring contemporary management techniques to a dying system that is struggling to care for indigent patients. At times that is upsetting to people who live in the a status quo for a long time.

Because of that, sometimes those of us who do step out might be characterized as confrontational. I probably say that at times that might be one of the more benign adjectives that might be associated with taking a leadership role, but I would say emphatically that I always treated my patients, my staff and co-workers with the greatest respect.

I came up through the system as a registered nurse. I have worked just about every position in the health care system. I know



what it is to be in the trenches, and I respect those workers because they are the ones at the bedside every single day.

The commissioner in question is a civilian volunteer who was an adviser to the elected officials who hired me to do the job. She had no health care background. She had no management experience, and often there were disagreements because of that lack of knowledge in these very specific areas that were needed to run an organization, but never was there any yelling, screaming, or unprofessional activity, only professional disagreements.

The CHAIRMAN. I appreciate your response to these questions that were raised in the article. I have a number of other questions in public health, but I think we will go now to my colleagues to ask questions, and then I will come back to those issues. If we could, we will try to follow the 7-minute rule.

Senator Gregg.

Senator GREGG. Thank you, Mr. Chairman, and I appreciate you asking those questions also. I think it is appropriate to put it on the record, and I think the doctor's responses were accurate, excellent and certainly point out the article had some failings in its substance and its depth of coverage.

I am wondering, as we look at this issue of terrorism, which is something that has consumed a lot of us in the Congress and a lot of Americans, and obviously the administration.

We have this three-legged stool of first responders. We have fire, police and public health. I am wondering what you think we need to do in the area, or if you even had the opportunity to think about it in a comprehensive way, in the area of creating our public health system in this country to better deal with the potential of a terrorist attack that would bring weapons of mass destruction.

Dr. CARMONA. Senator Gregg, thank you very much for the opportunity to address that. As you know, a subject that is near and dear to my heart that I have worked with for many years prior to 9/11. I think that one of the things that 9/11 did was to bring to the forefront some of the deficiencies that we have in our public health system to include emergency response. When we look at our public health system, ideally what we would like to see is a continuum, I believe, that begins in the smallest communities with the first responders, police, fire, EMS responders, most of whom struggle to get training, most of whom have equipment needs, have organizational needs, but do the best they can. As you are probably aware, many of our responders are volunteers in many of our smaller communities around the United States. So that the process really begins in the smaller communities and moves up to a state level and a national level. I think at the national level, our U.S. Public Health Service and all of its assets really provide the leadership with the Surgeon General, with the Congress, so that we can integrate all of these assets to be able to respond in a timely fashion, in what we have termed in the field an all-hazards approach.

Our first responders respond every day to car accidents, fires, explosions, all types of disasters, manmade and otherwise, and we have to ensure that they are available and trained and equipped to be able to respond to all of these hazards, that we are not becoming a specialty area of bioterrorism. You mentioned weapons of mass destruction. Bioterrorism is but one of many threats. It is a

significant threat, there is no question, but our responders need to be trained in an all-hazards approach so that they may respond to all of these events. The fact of the matter is, that a terrorist event, statistically, although very important, is much less likely than the every-day catastrophes that we deal with in our lives, and these same responders are the ones that respond. Being able to integrate local communities in a regional system through their States, having Federal assets that assist in the education, training and providing equipment for those responders, and really what I would see is working toward creating a seamless system, that is, where we start at the lowest community, right up to the Federal system, because our experience and the literature has shown us that in any disaster, it is the local community that is going to keep those citizens well and alive for the first 48 to 72 hours even though the Congress may release Federal assets, it takes a little while to get there with few exceptions. So that is what I would envision as being able to create this continuum. This continuum, right up to the Federal level, strengthens our emergency response, it strengthens our public health infrastructure.

Senator GREGG. Most of the Surgeon Generals who have been extremely strong figures and have given this country excellent leadership, have had a single thematic view, a single thematic approach that has dominated their position and allowed them to give identity to that issue, take that issue and bring its visibility up amongst the American public, and as a result actually impact that issue in a positive way.

I am wondering if you—and I think many of them stumbled into those issues after they got into the job, so I do not presume you come in here with that thematic issue in place, but if you do, I would like to know it, and if you do not, I would be interested in what you might think are the options out there that you would be pursuing.

Dr. CARMONA. Thank you, Senator. Well, as I said in my opening statement, I was just elated at the passion by which all of you that I had a chance to meet with, expressed your interest in health care and what you thought needed to be done for our citizens. Many of those issues, as I pointed out in my opening statement, of great diversity, counterterrorism, the bioterrorism portion within it, obesity, asthma, childhood problems, immunizations. Really the central theme that emerged to me that I was so happy to hear from all of you was prevention. So if I had one central theme to bring forward in this very, very vast array of challenges that faced us, is prevention because every one of those things we look at, including the threats of weapons of mass destruction are amenable to good prevention practices.

I hope to, with your guidance, with the opportunity to serve, be able to bring forth strong prevention in every one of the areas that you all have pointed out to me, but not to the exclusion of dealing with care or dealing with other traditional public health issues, but I think we really need to shift the paradigm to as society of prevention, rather than one that waits for its citizens to become sick or ill and dependent upon the government for services.

Senator GREGG. Thank you.

The CHAIRMAN. Senator Dodd.

Senator DODD. Thank you very much, Mr. Chairman.

Thank you, Doctor, for being here, and for your response to some of the earlier questions.

Mr. Chairman, I would ask unanimous consent that an opening statement will be included.

The CHAIRMAN. All the statements will be included.

#### OPENING STATEMENT OF SENATOR DODD

Senator DODD. I welcome you to the committee, Doctor, and you have, if confirmed, have some big shoes to fill in your predecessor. Dr. Satcher was very highly regarded by many of us here, and he took on some strong issues, tough issues. He appeared recently before this committee talking about teenage suicide and was very compelling in his testimony that he offered.

So this job has been—over the years, there have been those who suggested it sort of had lost its utility and value, something the Surgeon General associates more with the Civil War, I guess, than 20th century or 21st century needs, but I think some of your predecessors certainly have indicated that they can make this job extremely important, as being sort of the Nation's general practitioner, if you will, and asked to cover a wide range of issues.

The bully pulpit that you are given to educate people, to educate members of Congress, the public at large, is tremendously valuable. So I do not subscribe to those or join with those who suggest that this office has lost its value. If anything, I think its value has been increased and enhanced, particularly because the people who have held the office have made it such, because they have made it important.

