

THE SURGEON GENERAL'S VITAL MISSION: CHALLENGES FOR THE FUTURE

HEARING BEFORE THE COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM HOUSE OF REPRESENTATIVES

ONE HUNDRED TENTH CONGRESS

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THE SURGEON GENERAL'S VITAL MISSION: CHALLENGES FOR THE FUTURE

TUESDAY, JULY 10, 2007

HOUSE OF REPRESENTATIVES,
COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, DC.

The committee met, pursuant to notice, at 10 a.m., in room 2154, Rayburn House Office Building, Hon. Henry A. Waxman (chairman of the committee) presiding.

Present: Representatives Waxman, Watson, Yarmuth, Norton, Sarbanes, Davis of Virginia, and Issa.

Staff present: Phil Barnett, staff director and chief counsel; Karen Nelson, health policy director; Karen Lightfoot, communications director and senior policy advisor; Andy Schneider, chief health counsel; Naomi Seiler, counsel; Steve Cha, professional staff member; Earley Green, chief clerk; Teresa Coufal, deputy clerk; Caren Auchman, press assistant; Zhongrui "JR" Deng, chief information officer; Kerry Gutknecht, staff assistant; Art Kellermann, fellow; David Marin, minority staff director; Keith Ausbrook, minority general counsel; A. Brooke Bennett, minority counsel; Susie Schulte, minority senior professional staff member; Patrick Lyden, minority parliamentarian and member services coordinator; and Benjamin Chance, minority clerk.

Chairman WAXMAN. The meeting of the committee will come to order.

Two months ago this committee began a series of hearings on how to make government effective again. These hearings ask why Federal agencies that were once admired as the finest in the world, like the Food and Drug Administration, are failing to meet the public's expectations. And they seek to understand how we can restore these troubled agencies to models of excellence that will help our Nation meet the challenges ahead.

Today's hearing will examine the Office of the Surgeon General in the Department of Health and Human Services. The Surgeon General is the doctor to the Nation, a uniquely trusted figure who brings the best available science on matters of public health directly to the American people. This position is unique among government agencies not only in the United States, but among health agencies worldwide.

The ability of the Surgeon General to improve the health of the Nation is vividly illustrated by the impact of the landmark 1964 report *Smoking and Health*. For the first time the American people had a credible science-based report from the government that

spelled out the relationship, the causal relationship, between smoking and lung cancer.

Over the years the Office of the Surgeon General has produced highly influential reports and calls to action on topics ranging from AIDS prevention to obesity to mental health. Like the 1964 smoking report, the Surgeon General's work has shaped the Nation's understanding of public health. But what we will learn today is that this essential part of our government is in crisis. Political interference is compromising the independence of the Office of the Surgeon General. On key public health issues, the Surgeon General has been muzzled. The Surgeon General's greatest resource, his or her ability to speak honestly and credibly to the Nation about public health, is in grave jeopardy.

Dr. Richard Carmona, the most recent Surgeon General, will tell us that on issue after issue, he was blocked from speaking out and prevented from using the best medical science to educate the American people. In his words, "the job of the Surgeon General is to be the doctor of a Nation, not the doctor of a political party." Yet Dr. Carmona will tell us that he was astounded by the degree of partisanship and political manipulation he experienced. And he will describe how, "anything that doesn't fit into the political appointee's ideological, theological or political agenda is ignored, marginalized or simply buried."

Politics and science will always intersect in government, and Dr. Carmona is not the only Surgeon General to face political interference. Dr. C. Everett Koop was the Surgeon General during the Reagan administration and was told not to speak out on the subject of AIDS, which was regarded as a gay disease. He courageously resisted this pressure. Dr. David Satcher served as Surgeon General under President Clinton. He, too, faced political interference. His efforts to release a report on the benefits of needle exchange programs were blocked, an action that President Clinton called a mistake. And when he wanted to release a report promoting the use of condoms and other responsible sexual behaviors, he was told to submit his report for publication in a medical journal rather than release it as another Surgeon General's report.

But as we will hear this morning, political interference with the work of the Surgeon General appears to have reached a new level in this administration. We will hear how reports were blocked, speeches were censored and travel restricted. We will also hear how the Surgeon General had to resist repeated efforts to enlist his office to advance partisan political agendas. The public expects that a Surgeon General will be immune from political pressure and be allowed to express his or her professional views based on the best available science, but when the science-based views of the Surgeon General, like Dr. Carmona, are marginalized and ignored, that essential independence is lost.

The oversight should serve two purposes. It should expose problems in how our government operates, and it should point the way to a reform. Today we will learn how political interference is undermining the Office of the Surgeon General, but we will also hear the recommendations of Drs. Koop, Satcher and Carmona for restoring the independence and the effectiveness of the Office of the Surgeon

General. We need to pay as much attention to their prescription for reform as we do their diagnosis for ills.

The position of Surgeon General is a revered post in our government. Fixing what is wrong and making the office work again should be a bipartisan priority. In 2 days the Senate Committee on Health, Education, Labor and Pensions will take up the nomination of Dr. James Holsinger, Jr., to the position of Surgeon General. Today's hearing does not concern this nomination of Dr. Holsinger's credentials, but I am hopeful that today's testimony will be of value to Congress and the American people as we consider the challenges facing the next Surgeon General, whoever he or she may be.

[The prepared statement of Chairman Henry A. Waxman follows:]

**Opening Statement of Rep. Henry A. Waxman, Chairman
Committee on Oversight and Government Reform
Hearing on
The Surgeon General's Vital Mission:
Challenges for the Future**

July 10, 2007

Two months ago, this Committee began a series of hearings on how to make government effective again. These hearings ask why federal agencies that were once admired as the finest in the world, like the Food and Drug Administration, are failing to meet the public's expectations. And they seek to understand how we can restore these troubled agencies to models of excellence that will help our nation meet the challenges ahead.

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Over the years, the Office of the Surgeon General has produced highly influential reports and calls to action on topics ranging from AIDS prevention, to obesity, to mental health. Like the 1964 smoking report, the Surgeon General's work has shaped the nation's understanding of public health.

But what we will learn today is that this essential part of our government is in crisis. Political interference is compromising the independence of the Office of the Surgeon General. On key public health issues, the Surgeon General has been muzzled. The Surgeon General's greatest resource — his or her ability to speak honestly and credibly to the nation about public health — is in grave jeopardy.

Dr. Richard Carmona, the most recent Surgeon General, will tell us that on issue after issue, he was blocked from speaking out and prevented from using the best medical science to educate the American public.

In his words, “the job of Surgeon General is to be ‘the doctor of the nation’ — not ‘the doctor of a political party.’” Yet Dr. Carmona will tell us that he was “astounded” by the degree of “partisanship” and “political manipulation” he experienced. And he will describe how — and I quote — “anything that doesn’t fit into the political appointees’ ideological, theological, or political agenda is ignored, marginalized, or simply buried.”

Politics and science will always intersect in government, and Dr. Carmona is not the only Surgeon General to face political interference.

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We are fortunate to have a distinguished panel of three former Surgeons General with us today, and I look forward to their testimony.

Chairman WAXMAN. We are fortunate to have a distinguished panel of three former Surgeon Generals with us today, and I look forward to their testimony. But before we hear from them, I will recognize the ranking member of the committee Mr. Davis.

Mr. DAVIS OF VIRGINIA. Thank you, Chairman Waxman, for convening this hearing on a common issue. The Surgeon General, often referred to as the Nation's doctor, has played a pivotal role over the years in educating Americans on important health matters. From our most visible health advocate, we have learned about the dangers of using tobacco, the health effects of secondhand smoke, underaged drinking and the lethal pathway of HIV/AIDS.

Many of the issues highlighted by Surgeon Generals have never been addressed openly before. Some were considered taboo. But the medical and moral authority of the Surgeon General's voice broke through those barriers and stipulated a central public discourse and concrete actions to improve public health.

Operations of the Surgeon General's office are not a new topic of discussion for this committee. We held a hearing in 2003 to consider the proposal to make the U.S. Public Health Service Commissioned Corps a more readily deployable force in the Federal medical response to national disasters. As head of the committee, the Corps of the Surgeon General leads a cadre of highly trained and mobile health professionals who can respond to the Nation's acute and chronic health needs. Surgeon Generals Koop and Carmona both testified at that hearing, and we welcome their insights again today as we discuss more broadly the role of the future of the office that they both held.

The committee also examined the Commissioned Corps' deployment to the gulf coast after Hurricane Katrina. The Surgeon General's Office was notified there was problem after landfall and that their assistance would be necessary. Those offices provided much-needed care to evacuees and provided a critical complement to the Federal Government's overall medical response. In the wake of that historic storm, more than 1,000 Commissioned Corps officers were deployed in that region. That effort was led by former Surgeon General Carmona.