Dr. Koop certainly is a wonderful example of someone who made it compelling. He is one of the few cases, I actually voted against Dr. Koop when he was here, and I, on two occasions, have written to people after the fact and apologized for my vote, and that was one of them. He did a remarkable job, and my vote against him was wrong, and I told him so afterwards and regretted it.

I am sure I the only member here ever to cast a vote like that over the years.

[Laughter.]

But I do regret it. He did a wonderful job.

Let me raise just a couple of issues with you, and I would just like to sort of get some sense of what you might do, utilizing the position you have to address some of these questions.

I have a great concern about the growing problem of obesity in the country, among young people particularly. It is staggering the percentage, 61 percent of adults, 13 percent of children, suffer from this disease today. It is costing us a tremendous amount. If you want to just look at it in dollars-and-cents terms, which some people are only impressed by that, the estimates are about \$117 billion annually as a result of related health problems associated with obesity. I wonder if you might just share with us some thoughts on how you would deal with that, number one.

No. 2—I'll just ask a series of questions and then give you an opportunity to respond—smoking is still a huge problem, tobacco, and there has been a reluctance on the part of some over the years because of the obvious interests involved, but still I think the num-

bers hold up. Some 3,000 kids start smoking, is it every day? Is that the number? I think it is on a daily basis, and so it does not go away. Now there are recent reports about the added impact on women, if recent reports are accurate, in terms of what needs to be done. There will be pressures, I suspect, not to focus on that as much, but I still think it is a major issue.

HIV/AIDS, again, the leading killer of young black men between the ages of 25 and 44. I would like to know what the Surgeon General is going to do. We just had the international conference, I would like to know what you thought of that, and what role you believe you can take and what efforts have you made to come up with some better answers to this.

The nursing shortage is the third issue that I wanted to raise with you. We have a huge shortage of those people in our country, and I wonder what you would do to attract qualified candidates to the profession.

Lastly, the issue of medical errors. It is estimated by the Institute of Medicine that 98,000 people die every year due to medical errors in this country. We have had hearings on it here in the past, and again it is, I think, a proper role for the Surgeon General to take that issue on as well, and I would be very interested in hearing your responses to what you might do in those specific areas I have raised.

Dr. CARMONA. Senator Dodd, thank you so much for the opportunity to address these issues. I know in my meeting with you, you were very passionate about many of these, and I was absolutely impressed with the degree and depth of knowledge you had on this, probably more so than many of my colleagues in medicine, and I thank you again for the opportunity to discuss some of these issues.

The childhood obesity issue is one that has been growing, as you know, and it parallels a lot of things in our society, probably the most important being the increasing sedentary lifestyle we have as we become more technologically advanced, and children tend to sit before video games and computers, and the average child watching maybe 5 hours of TV a day in the United States, physical fitness programs in schools which are diminishing because of cost or, for other reasons, they are being supplanted by academic pursuits, and what we are building is really a young population of very sedentary individuals at a young age, which is potentially catastrophic as they reach middle age years later.

That what we can do, what I could do, if empowered as the surgeon general, would be to use that bully pulpit that you spoke of to be very forceful, to be able to bring together the best science from our Federal partners at NIH, at CDC, at the various agencies within HHS that deal with the issues of children, specifically to childhood obesity, and be able to bring the best science to the community.

What I mean by that is the evidence-based work that says, here are programs that work, here are programs that we can apply that are culturally competent, that are geographically sensitive to get our children moving, to get them away from that sedentary activity, have them be active participants in life, encourage schools to be promoters of physical fitness programs, not just standing in the yard during a break, but to have activities.

I think that is a message that the Surgeon General can carry strongly to families, to local communities, to school boards, to the children themselves, to have messages out there that say these are cool things to do, to have their role models give those messages in the media and see their role models encouraging them to do that.

I think this is a multifactorial problem that really has no single answer, but one that the Surgeon General could lead the charge with a multi-disciplinary team, and that is how I would approach that, and I would approach it with great vigor because I have equal passion, as you have expressed.

The issue of smoking, as has been pointed out, certainly a couple of our previous Surgeon Generals have been very vocal in this area, the last being Dr. Koop, who really established I think the benchmark for the bully pulpit as it relates to smoking. Smoking is an epidemic. There is no question about it, and there are some very significant problems in our society that we still have to deal with, and I think you pointed out already the issue of adolescent smoking being on the rise.

So, again, I think the same model, looking at what is the evidence for programs that work in various populations. Again, they have to be culturally sensitive. You know, the program we do in an Indian Nation may not be the same as what we do in inner-city Boston because of the cultural differences, language differences. We have to take into account geography, we have to take into account who the professionals are that can deliver the messages in those areas.

But, once again, with the partnership we have, I have been so impressed with the expertise that is basically at the fingertips of the Surgeon General in NIH, in CDC, the researchers, the people who study these problems around the country and being able to bring that good science to bear and say this is a program that works, use the evidence-based medicine to empower children not to smoke. It is tougher for adults when they have had those habits. As you know, there is no sure-fire way to quit smoking. It takes a lot of determination and a lot of support, but people are successful.

I would like to be able to vociferously be able to address those issues on the behalf of the Congress, with the good evidence-based medicine that I know is out there, and where it is not, to have pilot projects that would move ahead with this type of education.

Shall I go on, Senator, to the other areas?

Senator DODD. I do not want to encroach on the time of others.

The CHAIRMAN. Briefly, do you want—these are obviously important.

Dr. CARMONA. Thank you, sir.

Just briefly, on the HIV, as we all know, the meetings in Barcelona have put forth a rather ambitious agenda which is necessary to deal with HIV. CDC has a 5-year plan that they are looking at to work with communities to develop culturally and geographically competent messages for prevention and for care.

The Surgeon General needs to keep this global health perspective in front of him because this is a worldwide epidemic. This epidemic knows no borders. So, again, I think that the Surgeon General has the opportunity to step forward and to be able to provide good

science information to those who need this information to embark on good prevention and care programs, and this should be devoid of any race, religion or other stigmatizing factors because often that is a problem with HIV is that there is a stigma of having that. We need to get away from that.

This is a public health problem that is a global problem that needs to be addressed as a public health problem, and once again I think it is a wonderful opportunity for the Surgeon General to step forward.

The nursing shortage issue is quite a complex one. As you know, I was a registered nurse. I know what it is like to be in the trenches, and be unappreciated, and underpaid, and now, even worse, where there is a shortage, having to spread yourself so thin. My daughter is a University of Arizona graduate, and a registered nurse, and a trauma nurse, and so I have daily contact with how difficult the problems are for nursing. Yet I am one of the strongest advocates of nursing because I have been there, and I know that I may spend 5 or 10 minutes at the bedside, but it is the nurse that is 24 hours at the bedside with that patient.

So I intend to, if given the opportunity, be a forceful advocate for nursing and to work with nursing leadership to develop evidence-based programs that can recruit and retain nurses because they are the backbone of our health care system, absolutely necessary.

The last issue you brought up, Senator, was the medical errors and the Institute of Medicine, almost 100,000 people yearly dying because of errors, and that is a multifactorial process that starts with education of physicians, with peer review processes in hospital, with being able to freely, and without any sense of retribution, discuss errors and make appropriate changes within medical staff.

What we really want to do here is to eliminate the disparity in health practice. Various doctors practice different ways, they order a lot of different things, yet the outcomes are the same. We need to use good evidence-based medicine to determine best practices so that we can eliminate these type of problems that have been delineated in the Institute of Medicine Report. Again, I think it is an ideal area where the Surgeon General can work with the leaders in these areas to bring that information forward.

Thank you, sir.

Senator DODD. Thank you very much.

Thank you, Mr. Chairman.

The CHAIRMAN. Senator Hutchinson

#### OPENING STATEMENT OF SENATOR HUTCHINSON

Senator HUTCHINSON. Thank you, Mr. Chairman, and thank you, Dr. Carmona, for your testimony and your willingness to serve.

Senator Gregg, in his questioning, brought up the issue of bioterrorism, and I would like to focus briefly on one aspect of bioterrorism. One of the most feared scenarios is a bioterrorist attack upon our homeland, and the anthrax attacks of last fall really revealed the vulnerabilities that we have to biological weapons.

During our discussion in my office, we talked some about the need for vaccines. The Department of Defense, of course, has very specific, very particular, extraordinary requirements for vaccines

for a whole range of pathogens that might threaten our troops. Unfortunately, in my estimation, at least, the Pentagon, over the last decade, has decided to rely entirely upon the private sector for the production and the provision of those critical vaccines, and it has been a very unsatisfactory experience.

The Department of Defense about a year ago, in July, issued a report in which it recommended the establishment of a Government-owned, contractor-operated vaccine production facility. Your predecessor, Surgeon General Satcher, submitted a letter endorsing the GOCO as a part of that report, and I would ask, Mr. Chairman, if that letter from Dr. Satcher could be made a part of the record.

The CHAIRMAN. It will be made a part of the record.

[The letter of Surgeon General Satcher was not received by press time.]

Senator HUTCHINSON. In his letter, Dr. Satcher strongly endorses the GOCO and says that "under the proper conditions, it could assure the availability of these vaccines for military, as well as for eventual civilian use, should the need arise." In fact, he said,

We want to encourage DOD to proceed with plans to develop a GOCO vaccine production capability and offer our technical assistance with the resources available to HHS. We believe that it can yield many benefits for meeting defense, as well as civilian, vaccine needs.

Now the vaccine industry, as you know, and we all know, is in a state of crisis itself with basic childhood vaccines even facing shortages today. We are down to only four companies that are producing vaccines, which causes me to be deeply concerned about 100-percent reliance upon the private sector to provide these vaccines, both from a military, as well as civilian perspective.

In view of Dr. Satcher's endorsement of the GOCO, and given our discussion about it, I am wondering if you have given this idea further thought and if you could comment upon the whole concept of having a government-owned, contractor-operated vaccine production facility to provide both for our military and, hopefully, the protection of our civilian population.

Dr. CARMONA. Thank you, Senator. I am happy to comment, and thank you for the opportunity.

This is an area that is quite complex, and there are a few options available.

First of all, I think the premise for the GOCO was largely so-called market failure, that the private sector had no incentive to stay in the immunization business because there was no financial incentive to do so, and so when various diseases were eliminated, like smallpox in the past, they geared down and moved into other areas of biotechnology, and so we do not have the capacity to produce immunizations as we did once before.

So I think that Dr. Satcher and others were correct to look for other opportunities because I think, as the Surgeon General, I am sure Dr. Satcher was looking more globally and saying, well, I need to ensure that our citizens have the appropriate immunizations. If the private sector cannot do it, well, what more compelling reason than for the Government to step into anything to protect its citizens than that there is a market failure? There is no compelling reason for the private sector to be involved.

So I think it is worthwhile pursuing. I think it is going to require some more study as to the details as to how it is done, but I think it is a very viable option that we should continue to look at.

Senator HUTCHINSON. I appreciate that. To me, it is almost an insurance policy for the American people, and the private sector is going to continue to find that small markets, high start-up costs, and potential liability concerns will make them reluctant to be a fail-safe provider of those vaccines. So thank you for your willingness to look at the GOCO, and I look forward to working with you on it.

Thank you, Mr. Chairman.

The CHAIRMAN. Senator Murray.

#### OPENING STATEMENT OF SENATOR MURRAY

Senator MURRAY. Thank you very much, Mr. Chairman, for having this hearing. I think it is long overdue. Dr. Carmona, thank you so much for being here today and for being willing to take this on. I think we need a really strong and vocal Surgeon General right now to help us address the many issues you have talked with all of us about, and certainly health care is a top agenda item for many of us.

I am really pleased to hear your focus on prevention, and you just mentioned the immunization shortage a minute ago. I am hearing from more and more doctors in my State that this is critical, and I am just curious what you think we can do to better get the private sector to produce these immunizations. There are a lot of children in our State, and it must be nationwide at this point, that are not having access to immunizations. Once you delay them, parents do not bring them back in. If they are not on that schedule, it is very hard to get them back on track.

What do you think should be done about that?

Dr. CARMONA. Yes, Senator, thank you for allowing me to comment on that very important issue.

As Senator Hutchinson brought up just moments ago, I think that the Government has a role here in ensuring that the adequate amount of immunizations are available in a timely fashion for all of our—not just children because it is also some adult immunizations that are in short supply, pneumococcal vaccine and others. So it is really across the board.

I think, as far as what can we do, well, I think we can work together with Congress to see are there ways to incentivize the private sector to step up their investment in biotechnology. As Senator Hutchinson pointed out, it is pretty costly to get started. It is pretty costly to gear up, and when they look at the returns on their business investment, a lot of the businesses shy away from that, but that cannot be a deterrent to us because, as Surgeon General, and obviously as Congress has a vested interest in protecting our public, we have to ensure that the immunizations are available.