With the rich history and vital function, the Surgeon General and I look forward to continuing our discussion today on how to enhance the role of that office as our Nation confronts the next generation of public health threats. We need to discuss the importance of keeping the Surgeon General independent and free to communicate directly to the American people on disease prevention and health promotion.

As we all know, our doctors sometimes have to deliver bad news. Likewise, the Nation's doctor is often called upon to make findings that might be controversial or politically inconvenient to the administration of the day, Republican or Democratic. But waiting or sugarcoating hard truths only allows public health problems to fester and grow worse. The voice of the Surgeon General can be a powerful antidote to societal health and should not be muted or filtered through layers of needless bureaucratic or political approvals.

The physicians on this distinguished panel of witnesses have already made invaluable contributions to American public health. We are grateful for the experience, the expertise and the insights they

bring to today's discussion of the Surgeon General's vital role in protecting and improving the Nation's well-being. Thank you.

Chairman WAXMAN. Thank you, Mr. Davis.

[The prepared statement of Hon. Tom Davis follows:]

HENRY A. WAXMAN, CALIFORNIA
CHAIRMAN

TOM DAVIS, VIRGINIA
RANKING MINORITY MEMBER

ONE HUNDRED TENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM
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Majority (2007-2008)
Minority (2007-2008)

Statement of Rep. Tom Davis
Ranking Republican Member
Committee on Oversight and Government Reform
“The Surgeon General’s Vital Mission: Challenges for the Future”

July 10, 2007

Good Morning. I want to thank Chairman Waxman for convening this hearing on a timely issue. The Surgeon General, often referred to as the “nation’s doctor,” has played a pivotal role over the years in educating Americans on important health matters. From our most visible health advocate, we have learned about the dangers of using tobacco, the health effects of second-hand smoke, the scourge of underage drinking, and the lethal pathways of HIV/AIDS. Many of the issues highlighted by Surgeons General had never been addressed so openly before. Some were considered taboo. But the medical and moral authority of the Surgeon General’s voice broke through those barriers and stimulated essential public discourse and concrete actions to improve public health.

Operations of the Surgeon General’s office are not a new topic of discussion for this Committee. We held a hearing in 2003 to consider the proposal to make the U.S. Public Health Service Commissioned Corps a more readily deployable force in the federal medical response to national disasters. As head of the Commissioned Corps, the Surgeon General leads a cadre of highly trained and mobile health professionals who can respond to the nation’s acute and chronic health needs. Surgeons General Koop and Carmona both testified at that hearing, and we welcome their insights again today as we discuss more broadly the role, and the future, of the office they both held.

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*Statement of Rep. Tom Davis
July 10, 2007
Page 2 of 2*

With the rich history and vital function of the Surgeon General in mind, I look forward to continuing our discussion today on how to enhance the role of that office as our nation confronts the next generation of public health threats. We need to discuss the importance of keeping the Surgeon General independent and free to communicate directly to the American people on disease prevention and health promotion. As we all know, our doctor sometimes has to deliver bad news. Likewise, the nation's doctor is often called upon to make findings that might be controversial or politically inconvenient to the administration of the day, Republican or Democratic. But waiting, or sugar coating hard truths, only allows public health problems to fester and grow worse. The voice of the Surgeon General can be a powerful antidote to societal ill-health. It should not be muted or filtered through layers of needless bureaucratic or political approvals.

The physicians on this distinguished panel of witnesses have already made invaluable contributions to American public health. We are grateful for the experience, the expertise, and the insights they bring to today's discussion of the Surgeon General's vital role in protecting and improving the nation's wellbeing.

Chairman WAXMAN. Ms. Norton, do you wish to make a statement?

Ms. NORTON. Thank you very much, Mr. Chairman. Just a very brief statement.

First, a statement of gratitude that you are holding a hearing. The reason I express such gratitude is because the Surgeon General very often speaks on health to the American people and can have a remarkable effect simply by writing a report. So the lack of such reports in recent years, when one man can almost single-handedly, by speaking out, get people to think about smoking and to have a material effect, not by going to the doctor, not by being approached, just by issuing a report, when you have that kind of power, it is important to use it.

Now, there had been a report on obesity. There needs to be another one, because we now have not only a childhood obesity epidemic before our very eyes that no amount of healthcare will solve when these children get to be adults, but we have a remarkable trend where in every age group, in every income group, in every race, people are fat. And we see these fat people in our own constituencies, and we have nothing authoritative that speaks to them.

And if I may say one more thing, Mr. Chairman. There is an HIV/AIDS epidemic that has settled in the African American community, and shame on the Surgeon Generals of the United States for not pointing out that 50 percent of the cases today are African American, and we are 12 percent of the population. How could that happen? Stereotyping this disease, as the chairman said, initially as a gay disease can be controversial, and it was certainly wrong, but imagine allowing it to travel over into another community and not one word.

Finally, in the District of Columbia, everybody should be tested in the United States to wipe away the stigma, to wipe away the superstition and the homophobia. If the Surgeon General is to recoup his major role in American history not by telling us what to do, but by speaking authoritatively to the American people, then he must begin by speaking to us about the issues we can do something about, and I have named two of them. Obesity and HIV/AIDS are both preventable. One word from the Surgeon General can do more than a multitude of hearings, as important as they are, from Congress.

Thank you, Mr. Chairman.

Chairman WAXMAN. Thank you, Ms. Norton.

Mr. Issa.

Mr. ISSA. Thank you, Mr. Chairman. I'll put my entire opening statement in for the record, but I would just like to thank our distinguished panel for being here today.

I, like the chairman, would like to take full advantage of the independence of our Surgeon Generals. I believe that today we are going to have an opportunity to delve into a number of areas. The area that I would like to spend the most time on is one that is near and dear to the chairman, and that is private health care, why does it cost so much; public health care, why does it not meet the expectations of the American people; and can we mend it, either one of them, or do we need to end them? So I am going to very

much take advantage of sort of the independence, and particularly in Dr. Koop's case, the independence that comes from some time out of some of the public limelight.

I very much thank the chairman for holding this hearing and would hope that this is a unique opportunity to ask the questions that are very hard to ask in a normal hearing where we either have the pharmaceutical industry or advocate industry or some group that has a financial bent, if you will, in answering the questions.

Mr. Chairman, I'll hold the rest of my questions, and I thank you for holding this hearing today.

Chairman WAXMAN. Thank you, Mr. Issa.

Mr. Sarbanes, do you want to make any opening statement before we begin?

Mr. SARBANES. No, Mr. Chairman, just thank you for holding the hearing and looking forward to openings.

Chairman WAXMAN. Thank you.

We do have three very distinguished former Surgeon Generals, individuals who have served our country with honor and distinction during four Presidential administrations. Dr. C. Everett Koop served as our 13th Surgeon General from 1981 to 1989. A pediatric surgeon by training, he is widely credited for making the Office of the Surgeon General a scientific and principled force in American life. More than any of his predecessors, Dr. Koop made the office a bully pulpit for public health. His standing in the eyes of the American public allowed him to tackle many sensitive and politically controversial issues, most notably the AIDS epidemic, which emerged as a major threat to public health. During his tenure as Surgeon General he spoke also forcefully and repeatedly about the health consequences of smoking. And I am very pleased to welcome Dr. Koop back with us today.

Dr. Koop, as you well know, I was initially very skeptical about your nomination when President Reagan put it forward. I was wrong, and I have come to know you as a professional dedicated to the public good and public health. You had the courage to speak truth to power and the good sense to distinguish public health from politics. And I learned to admire you and to enjoy working with you over the years on tobacco and HIV and children's health. And I look forward from hearing your testimony today. But I wanted to pay a special tribute to you through the years that we have worked together.

Our second witness, Dr. David Satcher, served as the 16th Surgeon General from 1998 to 2001. A family physician with additional training in public health, Dr. Satcher served for 6 years as Director for the Centers for Disease Control and Prevention. During his tenure as Surgeon General, Dr. Satcher issued a number of important reports, most notably his 1999 Surgeon General's Report on Mental Health, which did much to remove the stigma from mental illness, and his 2001 Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior. He also released influential reports on oral health, youth violence and the prevention of tobacco use by young people.

Dr. Satcher, we are very pleased to have you with us here, and I enjoyed the time that we worked together as well.

Our third witness, Dr. Richard H. Carmona, served as the 17th Surgeon General from 2002 to 2006. A combat-decorated veteran of the Special Forces, Dr. Carmona brought a varied background in health care to the position. At different points in his career, he was a paramedic, registered nurse, trauma surgeon and health care administrator. Although some criticize him for maintaining a low profile as Surgeon General, he released a number of important reports and calls to action during his tenure. These included the Surgeon General's Call to Action to improve the health and wellness of persons with disabilities issued in 2004, and his landmark Surgeon General's Report on the Health Consequences of Involuntary Exposure to Tobacco Smoke, released shortly toward the end of his term of service.

And, Dr. Carmona, I am delighted that you are here as well.

It is the practice of this committee to do this for all witnesses. We do ask you to be sworn in, and I would like to ask you if you would raise your right hands. Stand and raise your right hands, if you are able to do that.