So my feeling, at this point, is to, if given the opportunity to serve, to be able to look at what has been done up until now in depth and be able to look at all of the options before us, and then to delineate with Congress what should be the appropriate role of Government here. If there is a market failure for the private sector,



then I think the Government needs to step up and ensure that our citizens have access to these vaccines in a timely fashion.

Senator MURRAY. It is becoming a critical issue, I know, and I would like to work with you on that because I think just allowing it to move forward as it is, and profits being what they are, I think we are going to see this grow if we do not deal with it at this level.

The other issue on prevention is really getting information to parents and consumers and making sure people know the right information. It is not that we have too little information, I think any more it is that we have too much information. I am hearing from a lot of people that young high school students, in particular, are sort of turning a deaf ear to nutrition, that there is just every day you open up the paper, and it is a new report that you should or should not eat whatever you thought you could the day before.

How do we deal with all of the conflicting and confusing messages and how would you, as Surgeon General, help parents get the right information so that we can raise healthy children?

Dr. CARMONA. Thank you, once again, Senator.

In my opening remarks, I alluded to some of the needs of our public and how the Surgeon General might be able to address some of those through uniform, predictable information, evidence-based information that is articulated to the public in a manner they can understand, not as the scientists talk, but at the grassroots' level for the public. I am elated that just recently you all approved a friend and colleague, Dr. Elias Zerhouni, at NIH, and then Dr. Julie Gerberding at CDC, both friends of mine and coworkers. I go back many years with Dr. Gerberding.

But these are the head scientists for our country, and the relationships I already have with them I think will foster being able to develop very uniform, timely, culturally competent messages so that our families are not getting mixed messages.

I do not think it is any maliciousness. I think that, in the exuberance to get research out, people read and the media reports on sound bites from different projects that are often confusing: Well, you know, immunizations could be bad because they could cause this or they could cause that or using estrogens can cause this or cause that, and it becomes very confusing for the nonmedical professional.

I think one of the things that the Surgeon General can do is synthesize that information and be able to speak to the public very concisely and say here is what the research is about, here is how we translate this to the bedside so that you can make a decision for your family with your physician and your community, and that is what I would hope the Surgeon General could do in that respect.

Senator MURRAY. Very good. I wanted to ask you another question, which I am sure you have strong feelings on, and that is the issue of child restraints. The National Transportation Safety Board released a report titled, "Putting Children First," which identified 10 different areas where Government, industry and individual citizens needed to work together to make sure a child is safe, however they are traveling in an automobile or a bus or whatever, and one of the focuses was inadequate child restraint laws.

The report actually cited a Washington State accident, where a 4-year-old was strapped into an adult seat belt and was called, and

my State, as a result of that, just passed a law requiring children less than 6 years of age or 60 pounds to ride in a booster seat. That just went into effect a couple of days ago.

As Surgeon General, how would you approach the issue of child restraints and safety belts?

Dr. CARMONA. Senator, once again, thank you for allowing me to address—this is an issue near and dear to my heart because, as a trauma surgeon for many years, and involved with the National Safe Kids Campaign in the State of Arizona with my colleagues, we worked very hard to put in place seat-belt restraint laws, not only for children, but for adults, pool safety, a number of other issues involving child safety.

From the standpoint of the Surgeon General, I think you have the bully pulpit. What is unique, maybe, to my background is I have been in the trenches as a trauma surgeon to see those children ejected from automobiles, and have to care for them, and spend time in the ICU with them and operate on them, so I know how devastating it can be. I am a father, I have four children, and I know that devastation that comes to a parent.

So that, again, using that bully pulpit to make sure that parents understand, working with Safe Kids Coalition and other national organizations, the American Academy of Pediatrics, and others, who are very strong proponents of safety initiatives for children, I would hope to get that message out in partnership with all of these groups.

Now the other thing that is interesting with the seat restraints is that there have been studies that show, even when they are used, parents often use them incorrectly. They are not buckled correctly. So now we have a projectile that is a child in a seat, but it was not strapped in correctly. So, once it is used, we have to ensure that the appropriate education takes place and that it is used correctly.

Senator MURRAY. I thank you. I know my time is up, but just let me ask really quickly, as a trauma surgeon, you must also see vehicle crashes as a result of drunk driving. How will you use your bully pulpit on that issue?

Dr. CARMONA. Well, the statistics are promising, in that we have seen a drop in DUI, driving under the influence, and injuries caused from it, but it is still significant, and I would characterize it as epidemic, and I think, again, that is the bully pulpit of the Surgeon General, so that we educate the public to see the immense amount of harm it causes with drinking and driving.

This is not really an area of social responsibility, and we have to get that word out that this is unacceptable in our society because you are not only risking your own life, you are risking the lives of innocent people on the road by driving under the influence, not just alcohol, but any intoxicating substance.

Senator MURRAY. Thank you very much, Mr. Chairman.

Again, thank you, Doctor.

The CHAIRMAN. Senator Sessions.

Senator SESSIONS. Thank you, Mr. Chairman.

Dr. Carmona, we thank you for your leadership and service to your country. As the Nation prepares to deal with the terrorism threat to this country, it seems to me that there is a need to make

sure that physicians and emergency medical personnel are trained to deal with a weapons-of-mass-destruction-type attack on this country. It is not going to be the Federal authorities on the scene first, it is going to be the local hospitals, and physicians, and nurses and emergency medical personnel that are going to be out there responding.

Do you think we can do a better job of training and preparing those people for the eventuality of a terrorist attack like that?

Dr. CARMONA. Yes, sir. Senator, I thank you for allowing me to respond to that.

It is really a very significant issue for us, and the reason being that most physicians who have been educated prior to 9/11 did not have education in weapons of mass destruction, which, as you know, break into conventional and specialized weapons, and so when we talk about bioterrorism, when we talk about unique chemical threats, most physicians, at most, have read an article about that. They really have not had significant training because, apparently, there was no need for that training.

So part of strengthening our infrastructure at the community level is to ensure that all of our physicians have the requisite training and equipment to be able to deal with the threats that may be thrust upon us in the future, that we are preparing for, the contingency planning, and that includes everything from recognition of disease in a bio situation; i.e., smallpox. Most physicians have never seen a case of smallpox. Most physicians have never seen a case of anthrax. So you may have read it in a book going through medical school, and that is the last you have heard of it.

So it is not an indictment of the system, it is just that we never had to educate our doctors. So I think, in our community, I know, and nationally, in speaking to organizations, there is a concerted effort, through specialty organizations, to step up the ability of our physicians to be educated rapidly so that they can meet the needs of our patients, when and if, a WMD event occurs.

Senator SESSIONS. I think you are correct, and your background in the military special forces, as a medic and emergency room physician should give you some ability to communicate that message.

Will you take a lead in encouraging this country to do a better job of preparing our forces around the country to be ready for this kind of event?

Dr. CARMONA. Yes, sir, Senator. Again, if you give me the privilege to serve, I fully intend to take a leadership position in this area because it is an area of my expertise, and it is one that I believe in passionately, and also, I mean, I would really be wasting the resource of my many years of experience and training in this area in not sharing it with my colleagues and for the benefit of the country.

Senator SESSIONS. Well, I think that is important, and I am glad to hear you say that, and I think we talked about it earlier in personal conversations.

At the Barcelona Conference, there has been a recommitment of sorts to dealing with the problem of AIDS in America, and one group of numbers that came out of America was that we have a large number of people who are at risk who are positive for AIDS that did not know, an extraordinarily high number of people who

were positive, did not know they were positive. I think, if people knew they were positive, despite what some might say, most would take strong steps to ensure they did not infect a partner with AIDS.

Are you concerned about us losing some momentum, maybe losing some of the intensity of interest in combatting AIDS, and if we do so, we could see another surge of infection?

Dr. CARMONA. Senator, I am equally concerned, and have been following the Barcelona meetings that our Secretary is at now very closely because that is the latest science and latest thoughts on AIDS. This is a global epidemic. It knows no borders, and the point that you make is absolutely correct, with a large segment of the population not knowing. If you look at that just briefly, to describe the demographics, when we have AIDS that is in what we might consider a Third World country, say, in Africa, we have a population that is largely uneducated, that does not read, that lives in small villages. So, when they are infected, they have no idea what germs are or germ theory, as opposed to an urban area in the United States, where there may be geographic areas where there is AIDS concentrated and people just do not know because they do not get tested, and they ignore the fact that they should be tested because they had engaged, for instance, in high-risk activities.

So that you have this wide array of areas in front of you, and again this is underscores the need for public health to be culturally competent, geographically competent in its recommendations because what is going to serve well in Africa, the Sahara, South America is not going to work in urban New York City or Boston. So the messages we send have to be clear and specifically directed at the populations at risk.

I think the Surgeon General, more than ever, needs to be involved in this global epidemic, not just for AIDS, but global health because we have borders, and we protect our borders, and we deal with domestic preparedness now and national security, but disease knows no borders. Those diseases come and go on planes, and buses, and migration, and within the economy. So I think it is very important that the Surgeon General, with the direction of Congress, take a lead in this area to attempt to eradicate this epidemic.

Senator SESSIONS. A person that is infected can get treatment that can help prolong and improve their quality of life, particularly pregnant women can avoid transmitting disease to their child. In addition to that, we can reduce the spread of the disease. So I think we do need to give more attention to that. We cannot lose our intensity of interest in it, and I am glad to hear you say that.

Mr. Chairman, my time is about out. I would just say that I believe that Dr. Carmona brings a lot of qualities to this office that are important at this critical time in our Nation's history, and I believe, if confirmed, and I think he will be, his abilities will fit in with the challenge we face at this time.

I thank you.

Dr. CARMONA. Thank you, Senator.

The CHAIRMAN. Thank you very much.  
Senator Reed.

## OPENING STATEMENT OF SENATOR REED

Senator REED. Thank you very much, Mr. Chairman. Thank you, Dr. Carmona. You are a man of extraordinary talents and extraordinary varied experiences. You are also someone with great devotion to this country. You have demonstrated in many, many ways.

I, too, read the Los Angeles Times article, and there is one issue I would like you to comment upon, and that was an anecdote that in 1991 a nurse criticized your professional judgment. You, rightly so, I think, pointed out that that criticism should have been directed to professional review, and then there was a mediation, in which she took a demotion, and the agreement was, according to the article, that she would not be reported to State authorities, yet she was reported.

I guess in my mind that raises two management issues, not personnel issues in particular, personality issues, but the management issue is you have got the reputation of a swashbuckler in terms of you will do anything you can to protect your patients, and you will fight bureaucrats and everyone else, but what happens when someone sort of goes around the rules with a patient that you have? The issue of a double standard.

The second one is, if the agreement was not to report to State authorities, was there some grudge here or retaliation?

I raise those issues because you are going to be a manager of a major organization of the Federal Government, and you are going to have to deal with issues like this each and every day, and I want to, for my own view, and I hope for the edification of everyone, just get your sense of, you know, is there anything there to these concerns, if they are concerns at all?

Dr. CARMONA. Senator, thank you for allowing me to respond to those.

Again, I was disappointed at the coverage, as I stated in my earlier remarks.

Senator REED. Right.

Dr. CARMONA. I believe that the whole story was not told. There was no retaliation whatsoever, and briefly I will just let you know what happened.

The nurse was reported because it was an act of unprofessional conduct that was required to be reported by statute. There was never any agreement because I could not make such an agreement if it violated statute.

The nurse had problems—again, and I think I know the case you are speaking of—

Senator REED. Yes, and we do not have to get into—

Dr. CARMONA. I think the nurse had problems and was not able to function in the environment that she was in, in the Emergency Department, and, in fact, some of her colleagues no longer wanted her to work there because she could not carry her own weight. Her boss asked me to take her within the Flight Program and the Trauma Program, and we did. She did not work out there either, and the staff was very unhappy with her because she was undependable, did not provide the services she was supposed to. I went to her supervisor and told her, I said, "This is unacceptable. You really need to do something else."

We worked very hard, followed due process, tried to rehabilitate her and did everything we possibly could to maintain her as a good employee, but it just did not work, and I had to make the best decision for the organization and for the patients that we serve, and I did so with a great deal of empathy, and compassion, and careful thoughtfulness and working through a process that was not reported in that article.

Senator REED. Let me ask you another question, which is less particularly to your career, and very important to the Nation, and that is the incidence of gun violence. One of the leading cause of death in this country for people from birth to 44 is injury, and one of the leading forms of injury is caused by firearms. I am told that in 1999, over 28,000 Americans were killed by firearms.

We have just horrendous situations in Rhode Island. We had a young man who worked, with a blameless record, at the Providence General Printing Plant, walk in one Saturday morning, kill a co-worker, injure another coworker, drive to a suburb, kill another co-worker and then take his own life.

Just this last weekend, a young Marine going up to visit his family, on leave from Camp Lejeune, was killed in the rest room of a convenience store by someone to take his car. The perpetrator drove to his estranged wife's house, invaded the house, took hostages, finally killed himself.