[Witnesses sworn.]

Chairman WAXMAN. The record will indicate that each of the witnesses answered in the affirmative.

I am going to call on Dr. Koop first, then call on Mr. Satcher and then Dr. Carmona.

Dr. Koop, there is a button on the base of the mic.

STATEMENTS OF C. EVERETT KOOP, M.D., Sc.D., 13TH SURGEON GENERAL, 1981-1989; DAVID SATCHER, M.D., Ph.D., 16TH SURGEON GENERAL, 1998-2001; AND RICHARD CARMONA, M.D, M.P.H, F.A.C.S., 17TH SURGEON GENERAL, 2002-2006

STATEMENT OF C. EVERETT KOOP

Dr. KOOP. Mr. Chairman, members of the committee, I am C. Everett Koop, Surgeon General for 7 years when Ronald Reagan was President and 1 year with George Bush, Sr. My remarks come from the vantage point of 26 years of close observation of the office and of its mission.

I strongly believe that the Surgeon General must be independent and free to advise the Nation on how it can prevent disease and promote good health. He or she should be the health educator for Americans par excellence. At the same time the Surgeon General should be an important cog in the machinery that directs public health in the United States, and I acted in these capacities. In addition to working within the United States, I served for 8 years as our Nation's representative to the World Health Organization. The consensus of the representatives of other nations for my role was something like this: What a wonderfully appropriate position. I wish we had such an office and such a person.

The personalities of two individuals have much to do with the success of the Surgeon General; first, the President of the United States. Mr. Reagan was pressed to fire me every day, largely because of my work on AIDS, but he would not interfere. If he had not been the kind of person he was, I would not be here today.

Second, the Secretary of HHS. On a day-to-day basis, the Secretary is the most influential person in determining the effectiveness of the Surgeon General. I served under four. The last one was Dr. Otis Bowen, a three-time Governor of Indiana, a medical doctor, and a fine gentleman. When I was writing the Surgeon General's Report on AIDS and the later mailing sent to every household in America, he was a constantly supportive gentleman. It was Otis Bowen who insisted that I sign the documents in question myself. I asked Otis Bowen to keep the contents of these two reports close to his chest. I promised to do the same. In addition to the two of us, only two staffers were privy to the contents. We maintained strict secrecy from the day we began to write until we presented the finished product, 17 drafts later, and released them to the press. If we had followed the protocol and every word was scrutinized, these reports, because of their nature and plain speaking, I am sure would not have seen the light of day.

The Secretary of Health and Human Services can use the talents of the Surgeon General or ignore them. In that regard, my successors were less fortunate than I. Over the years since I left office, I have observed a worrisome trend of less than ideal treatment of the Surgeon General, including undermining his authority at times when his role and function seemed abundantly clear.

If I had been impeded in my duties as some of my successors were, here are some of the things that would never have happened. Eight reports to Congress on smoking and health might not have been published. The knowledge of the addiction of tobacco because of its nicotine content might have been suppressed. We might have still have smoking on airplanes. Changes in Title V of the Social Security Act entitling special needs children to comprehensive, family centered, community-based care might not have happened, either. Assurance during the Tylenol scare would have been missing, leading to panic and possible market upheaval. Revision of the health care agreements with the People's Republic of China, the Soviet Union and Kuwait might not have occurred. The only Federal Government report on nutrition might not have been published, and many, many more that time does not permit to tell.

Clearly the Surgeon General must be free to serve the American people without political interference. It is also vital that future Surgeon Generals have the necessary support and resources to do their job. How can we ensure that this happens? First I believe that the Surgeon General should not be a political appointment. In my opinion, the Surgeon General should be named by the President from a panel selected by the Promotions Committee of the Commissioned Corps of the U.S. Public Health Service. This was once the protocol, and it served our country well for nearly 100 years. It remains today the protocol used to appoint the Surgeons General of the Army, Navy and the Air Force.

Second, the Surgeon General must have secure funding to do his work. The security of a 4-year appointment doesn't mean much if you can be easily denied the resources you need to do your job. Therefore, I recommend that Congress annually appropriate funding on a line-item basis to the Office of the Surgeon General.

In closing, I may say, Mr. Chairman, as you already mentioned, you were from the beginning one of my severest critics. You became

one of my trusted supporters, and I thank you for that and the excellent job, sir, that you have done in improving the health of the American people. Please continue to exercise oversight of the Office of the Surgeon General and the Commissioned Corps of the Public Health Service so that they can continue to do their vital work. Thank you, sir.

Chairman WAXMAN. Thank you very much, Dr. Koop.
[The prepared statement of Dr. Koop follows:]

**Testimony of
C. Everett Koop, M.D., Sc.D.
Before the
House Committee on Oversight and Government Reform
June 10, 2007**

I am C. Everett Koop, former Surgeon General of the USPHS for 2 terms of 4 years each, 7 years when Ronald Reagan was president and 1 year with George Bush Senior. I have 2 earned doctorates, 1 in medicine and 1 in science, both from the oldest medical school in the country, the University of Pennsylvania, as well as 41 honorary degrees. In terms of the calendar, I served from November 16, 1981 through October 1989; my confirmation process took 9 months because the appointment of the Surgeon General by the president and his/her confirmation by the Senate is really political.

From the vantage point of 26 years of close observation, I found many things that hinder the Surgeon General's ability to serve the 300,000,000 people who comprise our present population.

The Surgeon General should be independent and free to assume the responsibility to advise our country, and its 300 million citizens, on how they can prevent disease and promote good health. He or she should be the health educator of Americans, par excellence. But at the same time, the Surgeon General should be an important cog in the machinery that directs public health and health care in this country. He should be an available consultant to the Organization of State and Territorial Health officers, the American Medical Association, the Academy of Pediatrics, and so on. I acted in this capacity.

What do others think about the office of the Surgeon General? I was for 8 years our nation's representative to the World Health Organization, and for 7 years I was director of the Office of International Health of the Public Health Service. The consensus of the representatives of the industrialized nations and some of the developing countries as well to my role as Surgeon General, was something like; "What a wonderfully appropriate position. I certainly wish we had such an office and such a person."

It is significant that 3 states have incorporated the position of a Surgeon General in their state's table of organization, as I learned last week at the annual meeting of the American Medical Association.

The personalities and qualifications of two individuals have much to do with the optimal success of the Office of the Surgeon General:

First, the President of the United States. Mr. Reagan was pressed to fire me every day. You will recall that most of his cabinet believed that would be appropriate because of my description of the manner of transmission of HIV, and the belief among some at the time that those who had AIDS deserved what they got. But Mr. Reagan was a loyal man. He said he had appointed the best physician he could find to be Surgeon General. He also said he would not interfere with an appointee's assignment. If he had not been the kind of person he was, I would not be here today.

Second, the Secretary of HHS. On a day-to-day basis, the Secretary is the most influential person on determining the effectiveness of the Surgeon General. I served under 4 Secretaries of HHS. The last one was Dr. Otis Bowen, a 3 time governor of Indiana, a medical doctor, and a fine gentleman.

When I was writing the Surgeon General's report on AIDS and the later mailer that was sent, in the government's largest mailing ever, to every household in America, he was a constant ally and supporter. It was Otis Bowen that insisted that I sign both documents in question.

I asked Otis Bowen to keep the contents of these 2 reports close to his chest. I promised to do the same. In addition to the two of us, only 2 staffers were privy to the contents. We maintained strict secrecy from the day we began to write until we presented the finished products— 17 drafts later—and released them to the press and electronic media. If we had followed protocol and had every word scrutinized by the Secretary's secretariat, these reports, because of their nature and plain speaking, would not have seen the light of day.

The Secretary of Health and Human Services can use the talents of his or her Surgeon General, or ignore them. Dr. David Satcher, a man uniquely suited to be the Surgeon General, did not fare as well as I did. I was embarrassed for him when it was obvious that I, no longer, employed by the federal government, could engage the Secretary of HHS with greater speed and courtesy than could he. Who should have warned the country, and kept it up to date on the progress of the attempted Anthrax poisoning of segments of the public? The Surgeon General with medical knowledge of Anthrax and a six year history of directing the Centers for Disease Control, or a former governor of Wisconsin and a political appointee of the present administration?

Dr. Carmona was treated with even less respect than Dr. Satcher. Why wasn't Dr. Carmona given a more prominent role in responding to Hurricane Katrina, given his background in trauma care and emergency health services? Why wasn't he allowed to play a more central role in public health preparedness?

So, I have briefly reported a worrisome trend of less-than-ideal treatment of the Surgeon General, including undermining his authority at times when his role and function seemed abundantly clear.

Who was responsible? I don't know. I assume it was "they and them." My Chief of Staff frequently had calls from the White House— you all know what that means— "This is the White House calling. My boss didn't like what your boss said yesterday in Des Moines." To this the reply was," I'm sure your boss will communicate with mine if he is concerned."