There is a huge epidemic of violence in the country, much of it related to firearms. What are you going to do, in your preventive capacity, to try to stem this epidemic of firearm violence?

Dr. CARMONA. Once again, Senator, thank you for allowing me to comment on another issue that is near and dear to my heart.

As you know, having been a trauma surgeon for many years and running a program where I often, on a daily basis, cared for gunshot wound victims, and very early on, in a partnership with our law enforcement professionals in the community and our EMS community in Arizona, in southern Arizona, we started to look at this. In fact, our sheriff took a leadership role.

You know, one of the things I recognized was that, on a daily basis, as I was admitting my patients to the Trauma Center years ago, two to three out of every four of these patients were preventable, some of them were gunshot wounds, but what I equally recognized was that the sheriff, for every person I put in a hospital bed, was putting somebody in jail. So, as he was competing for dollars to get more jails, I was competing for dollars to expand the Trauma Center, and I recognized this is not going to work. So we started to look at avenues for prevention. This is over a decade ago.

We embarked on a number of programs through education to try and not divide the community because, as you know, there is already a polar debate about weapons, about what should be done, but a strategy to embrace both sides and say what can we do to decrease the end result of weapon violence?

We came upon a program that has really been quite successful that was put together by a Florida police officer. It is called CARGO, Communities Addressing Responsible Gun Ownership, and it embraces both sides of the polar debate because it does not take a side on gun ownership, it deals with educating the people as to the risk of gun ownership and what steps need to be taken

if you choose to own one, and actually goes through the demographics of suicides, homicides and such, and in limited follow-up, we have been able to, I think, show that it does have an impact as far as weapon safety, and education, and being able to decrease the outcomes that you are speaking of.

So, again, my approach would be to try and deal with all sides of that debate, of which there are, you know, pretty heavy debates, as you know, but bring them together for a common purpose, and that is to make our community safer, and I think that is accomplishable, and I think it can be done from the Office of the Surgeon General, as a spokesperson, with the Congress empowering the Surgeon General to do so.

Senator REED. Dr. Carmona, the Surgeon General has, and it has been referred to several times, the bully pulpit in terms of health care policy in the United States. So your vigorous advocacy for many issues is going to be looked for by this committee.

Thank you.

The CHAIRMAN. Thank you.

On the questions of prevention and guns, we have probably 12 children that die every single day from gunshots, and what can be done in the areas, particularly with regards to children? If you could do that, I mean, if you are able to save one life, it is a major step. But it isn't unreasonable to think that you could reduce those numbers in terms of children and cut that list in half, and the number of children that you would save would be very impressive. We want to work with you in those areas of prevention and also in terms of the whole issue of weapons in the hands of people that shouldn't have them.

Let me just go back, if I could—you have been very patient with our committee, but I would like to just go back and cover a few of these topics in a bit more detail, first on tobacco.

First, I am going to ask whether you agree that nicotine is addictive and that tobacco use is the leading cause of preventable death and disease in America and, third, that the tobacco industry targets children with the advertising.

Dr. CARMONA. Senator Kennedy, I think there is no doubt that those statements are true.

The CHAIRMAN. I am sure that you know that every year more American children die from tobacco-related diseases than from AIDS, car accidents, murders, and suicides combined, and 90 percent of the smokers start before the age of 19. Past Surgeons General have released vitally important studies of tobacco, most recently a report on its impact on women's health. So do you intend to make tobacco a priority? And, if so, do you have anything specific in mind?

Dr. CARMONA. Mr. Chairman, thank you once again for allowing me to comment on this important topic. As I said earlier, I think that tobacco is one of the largest health hazards that our society faces, especially our children and our adolescents. As you have pointed out, the big risk is when they get started and they get hooked, and it is tough to get them off it. So as I pointed out earlier, with the help of Congress and the fellow leadership within our health system—that is, at CDC and NIH—to be able to bring the best science forward, the best programs forward, that are targeted

specifically for at-risk populations, because an adult population who you want to intervene as smokers needs a different message than those that are children, than those that might be on an Indian reservation, than those that may be in an inner-city underserved area. We have to develop these culturally competent messages, deliver them, possibly by role models, the people that they watch and look for, the singers, the dancers, the people that the kids look up to, to make them understand that this is not a good thing to do.

You know, I guess I would make my commitment to you, Senator, that I will strive in everything I do to work with the Congress to make sure that we have a significant impact in the reduction of tobacco use in our children as well as adults.

The CHAIRMAN. Well, we will look forward to working with you on that as well as these other issues.

I note that the State of Arizona has been a leader in the tobacco prevention and control program. CDC has given a great deal of technical assistance to other States to try to replicate Arizona's success. It is the work of States like Arizona that led Dr. Satcher to believe that we could actually cut smoking rates in half through comprehensive State-based prevention and control programs.

Would you like to see CDC continue its efforts to assist the States like Arizona and work towards reducing the consumption rate, smoking rate for children as well?

Dr. CARMONA. Mr. Chairman, I think it is absolutely essential that not only CDC but any other Federal assets we have that can weigh in on this through providing good science and programmatic guidance, we need to bring all our forces to bear to have an impact on this epidemic.

The CHAIRMAN. On HIV and AIDS, with no cure, prevention of HIV is a critical component to fighting AIDS and HIV infection. There are 40,000 new infections each year in our Nation, and prevention methods that are scientifically proven effective obviously must be employed. Will you ensure that as Surgeon General you will use scientifically proven methods to reduce new infections in accordance with the CDC's 5-year plan?

Dr. CARMONA. Mr. Chairman, once again, absolutely I would do that, and I would look on my colleagues in all disciplines, and what I would hope to do is to be able to establish new networks, you know, locally, within our Federal Government, through HCFA, CDC, NIH, HRSA, Indian Health Service, SAMHSA, but also expand out, UNICEF, the World Health Organization, because this is a global epidemic, and it ultimately will affect us even across our borders.

So I think that it is vital that we establish these new networks and bring all of the forces that can weigh in on this positively to bear so that we have positive outcomes that you and I and the Congress desire.

The CHAIRMAN. The HIV/AIDS epidemic has hit our communities of color disproportionately hard. Latinos make up 19 percent of the new HIV infections, the largest emerging minority community in this country. African Americans are 12 percent of our population. They make up 38 percent of all the AIDS cases. What would you



do as Surgeon General to dispel the stigma of HIV and AIDS, including HIV testing, in our communities of color?