The Surgeon General must be independent, impartial, and nonpartisan, to say nothing about competent, innovative, and able to teach. If I had been impeded in my duties as Surgeon General for political reasons as some of my successors were, these are some of the things that would never have happened:

- 8 reports to Congress on smoking & health including the relationship between smoking and cancer, heart disease, and chronic obstructive lung disease, might not have been published.
- The knowledge of the addiction of tobacco because of its nicotine content might have been suppressed.
- The killing effect of side stream smoke might have been ignored.
- We might still have smoking on airplanes.
- We might not have "no smoking" policies in airports, restaurants, bars and most indoor places.
- The reality of the toll of drunk driving and the change of many local laws to reduce driving under the influence, would be unaddressed.

- Changes in Title V of the Social Security Act entitling special needs children to coordinated, comprehensive, family-centered, community-based care might not have happened.
- Assurance during the Tylenol scare would have been missing – leading to panic and possibly market upheaval.
- Revision of the health agreements with the People's Republic of China, the Soviet Union, and Kuwait might not have occurred.
- The health hazards of spit tobacco may have gone unrecognized for additional years.
- The only publication of the federal government on nutrition might not have been written.
- And many more that time does not permit to tell

Clearly, it is important that the Surgeon General be free to serve the American people without political interference. It is also vital that future Surgeons General have the necessary support, and resources, to do the job. Because the Secretary of Health and Human Services has a broad portfolio, it is easy for health to be overlooked. Health is a huge task. It needs the leadership of a health-trained individual unencumbered by additional responsibilities. Until we have a dedicated "Secretary of Health", the Surgeon General has a unique role to play. He or she must be able to focus the nation's attention on problems that might otherwise escape the attention of the Secretary of HHS.

How can we insure that this happens?

First, I believe that the Surgeon General should not be a political appointment. The President has 800 other such appointments to make. Why does he want the contentious political fall out which usually follows such a presidential appointment?

Because the Surgeon General — no matter who draws up a table of organization to the contrary — is assumed by the public as well as many who work for the Public Health Service to be the individual who runs the PHS, shouldn't this person come from the ranks of the PHS, as he once did?

In my opinion, the Surgeon General should be named by the president from a panel selected by the Promotions Committee of the Commissioned Corps of the USPHS. This was once the protocol — and it served our country well for nearly 100 years. It remains the protocol used to appoint the Surgeons General of the Army, Navy, and Air Force.

Now to be sure, I would never have been Surgeon General with the afore-mentioned plan, but if you review the flag officers of the Commissioned Corps in 1979 and 1980, you would find a bevy of officers who would have brought knowledge, success, and innovation to the office.

Second, I believe the Office of Surgeon General must have secure staffing and funding to do its work. This is currently the case for the Surgeons General of the Army, Navy and Air Force. It is not true for the Surgeon General of the USPHS. Lack of financial independence means that the Surgeon General must seek the permission and support of others to prepare a report, hold a press conference or attend an out of town meeting. The job security of a 4 year term doesn't mean much if you can be easily denied the resources you need to do your job. Therefore, I recommend that Congress annually appropriate funding, on a line-item basis, to the Office of Surgeon General.

Mr. Chairman, you went from one of my severest critics to become one of my trusted supporters. I thank you for that and the excellent job you have done to improve the health of the American people. Please continue to exercise oversight of the Office of the Surgeon General and

the Commissioned Corps of the Public Health Service, so they can continue to do their vital work.

Chairman WAXMAN. Dr. Satcher.

STATEMENT OF DAVID SATCHER

Dr. SATCHER. Thank you, Chairman Waxman and members of the committee, for holding this hearing and for your attention to the importance of the Office of the Surgeon General. I had the opportunity to serve for almost 9 years in government, 5 years as Director of the Center for Disease Control and Prevention, and 4 years as Surgeon General, 3 of which I also served as Assistant Secretary for Health. Also I had the opportunity to represent the United States as a delegate to the World Health Assembly for 9 years and to interact with colleagues from throughout the world, and I share the experience of what Surgeon General Koop had in terms of their admiration for the unique role which the Surgeon General plays in the health of the American people.

It is my opinion that we critically maintain a role of the Surgeon General. The Surgeon General is responsible for communicating directly with the American people based on the best available science, not politics, not religion, not even personal opinion. The Surgeon General does this, as you have heard, through speeches, writings, press conferences and especially the Surgeon General's reports. These Surgeon General reports are vetted with the relevant scientists at the CDC and other appropriate agencies.

During my 4-year tenure as Surgeon General, I had the opportunity to release reports on mental health, suicide prevention, youth violence, smoking and health, oral health, overweight and obesity, and the Surgeon General's Call for Action for Responsible Sexual Behavior. The reports on mental health, oral health, suicide prevention, youth violence and sexual health were the first from the Office of the Surgeon General. The overweight and obesity report was also the first to follow a report on nutrition that had been done in the 1980's.

The Surgeon General's Office has evolved over the years since 1873 with changes in level and magnitude of responsibility. Today the Surgeon General oversees the Commissioned Corps—health professionals who are on call 24 hours a day, 7 days a week to respond to emergencies.

What has not changed about the Surgeon General's Office is its direct responsibility for communicating with the American people based on the best available science, and its responsibility for responding to public health emergencies that threaten the health of the American people—regardless of where those emergencies occur.

There have always been challenges to the role of the Surgeon General. Sometimes these challenges are based on the political nature of issues or the religious implications of issues. However, the Surgeon General's Office has a remarkable record of credibility and trust in communicating with the American people based on the best available science.

The Surgeon General's Office would benefit tremendously from being more independent, with well-defined resources for carrying out the duties of that office. It is clear that the American people value the Office of the Surgeon General, and that the global community has tremendous respect and appreciation for the office.

After I released the Surgeon General's Report on Mental Health in the United States, I had an opportunity to present that report to Director Gro Brundtland of the World Health Organization in May 2000. That resulted in the World Health Organization later issuing a world mental health report which all the ministers of health around the world valued very highly. During my tenure I was able to release some very valuable reports with lasting impact. However, certain areas of health, especially areas that are politically sensitive, such as drugs and sex, despite their great significance in dealing with issues such as HIV/AIDS, were often hampered by politics and/or religious implication.

I have, in my written report to you, described my experience with the needle exchange program. As the Director of the CDC, I oversaw the funding of research programs evaluating the impact of needle exchange programs in reducing the spread of HIV/AIDS and showing that there was no increase in drug use. I submitted that report to the Department. Soon after I became Surgeon General, we planned to have a press conference to release that report to the American people, and we were hoping it would lead to Federal funding for the needle exchange program. I think because of the political environment and the almost certain defeat of the needle exchange program with Congress, the White House made a decision the day before the press conference not to support it. That left me in a very difficult position as both Assistant Secretary for Health and Surgeon General. As Assistant Secretary For Health, I was expected to support the position of the White House and the Department. But as Surgeon General, my responsibility was to speak to the American people based on the best available public health science.

I did the latter. I went throughout the country speaking about the value of needle exchange programs. Many localities funded those programs, and, as you know, the Congress has not yet supported the funding of needle exchange programs. But it is an example of why it is so important the Surgeon General should be able to speak on this or the best available science, and not politics and not religion.

Later, I completed a report, the Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior. That report was actually completed during the Clinton administration, and, as you know, I served my last year in the new Bush administration. I was hampered from releasing that report during the Clinton administration, but also the new Bush administration. I was able to finally release it, but without the support of the Department. It is the only report I released that was not signed off on by the Secretary. I released that report in 2001 during my last year as Surgeon General. The President and the Secretary did not support that report, and they did not support it because of obviously both its political and religious implications.

I think it is OK for the White House or the Congress to disagree with the Surgeon General on issues, because the American people look to the Surgeon General for the best available science. I don't think it is OK for the White House or the Congress to dictate the messages of the Surgeon General, and that is our concern, that the Surgeon General's Office be independent enough to speak directly

to the American people based on the best available science. So I join Surgeon General Koop in asking that Congress take those steps to make this office independent enough to communicate directly with the American people based on the best available public health science, and that it be adequately funded by an independent source of funding for Congress so that it can carry out those responsibilities.

I'll end my comments with one story. When I released the Surgeon General's Report on Mental Health, I received letters from people all over the country expressing their appreciation because they had members in their families who suffered from mental illness, and there had been so much stigma surrounding it until they just felt embarrassed to even talk about it. One young man wrote that when he was 8 years old, his mother died, and he didn't learn until he was 20 that she had committed suicide. And he explained how he heard people whispering about her death, but nobody would talk about the condition that led to it. She had suffered from severe depression. And, again, he thanked the Office of the Surgeon General for bringing mental health out of the closet, helping to remove the stigma.

We have much more to do, but I hope that we will be able to rely upon the Office of the Surgeon General to provide that kind of leadership. Thank you.

Chairman WAXMAN. Thank you very much, Dr. Satcher.