Dr. CARMONA. Well, as outlined in the CDC plan, Mr. Chairman, working with the communities to develop culturally and geographically competence messages. I mean, I have said that many times this morning, but they really have to be made specifically, and I have learned that so much in, you know, my own background where I grew up and understanding the Hispanic culture, to working with Native Americans today and working very often in underserved areas, understanding the unique needs and unique messages that need to be sent to our citizens so that they can be helped.

From prevention and care, you know, the Surgeon General needs to keep this issue on the forefront, on the front of that bully pulpit, with the help of Congress, and continually drive this message home. We need to be able to, in the public eye, demonstrate that this is a public health issue. It should be devoid of any social stigma. It is a public health issue that affects all segments of our population, and it is a global health issue that has huge economic and health consequences.

So that is the message I would continue to deliver, and it is devoid of any social stigmata.

The CHAIRMAN. Just last week, the Journal of the American Medical Society published a study of the stark disparities in health care that Hispanic and Latino children receive in our country. Let me quote the study from Dr. Glen Flores of Boston Medical Center:

Compared with whites and African Americans, Hispanic children are much more likely to have no health insurance, drop out of school, have no regular doctor, to have cavities, to attempt suicide if they are a girl, or to be obese if they are a boy.

If confirmed, you would be the second Surgeon General of Hispanic heritage in our history. What would you do to change this unacceptable situation?

Dr. CARMONA. Mr. Chairman, one of the assets I have is probably starting off with some credibility with my fellow Hispanics. I have lived in the inner city. I have lived in underserved areas. I have received care in public facilities as a child, so I know what it is like. I know the stigma of being poor in the inner city.

As you know, there is a direct relationship with education, with literacy, with employment, with salary as it relates to all of these risk factors. So there is a wide range of interventions that we can move forward on that include education, that include job programs, that include empowering these communities to understand what the issues are and making them stronger.

I see the job of the Surgeon General as one of educating and empowering so that the communities can take charge of their own destiny, and that is what I would hope to accomplish.

The CHAIRMAN. Well, that is going to be enormously important because what is happening, the Hispanics generally, the people of color, they are falling further and further behind.

Just quickly, and I am not going to get into all of this, diabetes, we met a few months ago and you spoke eloquently about your commitment to increase national fitness and preventing diabetes. I know Secretary Thompson has made diabetes a high priority of

his own. Now nearly one in five Americans have this devastating disease, and there are approximately 16 million Americans with diabetes, almost a third of whom are unaware that they have the disease.

We have been developing comprehensive legislation to better prevent, treat, and hopefully cure diabetes, and we have worked with the CDC, with the NIH, and with patients on this legislation. We already have strong bipartisan interest, and we want to work with you. Will you work with us to try and see if we can't gain the administration's support?

Dr. CARMONA. Senator, not only am I willing, but I am eager to take on this project with the Congress to be able to make significant change. This is another one of those epidemic-proportion diseases that has a huge impact on quality of life and cost of care and one that we can intervene relatively easily in prevention practices.

The CHAIRMAN. Vaccines. The country has made tremendous progress in immunizing rates for children up to 2 years old. They stand at 90 percent or higher for most childhood diseases. There are still troubling disparities between immunization rates in non-white communities. Will you help and work with us in trying to zero out those differences and ensure all children have access to the vital vaccines that they need?

Dr. CARMONA. Mr. Chairman, again, not only am I willing to, I am eager to follow your lead. You have clearly been one of the strongest proponents in our Nation for the safety and care of our children, and I could only hope to be able to work with you and address these issues and follow your lead, sir.

The CHAIRMAN. Well, there are also growing rumors, which do not hold up under scrutiny, that childhood vaccines are unsafe, can cause autism or multiple sclerosis. More and more parents are thinking twice before immunizing their children against dangerous diseases. So this is an important area for education of the public about the safety of vaccines and immunizing children, and this will be something you will be interested in?

Dr. CARMONA. Absolutely, Mr. Chairman. I think, again, that that is—in my opening statement and throughout the meeting today, I have pointed out that I think a very important function of the Surgeon General, as the people's doctor, is to be able to bring the latest science from the bench to the bedside and be able to articulate it to families and their practitioners so that they can make timely, well-informed decisions. This falls into that category.

The CHAIRMAN. The adult immunizations haven't received the attention and resources they deserve. We have 50,000 adults die each year from vaccine-preventable diseases or their complications. So this is certainly an area that we need to give attention to.

I haven't mentioned asthma, the growth of asthma. The number of deaths from asthma has doubled in the last 5 to 7 years. As the father of chronic asthmatic child who happens now to be in Congress—

[Laughter.]

It is a devastating disease. There were several times when he was really very close to not making it, and we were fortunate to have at the Children's Hospital in Boston some experimental drugs that really—actually, I am convinced saved his life. But this has

been an expanding problem for children, particularly in the inner cities, and I hope you will work with us on this area as well.

Dr. CARMONA. Mr. Chairman, absolutely, I share your passion for protecting our children. Clearly, the issue of asthma is increasing and it is multi-factorial. Some of it is environmental. Some of it is psychogenic. But, clearly, our underserved populations also are disproportionately affected because of the environmental factors in some of the areas that they live and issues that you are well aware of, I know. But I look forward to being able to work with you for the betterment of our children.

The CHAIRMAN. I was interested in your opening comments about the programs you set up on mental health after September 11th. We had a very interesting hearing in this committee room about the impact on children, particularly on the children. At the time of the terrible tragedy, so many of the children went home and turned on the television and saw the collapse of the towers repeated hour after hour after hour, thinking those were, many of them, new circumstances coming. When you have the children in New York, and particularly the children of those that were tragically lost, and the fire fighters' and rescue workers' children obviously first come to mind. But the impact that has on children across the country is something that we are going to live with, are living with, but it is something that we should not forget.

I was interested that you developed a program for mental health and just what the impact was going to be out in Arizona. But the idea that it isn't only the children in the particular region but children outside as well that have been impacted is something that is very important to understand, and I was glad you referenced that.

Dr. CARMONA. Thank you, Mr. Chairman. It was something that we needed in our community and actually obviously was needed in the rest of the community. Nobody could anticipate those type of events, and it wasn't just our children. But we realized that most of our communities on a daily basis, patients don't have ready access to mental health needs. As you know, approximately 20, 25 percent of individuals on a daily basis who require mental health input can't get it, don't have access.

We recognize that after September 11th, after the first week of watching those planes hit those buildings a hundred times, that we are going to have a lot of post-traumatic stress disorder, and our children couldn't handle it as well as our adults, and we rapidly put together a great team that was able to address those issues for our community. So thank you for mentioning that, Senator.