[The prepared statement of Dr. Satcher follows:]

Committee on Oversight and Government Reform
The Surgeon General's Vital Mission: Challenges for the Future

Testimony by David Satcher, M.D., Ph.D.
16th U.S. Surgeon General
Tuesday, July 10, 2007, 10:00 AM

I would like to begin by acknowledging Congressman Waxman and the members of the Committee on Oversight and Government Reform. I bring you greetings from Morehouse School of Medicine, where I currently serve as Director of the Center of Excellence on Health Disparities, occupy the Poussaint-Satcher-Cosby Chair in Mental Health, and Director of the developing Satcher Health Leadership Institute. I want to express my appreciation to Congressman Waxman and the Committee for holding this very important hearing on the Surgeon General's Vital Mission: Challenges for the Future.

I would like to begin by defining the vital mission of the Surgeon General as I see it. I believe that it is the responsibility of the Surgeon General to communicate directly with the American people concerning their health and opportunities for health maintenance and improvement based on the best available public health science. The Surgeon General communicates directly with the American people through oral communication or speeches provided throughout the country, but, importantly, the Surgeon General also releases reports to the American people dealing with critical issues such as smoking and health, mental health, sexual health, overweight and obesity, and youth violence prevention. In addition to the responsibility of communicating directly with the American people, the Surgeon General oversees the Commissioned Corps of the Public Health Service. The Commissioned Corps is a group of uniformed participants who report to various agencies of the public health services on a day-to-day basis and carry out their individual responsibilities. However, the members of the Commissioned Corps are also known to be on-call 24 hours a day, 7 days a week, to respond to emergencies that threaten the health of the American people directly or indirectly. In this latter capacity, members of the Commissioned Corps report to the Surgeon General.

Here it is important to review in summary fashion the significant history of the Office of the Surgeon General. The Public Health Service was founded in 1798 when President John Adams signed the Act of Congress, giving rise to the Marine Hospital Service. The Marine Hospital Service was responsible for the health especially of veterans returning from combat areas in which many of them had contracted diseases. The Marine Hospital Service consisted of hospitals located at various ports throughout the country where they could carry out the responsibility of dealing with veterans, especially Marine Corps veterans. However, in 1871, as there were many infectious diseases impacting the health of the American people, such as Yellow Fever and Tuberculosis, it was decided that there needed to be someone to coordinate the Marine Hospital Service, which would later become the Public Health Service. John Maynard Woodward was appointed Supervising Surgeon of the Public Health Service, and in 1873 it was decided that because there needed to be a military model to respond to these health threats, he was allowed to appoint uniformed physicians who would be on-call 24 hours a day, 7 days a week. In 1873 his title was changed to Supervising Surgeon General. So the Surgeon General's Office has a long and distinguished history. Between 1873 and 1964 (93 years), only eight

different persons served as Surgeon General. However, from 1964 until I became Surgeon General in 1998 (34 years), eight more persons would serve in that position, many of them for only 2-3 years.

The Surgeon General served as head of the Public Health Service (PHS) until the development of the Department of Health, Education and Welfare by President Eisenhower in 1953, and in fact as the authority and responsibility for health, education and welfare were placed in this new department, President Eisenhower specifically allowed the Surgeon General to retain responsibility for the Public Health Service. It was not until 1967 that many of the responsibilities of the Surgeon General in the area of public health were transferred to agencies of the Department of Health, Education and Welfare, especially to the Centers for Disease Control and Prevention. This has been a concern of many people in terms of the authority of the Office of the Surgeon General, but it was the view of persons in charge then, and I share some of their view that the Office of the Surgeon General's role is direct communication with the American people based on the best available science, not necessarily oversight of the development of that science. So, I do not believe that the vital mission of the Office of the Surgeon General was necessarily impaired by the Surgeon General ceasing to serve as head of the Public Health Service as the scientific complex became more expansive.

But it is important to look more closely at the implications of the special mission of the Office of the Surgeon General. The Surgeon General is the "Nation's Doctor," with a direct and special relationship dealing with the health of the American people. I see it as exemplified by Surgeon General's prescription, which we developed in 1999, to communicate directly to the American people the importance of regular physical activity, good nutrition, avoiding toxins, being responsible in their sexual behavior and having a strategy for dealing with stress. It is the Surgeon General serving as the "Nation's Doctor."

We all have personal opinions, religion and politics, but the Surgeon General communicates based on the best available science. The Surgeon General does not function as a politician or as a religious leader, but as one who can be trusted for the best available science. In fact, the role of trust and credibility is critical to the effectiveness of the Office of the Surgeon General. If that trust or credibility is compromised, then, in my opinion, the vital mission of the office is severely compromised. It is however important for the Surgeon General to have a special working relationship with the public health agencies. It is on the basis of that special working relationship that the Surgeon General has available to him or her the best available science. The Surgeon General is ultimately responsible for the interpretation of that science to the American people. There have already been several examples where the Surgeon General has disagreed with what scientists wanted to do as a result of the science, such as when the polio immunization program was initiated in 1951 and the scientists wanted to wait for more research, it was the Surgeon General who pushed for implementing immunization of children and clearly saved thousands of lives in this country. The Surgeon General must be willing to sacrifice, even to sacrifice the position if the position cannot be true to the public health science.

I would like to give a few examples from my own experience of challenges which this vital mission of the Office of the Surgeon General has faced. When Surgeon General Joycelyn Elders was fired as Surgeon General because of comments she made having to do with sexuality,

I was serving as Director of the CDC in Atlanta. For the next 3-4 years, there was no Surgeon General and various persons served as interim or acting. But it was a time in which we continued to issue certain reports out of the Office of the Surgeon General, and the one that I played a major role in as Director of the CDC was the *Surgeon General's Report on Physical Activity*. Later on, as Surgeon General, I would issue a report on overweight and obesity, building on many of the points we made about the inactivity of the American people. But it was a difficult time—the nature of Dr. Elders' firing created a difficult situation, and one that undermined the Office of the Surgeon General, and certainly led me to say no when first approached about serving as Surgeon General. It was three years later when I was again asked to serve as Surgeon General and Assistant Secretary for Health that I said yes.

However, my confirmation as Surgeon General was challenged by congresspersons who were opposed to CDC programs dealing with sensitive issues such as comprehensive sexuality education, needle exchange programs and the role of guns in violence and injuries. However, the overwhelming majority of the Senate confirmed my appointment as Surgeon General because of what they saw as a clear record of integrity in science.

A major example of a challenge which I faced as Surgeon General was around the issue of needle exchange programs. CDC had funded several research programs to evaluate the efficacy of needle and syringe exchange programs in reducing the spread of HIV, the deadly epidemic that was at that time responsible for almost 100,000 new infections a year, and as many as 50,000 deaths. As Director of the CDC I transmitted to the Department of Health and Human Services the results of these studies, and so when I became Surgeon General, the Department had decided to call a press conference to announce the results of the needle exchange studies and that the administration was supporting the use of Federal funding to expand needle exchange programs. However, it was while waiting and preparing for the press conference that we learned that the White House had decided not to support Federal funding for needle exchange programs, despite the science, because of a political environment in Washington that would not support it. And so, serving as Surgeon General and Assistant Secretary for Health, I found myself in a very difficult position. As Assistant Secretary for Health, I was expected to support the administration's position, but as Surgeon General, I had the responsibility to communicate directly with the American people. So I chose to speak out about the efficacy of needle exchange programs, and I went throughout the country doing that and many localities decided to fund these programs, despite the absence of Federal funding. Donna Shalala, as Secretary of Health and Human Services, was in a very difficult position as having to submit to Congress opinions about needle exchange programs on an annual basis. Her response was to ask me as Surgeon General to send her a letter updating her on the status of the science, and she would always share this letter with members of Congress. It is an example of the critical nature and importance of the role of Surgeon General and how, properly supported, it can allow politicians to be politicians without compromising the health of the American people.

Another example of challenges which I experienced as Surgeon General was in releasing the *Call to Action to Promote Sexual Health and Responsible Sexual Behavior*. This report was completed in the last year of the term of President Clinton. Now, I had already released very successful reports on mental health and youth violence prevention, and was working on a report on overweight and obesity. But the reaction to the Surgeon General's *Call to Action to Promote*

Sexual Health and Responsible Sexual Behavior was different. The White House was very sensitive to the public's concern and interest about the Lewinsky case and asked that the Surgeon General not release a report dealing with sexual health. Donna Shalala recommended that I submit this report to a journal for publication, and in following through, we found that the journal of first choice was enthusiastic about publishing this Surgeon General's *Call to Action*. However, I decided that since this report was so important, that it should not be relegated to an article in a medical journal, but it deserved to be released as a Surgeon General's Report. However, later, an election took place and a new administration took office. When President Bush was elected, I told him that I knew that he probably wanted to appoint his own Surgeon General, and that even though I had a year left on my term, I would be happy to step down. President Bush said that he would like for me to stay and serve out the last year of my term.

I will always appreciate that because I had started several reports that I would not have finished—reports such as *Mental Health: Culture, Race and Ethnicity* and the important report dealing with the *Call to Action to Prevent and Reduce Overweight and Obesity*. However, not only was I asked to stay on and serve out my last year, since Congress had given me a four-year term, I was also asked to serve for a month as acting Secretary, since I was the highest-ranking person in the department and since Secretary Thompson, who had been appointed by President Bush to serve as Secretary wanted to finish his term as Governor. So I developed a very good working relationship with Secretary Thompson during that month, and I attended Cabinet meetings on his behalf. So when Secretary Thompson came on, I gave him a copy of the Surgeon General's *Call to Action to Promote Sexual Health and Responsible Sexual Behavior* and asked him if he would just read it. After reading it, he said he thought it was a very important report which the American people needed to read, but he also felt that it was politically a very sensitive issue, and he stated that he thought that I probably understood that better than him, since I had spent more time in Washington. However, I moved forward to respond to his position that it was an important report which the American people needed to read, and moved forward the plan to release it. Secretary Thompson made it very clear to me that he would not necessarily support my release of this report and that I would be on my own after I released it. I did release the report; it was the only report I released that was not signed off on by the Secretary. When the report was released, the press went immediately to the White House to ask Ari Fleischer, the press agent there, how President Bush felt about the Surgeon General's report, and his response was that the President believes in abstinence only, and there were no other comments on the report.

But it does point out some very important issues about politics, religion and personal opinion. Clearly, President Bush was in his right to respond to the report by saying what he believed, and it was also understandable that the environment was very sensitive around sexual health for the Clinton White House. But it was the responsibility of the Surgeon General to communicate directly with the American people, based on the best available public health science. There were critical issues in the report such as comprehensive vs. abstinence-only education, the scientific base for sexual orientation, and issues related to sexuality education for children—when should it begin and who should be responsible. We pointed out that parents first, but then all caregivers had a responsibility to provide age-appropriate sexuality education for children.

There are several challenges which the Office of the Surgeon General faces as we move into the future. There will be the continuing challenges related to the working relationship between the Office of the Surgeon General, the White House and the Department of Health and Human Services, and there will be occasions in which there will be disagreement, and that's OK, as long as the American people can trust that when the Surgeon General speaks or writes, it is based on the best available public health science, not personal opinions, not politics, not religion. At times, however, the White House, and even Congress, will want to dictate the Surgeon General's message, and I have had that experience. That is not OK, and the vital mission must be protected, even if it means that the Surgeon General must give up the position in order to protect the office.

The Surgeon General's office and its vital mission must have more independence and more access to resources to carry out the mission and to communicate the message. But there will be other challenges. Certainly the evolving nature and complexity of science will continue to be a challenge for the nation and the Office of the Surgeon General. The Surgeon General must be trusted to say when the science is not clear, to report on the best available public health science, and to communicate clearly to the American people the implications of that best available public health science. So we have these challenges and we have these opportunities to maintain an Office of the Surgeon General that has come to be respected by people throughout the world for the role it plays as a "Nation's Doctor."

When I released the first ever Surgeon General's report on mental health in December, 1999, I received thousands of letters from people throughout the nation. They wanted to share their experience personally or in their family with mental illness and to say how much it meant that they had been raised to the level of concern of the Surgeon General. I will never forget the man who related that his mother committed suicide when he was eight years old, that he did not find out that she did until he was 20. He felt that the Surgeon General's report on mental health would help to remove the stigma. We need a strong and independent Surgeon General to speak directly to the American people about their health and how to maintain and improve it.

Chairman WAXMAN. Dr. Carmona.

STATEMENT OF RICHARD CARMONA

Dr. CARMONA. Good morning, Mr. Chairman, distinguished members of the committee. My name is Richard Carmona. I am the 17th Surgeon General of the United States, and I am profoundly grateful for your invitation to me and my Surgeon General colleagues to testify before you today. I want to thank you for your interest and commitment to these very important national public health issues.

I had the privilege of working with many of you during the 4 years I served as U.S. Surgeon General, and I stand ready to continue to partner with you to improve the health and well-being of our great Nation and the world. Being nominated and confirmed as Surgeon General is still a surreal event for me. I will never forget the extraordinary privilege that the President of the United States and the Senate extended to me allowing me to serve my country once again in uniform.

As grateful as I am to my country for the opportunities that I have been afforded, that sense of appreciation will never allow me to become complacent in my commitment to continue to improve the health, safety and security of our Nation and the world. As members of a very small and unique fraternity of Surgeons General of the United States, we all believe that once a Surgeon General, always a Surgeon General.

I came to Washington, DC, having served as a U.S. Army Special Forces medic and weapons specialist, a registered nurse, police officer, SWAT team leader, trauma surgeon and CEO of a public health and hospital system and a university professor. I also came to the Office of the Surgeon General knowing what it feels like to be a poor Hispanic child growing up in New York City, a high school dropout whose family often had to stand in line at public hospitals waiting for health care and not knowing how we would pay for the doctor's bill, and sometimes not even knowing where our next meal would come from.

I came to our Nation's Capital wanting to serve all people and prepared to carry on what I believed was a tradition of implementing nonpartisan, evidence-based solutions to public health challenges. My fellow U.S. Surgeons General warned me that partisan political agendas often undermine the public health and well-being of the Nation.

During my first year as Surgeon General, I was still quite politically naive in the ways of the Beltway. As I witnessed partisanship and political manipulation, I was astounded, but also unsure of what I was witnessing for I had no reference point. I asked myself whether this was just happening to me as a new Surgeon General, or whether this was a norm for all Surgeons General.

I turned to my fellow Surgeons General, the men and women who came before me and made tremendous positive contributions to the science and practice of public health, who had saved and improved millions of lives through their work and dedication. They became my mentors. They said that they had all been challenged and had to fight political battles in order to do their job as the doctor of the Nation. But each agreed that never had they seen Wash-

ington, DC, so partisan or a new Surgeon General so politically challenged and marginalized as during my tenure. They told me that although most Americans believe that the Surgeon General has the ability to impact the course of public health as the Nation's doctor, the reality is that the Nation's doctor has been marginalized and relegated to a position with no independent budget and with supervisors who are political appointees with partisan agendas. Anything that doesn't fit into the political appointee's ideological, theological or political agenda is often ignored, marginalized or simply buried.

The problem with this approach is that in public health, as in a democracy, there is nothing worse than ignoring science or marginalizing the voice of science for reasons driven by changing political winds. The job of the Surgeon General is to be the doctor of the Nation, not the doctor of a political party.

The good news is that there is a straightforward remedy to the problem of partisan politics undermining the health and well-being of our Nation. That solution is to empower the Office of the Surgeon General and the U.S. Public Health Service Commissioned Corps. This would not be a radical new approach. It would simply be reinstating the roles and responsibilities of the Office of the Surgeon General that had been slowly eroded since politicians decided in the late 1960's that the Office of the Surgeon General should be disempowered and its authorities placed within the offices of the Department of Health and Human Services political appointees.

Historically the Surgeons General had occupied increasingly embattled positions where each has had to fight to scientifically address the contemporary health issues of the Nation and the world within an increasingly partisan agenda that is often devoid of open discussion of scientific evidence or data. To address these problems we must empower, fund and support the Office of the Surgeon General and U.S. Public Health Service Commissioned Corps to serve the people and the world and not a political party. The Commissioned Corps delivers arguably the best evidence-based health care in the world. With unparalleled passion and dignity, they are a precious resource that can be used much more efficiently and effectively to serve the public health needs of our Nation and the world.

Require a uniformed, physically fit professional Commissioned Corps with continuity of operations between administrations and Surgeons General, as is the basic protocol among all of our fellow uniformed services.

End the practice of the political discretionary awarding of a four-star admiral rank to HHS Assistant Secretary for Health, who may be a civilian political appointee with no uniformed service experience.

Ensure that all future Surgeons General are nominated by the President of the United States from the ranks of career U.S. Public Health Service Commissioned Corps officers based on merit and without political, ideological or theological filters. This is just as the U.S. Army, Navy and Air Force Surgeon Generals are selected and how the U.S. Surgeon General was selected, until the position became increasingly politicized.

In addition, we should consider going back to the nonpolitical U.S. Public Health Service Commissioned Corps officers ascending

the ranks based on merit in order to command our Public Health Service agencies again, just as our sister uniformed services do and have done for centuries.

In closing, I hope that you will hear me and my fellow Surgeon Generals today and make the decisions and changes that only you can make so that future Surgeon Generals do not have to struggle against impossible odds to ensure that public health is free of political manipulation. I hope that you will agree with us that the citizens of the United States deserve a Surgeon General as a doctor of our Nation and leader of the U.S. Public Health Service Commissioned Corps, who is empowered and supported by the U.S. Government to address our national and global health issues transparently, openly and apolitically, with the best science, in order to improve the health, safety and security of our Nation and the world.