The CHAIRMAN. And you mentioned mental health. This is something we are very committed to. You have members—Senator Wellstone particularly is a leader, and Senator Domenici, and we have to address this issue. We just touched on the substance abuse and alcohol abuse, and working with the agencies in making sure that they have the high priority in terms of investments in SAMHSA. We want to work with you in these areas as well.

So we have a very full agenda, but I think anyone that has listened to your responses to these questions, and particularly in the wide range of public health matters, has to be impressed that you—as well as in the whole range of bioterrorism issues which my other colleagues raised and which I am very interested in, your

background and experience and knowledge about these areas is certainly very, very impressive.

We want to thank you very much for your appearance here this morning. We are grateful for your answers. It is my intention, since we just came from the recess of the 4th, to leave the record open for the next 2 days for questions and then to close down the record, and we will move expeditiously on your nomination in our committee. I am confident you will be confirmed.

Dr. CARMONA. Thank you, Senator.

[The prepared statement of Dr. Carmona follows:]

PREPARED STATEMENT OF RICHARD CARMONA, M.D.

Chairman Kennedy, Ranking Member Gregg, distinguished members of the committee, guests and staff, I am profoundly humbled and honored to come before you to be considered for this prestigious appointment as the U.S. Surgeon General. Three and a half months ago, I began an unanticipated and uncharted journey into the unknown when I was nominated by President Bush to be the next U.S. Surgeon General. I am still numbed and in disbelief at this extraordinary honor. No one could possibly anticipate this unique calling in their life, especially me. For in each successive milestone in my life, I have always felt quite blessed that I had achieved more than anyone in my family and more than I had ever dreamed. From meager beginnings to dropping out of high school and finally finding significant life direction from my first real employer, the U.S. Army and my then newly adopted family, the U.S. Army Special Forces. There I was continually tested, challenged and held accountable as I developed essential survival skills that allowed me to survive not only in combat, but also equally important . . . prepared me for the battlefields of life. Courage, honesty, dedication, integrity and sometimes most important of all, tenacity are some of those essential tools that were transferable to the "real world" as I embarked on life. I have been privileged to serve the public in many capacities my entire life. From being a lifeguard at a public beach through being a soldier, medic, nurse, police officer, physician and surgeon, professor, researcher, public health officer, public health system CEO and community leader . . . there is no greater endeavor than to serve ones fellow man. Now I may have the ultimate opportunity for public service before me . . . United States Surgeon General. . . The "Top Doc," the "Peoples Doctor," . . . This really is a surreal experience. As I related to my young, very inquisitive daughter, it is as if the fairy godmother reached out and touched me and, cast me in the best Disney movie ever made!

For many years some had wondered about my apparently disjointed career paths; military and police special operations, emergency preparedness and management, search and rescue, paramedicine, medicine, trauma surgery, public health and teaching. However, to me they were always complimentary in regards to protecting the public's health, safety and welfare. Then came "9/11" and my 5 decades of careers suddenly all merged and took on a new and even more significant meaning as Homeland Defense and Domestic Preparedness became household words.

Ironical as it may seem, I believe it was best summed up by one of our former county supervisors who was quoted in the press as saying, "Rich didn't know it, but he has been training his whole life for this job," (U.S. Surgeon General)! Over the last several months after my nomination, I have had the opportunity and privilege to return to Washington frequently as I met many of you and others to prepare for this day. My perception of the awesomeness of our leadership and government has not lessened on any of my subsequent trips, but has rather heightened. Every trip here, I feel like a very fortunate tourist who has been afforded the opportunity to witness the workings of the greatest government and country in the world. As I made my rounds on "the Hill" and had the privilege to meet many of you, I gained a better understanding of the enormous responsibility of the position of the United States Surgeon General. I was absolutely overwhelmed by your hospitality, candor, graciousness and the passion by which you and your colleagues described your areas of interest and concerns relating to the health, safety and welfare of our citizens. Among our many discussions, a common thread emerged. . . . *Prevention*, whether the issue was counter terrorism, global health, AIDS, quality of health care, asthma, substance abuse, or childhood obesity. . . . Maintaining health and wellness and preventing disease and injury was the highest priority for all of you, as I am happy to say it is for me.

Of necessity, and by the direction of the President and the Secretary, the role of the United States Surgeon General has broadened significantly from that of the tra-

ditional public health responsibilities to now include the expanded leadership role as part of the team “addressing” homeland defense and domestic preparedness. A significant part of this new preparedness endeavor is to build, strengthen and expand the Commissioned Corps of the United States Public Health Service. These are our unsung heroes, domestic warriors who on a daily basis during peace and war are responsible for the Nations public health. They can be found working in numerous essential capacities nationally, such as researchers at NIH and CDC, clinicians at the Federal prisons and the U.S. Coast Guard and within the Indian Health Service, just to name a few of their many areas of responsibility. More recently they have been highly visible in our National Office of Emergency Preparedness and in our Disaster Medical Assistance Teams and the National Disaster Medical System.

The events of “9/11” have thrust the new millennium upon us. Never before has the potential role of the United States Surgeon General been so essential to the President, the Congress and the public. As the national leader and spokesperson for health issues as well as the advisor to the President and Secretary, the Surgeon General has the opportunity to bring the best scientific information forward and articulate clearly and concisely complex evidence based science that has the ability to improve the health, safety and welfare of our citizens. From our brave first responders to mothers and fathers throughout America, we need the ability to deliver timely, uniform, user friendly information that will empower the receiver to take appropriate individual or collective action in daily activities that effect individual and public health, as well as during catastrophic emergencies such as hurricanes, floods, disasters and events such as “9/11.” In our “all hazards” approach, the public is an essential component of our team as are our first responders.

I also recognize that my ultimate success as Surgeon General will be co-dependent on the team I am on and the networks I can establish and work with to effect change. To that end, I also know that I must work diligently in order to establish my credibility with the Congress and other—leaders. I will therefore strive to become your consultant, ally and spokesperson as you attempt to navigate the sometimes rough seas of health and public policy development in serving our Nation.

Once again in my life I find myself in the enviable position of having exceeded my dreams. My goal now is simply to serve you and the public in an exemplary fashion so that my legacy would be that my presence made a significant difference for our country.

Thank you very much for the privilege of coming before you to have my nomination considered.

The CHAIRMAN. The committee stands in recess.

[Whereupon, at 11:41 a.m., the committee was adjourned.]