Thank you, Mr. Chairman.

Chairman WAXMAN. Thank you very much, Dr. Carmona.

[The prepared statement of Dr. Carmona follows:]

**Testimony Before the Committee on Oversight and Government Reform
Congress of the United States
House of Representatives**

“The Surgeon General’s Vital Mission: Challenges for the Future”

Statement for the Congressional Record From

Richard H. Carmona, M.D., M.P.H., FACS

17th Surgeon General of the United States (2002-2006)

Commander of the U.S. Public Health Service Commissioned Corps (2002-2006)

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Introduction

Good morning Mr. Chairman and distinguished members of the Committee. My name is Dr. Richard Carmona. I am profoundly grateful for your invitation to me and my Surgeon General colleagues to testify before you today. I want to thank you for your interest and commitment to these very important national public health issues.

I had the privilege of working with many of you during the four years I served as the United States Surgeon General, and I stand ready to continue to partner with you to improve the health and well-being of our great nation and the world.

Last week we celebrated the 231st anniversary of our nation’s birth, and paid tribute to the men and women who thoughtfully and courageously built the foundations of the nation we hold so dear. For many of us, the 4th of July is a day to acknowledge that we’re all standing on the shoulders of giants.

Having served our nation in uniform twice during my career, I’m particularly aware that it’s only in choosing to put service before self that we in some small measure repay the sacrifices of the heroes who came before us.

Being nominated and confirmed as the United States Surgeon General is still a surreal event for me. I will never forget the extraordinary privilege that the President of the United States and the Senate extended to me in allowing me to serve my country once again in uniform.

I am truly grateful for the opportunities that have been afforded to me by our great nation to work hard, study harder, and gain expertise in my chosen fields. That expertise brought me the opportunity to be considered and then nominated for the position of U.S. Surgeon General. I was humbled to be nominated and confirmed soon after 9-11 — at a time when our nation needed leadership in public health and preparedness perhaps more than ever before.

As grateful as I am to my country for the opportunities that I have been afforded, that sense of appreciation will never allow me to become complacent in my commitment to continue to improve the health, safety, and security of our nation and the world. For as members of a very small and unique fraternity of Surgeons General, we all believe that “Once a Surgeon General, always a Surgeon General.”

Before serving as Surgeon General, I did not know the President, or any member of his cabinet or other advisors. I knew my local elected and appointed leaders in Arizona, whom I worked with on many community efforts to improve the economic, health, and education infrastructure of our communities and our state.

I came to Washington, D.C., having served as a U.S. Army Special Forces medic and weapons specialist, a registered nurse, police officer and SWAT team leader, surgeon, CEO of a public hospital and health system, and a university professor.

I also came to the Office of the Surgeon General knowing what it feels like to be a poor child, whose family sometimes had to stand in line at public hospitals, waiting for healthcare, not knowing how we would pay the doctor’s bill, and sometimes not even knowing where our next meal would come from.

I came to our nation’s capital ready to serve all people, and prepared to carry on what I believed was a tradition of implementing non-partisan, evidence-based solutions to public health challenges.

My fellow U.S. Surgeons General warned me that partisan political agendas often undermine the public health and well-being of our nation.

During my first year as Surgeon General, I was still quite politically naïve in the ways of the Beltway. As I witnessed partisanship and political manipulation, I was astounded but also unsure of what I was witnessing — for I had no reference point. I asked myself whether this was just happening to me as the new Surgeon General, or whether this was the norm for all Surgeons General.

I turned to my fellow Surgeons General, the men and women who came before me and had made tremendous positive contributions to the science and practice of public health, who had saved and improved millions of lives through their work and dedication. They became my mentors. They said that they had all been challenged and had to fight political battles in order to do their job as “the doctor of the nation.” But each agreed that

never had they seen Washington, D.C. so partisan or a new Surgeon General so politically challenged and marginalized as during my tenure.

They told me that although most Americans believe that their Surgeon General has the ability to impact the course of public health as “the nation’s doctor,” the reality is that the nation’s doctor has been marginalized and relegated to a position with no independent budget, and with supervisors who are political appointees with partisan agendas. Anything that doesn’t fit into the political appointees’ ideological, theological, or political agenda is ignored, marginalized, or simply buried.

The problem with this approach is that in public health, as in a democracy, there is nothing worse than ignoring science, or marginalizing the voice of science for reasons driven by changing political winds. The job of Surgeon General is to be “the doctor of the nation”— not “the doctor of a political party.”

U.S. Public Health Service Commissioned Corps

The good news is that there is a straightforward remedy to the problem of partisan politics undermining the health and well-being of our nation. That solution is to empower the Office of the Surgeon General and the U.S. Public Health Service Commissioned Corps.

This would not be a radical new approach. It would simply be re-instating the roles and responsibilities of the Office of the Surgeon General that have been slowly eroded since politicians decided in the late 1960s that the Office of the Surgeon General should be disempowered and its authorities placed within offices of Department of Health and Human Services political appointees.

One of the main jobs of the U.S. Surgeon General is to serve as Commander of the U.S. Public Health Service Commissioned Corps. These more than 6,000 dedicated public health professionals deliver the best healthcare in the world — with unparalleled passion and dignity. The commitment of the U.S. Public Health Service Commissioned Corps to the most vulnerable people, in times of emergency and on a day-to-day basis, provides the help and hope that I lacked growing up as a poor child in an immigrant neighborhood.

Their service helps ensure that more children can learn, grow, and prepare themselves for a healthy and productive adulthood. Their readiness to deploy when natural and manmade disasters strike here at home and abroad ensures that disaster victims receive aid and medical care in their darkest hours. The Commissioned Corps also represents the best of America, especially as we have moved forward the concept of global health, due to the recognition that the challenges before us do not respect our geopolitical borders. Knowing this, the officers of the Commissioned Corps have become superb emissaries of health diplomacy throughout the world.

As Surgeon General, I worked diligently to lead our Corps in a manner of which my fellow officers, sister uniformed services, and the nation would be proud. I benefited tremendously from the advice of former Surgeons General Koop, Elders, Novello, and

Satcher. They took me under their collective wing and always counseled me to, above all else, protect the dignity and integrity of the Office of the Surgeon General. My fellow Surgeons General left me big shoes to fill. And when I left the Office of the Surgeon General, I entered into a very small and unique fraternity with great pride and anticipation and with the knowledge that we would continue to work together to advance the health, safety, and security of the nation and the globe. We all believe that “Once a Surgeon General, always a Surgeon General.”

When I left the Office of the Surgeon General one year ago, I asked my fellow officers to continue the spirit of collaboration we had established across our sister uniformed services, the broader public health community, the scientific community, healthcare professions, academia, and many private- and public-sector partners. We had improved public health in many ways, including:

- We established important safeguards, and educated more Americans about the importance of preparing themselves, their families, and their communities for natural and manmade disasters. It was Commissioned Corps officers under my leadership who were some of the first healthcare professionals to start helping the people of New Orleans in 2005.
- We increased focus on the need to eliminate the health disparities that are still damaging the lives of millions of Americans, and holding us back as a nation.
- We trained Americans’ attention on the power of prevention. Before becoming Surgeon General, my experiences taught me that we must focus on prevention and life-long healthy living as a key component to improving the health and well-being of all Americans. It has become increasingly clear that we must move from a treatment-oriented society to a prevention-oriented society. We encouraged people to take small, manageable steps within their current lifestyle — versus drastic changes — to ensure long-term health.
- We started the transformation of the Commissioned Corps into an even more highly trained, capable, visible, and mobile cadre of public health professionals.
- We established the Medical Reserve Corps to bring together teams of local volunteer medical and public health professionals to contribute their skills and expertise throughout the year as well as during times of community need.
- We issued groundbreaking Surgeon General Reports, Calls to Action, and other communications, including “The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General,” “Bone Health and Osteoporosis: A Report of the Surgeon General,” “The Health Consequences of Smoking: A Report of the Surgeon General,” “The Surgeon General’s Call to Action to Improve the Health and Wellness of Persons with Disabilities,” and the “National Call to Action to Improve Oral Health.” We have also held Surgeon General Workshops on Healthy Indoor Environment, Prevention of Child Maltreatment, and initiated plans for many more Reports, Calls to Action, and Workshops that are currently in progress in the Office of the Surgeon General.
- We increased Americans’ health literacy by communicating health information in ways that people can understand and used. I have always believed that the scientific information in Surgeon Generals’ Reports and other communications belonged not just on the bookshelves of my fellow healthcare professionals, but in

the hands of the American people. That is why I made sure that we issued a “People’s Piece” with each Report developed under my tenure. In addition, with my friend and colleague Dr. Francis Collins at the National Human Genome Research Institute, the Office of the Surgeon General developed “The U.S. Surgeon General’s Family History Initiative” to give Americans the tools to understand what steps to take if certain diseases “run in the family.”

A Call to Action to Meet the Public Health Challenges of Our New Millennium

All of these advances were made under various degrees of political challenge. And although we were successful in some, there were many missed opportunities because of the political challenges. Historically, the Surgeons General have occupied increasingly embattled positions where each has had to fight to scientifically address the contemporary health issues of the nation and the world within an increasingly partisan, ideologically and / or theologically driven political agenda that is often devoid of open discussions of scientific evidence or data.

To address this problem, we must ensure that all future Surgeons General are nominated by the President of the United States from the ranks of the career U.S. Public Health Service Commissioned Corps based on merit and without political, ideological, or theological filters. This is just as the U.S. Army, Navy and Air Force, Surgeons General are selected and how the U.S. Surgeon General was selected until the position became increasingly politicized.

This return to reason is crucial, because the U.S. Surgeon General is “the doctor of the nation” and not the Surgeon General of the Democratic or Republican party, nor the representative of any particular ideological or theological group or theory. Hence, just as with our U.S. Attorneys and other key high-level national positions, the Surgeon General must be free of political manipulation, marginalization, and attempts to silence him or her for fear that their evidenced-based scientific discussions would conflict with preconceived political agendas.

The best outcome for our citizens and the world, where the threats and challenges are now often global in nature, would be that the position of U.S. Surgeon General become empowered and strengthened. Government should insist that the Surgeon General speak and act openly and as often as necessary on contemporary health and scientific issues so as to improve the health, safety, and security of the nation and increase the health literacy of all people.

Background

History is a prologue to our future....and the future of our nation and the globe is now predicated on our understanding of that history, and our collective ability to be the agents of change for a world that desperately needs new scientifically informed, passionate, non-partisan leadership.

The latest terms that the political “spinmeisters” have seized upon in public health are “global health” and “health diplomacy”...for these terms currently fit their particular,

agenda. But health diplomacy as it should be practiced will never be globally sustainable without the passion, commitment, knowledge and integrity, as the collective voice of the U.S. Public Health Service Commissioned Corps... guided by an equally committed non-partisan Surgeon General who serves the people and the world from an untarnished bully pulpit.

As I researched information in preparation for this hearing, several themes emerged. These themes have direct relevance on the Surgeon General and the Commissioned Corps being able to maximally and efficiently do their work.

- 1) Surgeons General and the U.S. Public Health Service have been involved in and developing global health and health diplomacy since the Marine Hospital Service was founded by President Adams in 1798.
- 2) The Marine Hospital Service and the ensuing U.S. Public Health Service have been transforming and retransforming while fighting and trying to avoid political manipulation since 1798...all while chasing the elusive goal of uniform apolitical stability that all uniformed services of the United States require in order to truly serve the people of our nation.
- 3) For over two centuries, the former Marine Hospital Service and the U.S. Public Health Service have taken the lead and have become the global experts on health diplomacy, global health, and cultural competence. From two centuries of Marine/ U.S. Public Health Service hospitals and overseas deployments, on to Ellis Island, to Indian Country through the Indian Health Service, no other organization has the depth, breadth, and historical perspective of global health and health diplomacy as the U.S. Public Health Service.

In fact, each of my predecessor Surgeons General faced ever-increasing political challenges, but rose above the partisan fray to do what was right for the American public.

In fact, my two fellow officers who have been asked to testify before this committee today, Surgeon General C. Everett Koop and Surgeon General David Satcher, both stood up for science-based public health approaches, at great personal and professional risk.

Now for our future, questions remain. Among them are:

- What do we need to appreciate efficient and effective success in our public health endeavors?
- How can we as a nation best demonstrate global health leadership?
- How can we effectively and efficiently achieve our Healthy People 2010 goals?

Historically, the Surgeons General have occupied increasingly embattled positions where each has had to fight to scientifically address the contemporary health issues of the nation and the world within an increasingly partisan, ideologically, and / or theologically driven political agenda that is often devoid of open discussions of scientific evidence or data.

To address these problems, we must:

- Empower, fund, and support the Office of the Surgeon General and the U.S. Public Health Service Commissioned Corps to serve the people and the world — and not a political party. The U.S. Public Health Service delivers arguably the best evidence-based healthcare in the world — with unparalleled passion and dignity. The commitment of the Commissioned Corps to the most vulnerable people, in times of emergency and on a day-to-day basis, provides the help and hope that I lacked growing up as a poor child in an immigrant neighborhood. They are a precious national resource that is being squandered for purely political reasons.
- Require a uniformed, physically fit professional Commissioned Corps with continuity of operations between administrations and Surgeons General, as is basic protocol among all of our fellow uniformed services.
- End the practice of the political discretionary awarding of a four-star Admiral rank to the HHS Assistant Secretary for Health, who may be a civilian political appointee with no uniformed service experience.
- Ensure that all future Surgeons General are nominated by the President of the United States from the ranks of the career PHS officers, based on merit and without political, ideological, or theological filters. This is just as the U.S. Army, Navy and Air Force, Surgeons General are selected and how the U.S. Surgeon General was selected until the position became increasingly politicized.
- Recognize and plan for the fact that tomorrow's best hope to achieve millennium goals, extinguish asymmetries, eradicate social injustices, and make the world healthier, safer, and more secure place may be the newer, softer force projection of health diplomacy via prospective ongoing sustainable missions globally. To borrow from our military service nomenclature: "to win decisively in any conflict we must dominate the battle space through appropriate force projection." However, the new future battle space globally will not be solely dominated by today's force projection of planes, missiles, troops...but more likely by scientists in cyberspace countering or mitigating bio-warfare agents via our expertise in genomics; aborting missile launches via disabling of hardware or software; utilizing our prospectively planned global health diplomatic efforts working to counter asymmetries of health, wealth, ideology, and theology that can lead to divisiveness, global unrest and insecurity, and sometimes terrorism.

Closing

In closing, I would like to sincerely thank you for your interest in and commitment to addressing these political challenges to our nation's health. Our citizens have repeatedly expressed with a non-partisan voice that they are tired of the usual politics and they expect more from all of us who have the privilege to serve them. Let's take this unique opportunity to come together and restore the faith of our citizens in their government.

I hope that you will hear me and my fellow Surgeons General today, and make the decisions and changes that only you can make so that future Surgeons General do not have to struggle against impossible odds to ensure that public health is free of political manipulation. I hope that you will agree with us that the citizens of the United States deserve a Surgeon General, as "the doctor of the nation" and the leader of the U.S. Public

Health Service Commissioned Corps, who is empowered and supported by the U.S. government to address our national and global health issues apolitically with the best science in order to improve the health, safety, and security of the nation and the world, and assist our elected officials in their decisions to determine appropriate policy.

Thank you.

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Chairman WAXMAN. We are now going to proceed to questions. I will have 10 minutes, Mr. Davis will have 10 minutes, then we will go to 5-minute rounds.

Dr. Carmona, that is a very strong statement. It appears that both Dr. Koop and Dr. Satcher both had the ability to be the Surgeon General, to use science, to use the position as a bully pulpit, interfered with. But it seems to me what you are saying is that even though you consulted with them, the experience you had was even worse, and it is now a new magnitude of involvement and interference. Is that the message I should get?

Dr. CARMONA. Mr. Chairman, I believe that's correct. As I said in my statement, my first year of being somewhat politically naive, and as much education as I had, nothing can prepare you for what you finally come to witness in Washington. And being devoid of a reference point, I sought their good counsel to say, what's going on here, did you have these problems? And it was Surgeon General Koop who pointed out, and still does today, he said to me, Richard, we all have fought these battles, as have our predecessors going back over a century, but we have never seen it as partisan, as malicious, as vindictive, as mean-spirited as it is today, and you clearly have it worse than any of us had.

Chairman WAXMAN. But you tried to fill the role and did a responsible job of trying to provide accurate science-based information. But you indicate that at times you were marginalized or simply had your reports or ideas buried.

You came in as Surgeon General in 2002, and at that time there was a great national debate about the role of stem cells in medical research. I understand you thought the Surgeon General could play a constructive role in explaining this issue, just the science of it, to the American public. Could you tell us what you tried to do, and what the result was?

Dr. CARMONA. Yes, Mr. Chairman, I would be happy to.

I recognize that notwithstanding stem cell issues, the Nation suffers from health illiteracy. The literature is clear, about a third of the Nation really doesn't understand the science we have to deal with every day, it doesn't understand the relationship that their behavior has to ultimate health outcomes. And I saw this debate going around not only as a Surgeon General, but I witnessed it as a professor, and I saw that much of the discussion was being moved forward devoid of science.

And so I approached leadership to say the Surgeon General should be leaning forward on this; we should be, in fact, in the debate on this issue so that we make sure the American public, and our elected officials, our appointed officials are all knowledgeable of the science.

Much of the discussion was being driven by theology, ideology, and preconceived beliefs that were scientifically incorrect. So I thought this is a perfect example of the Surgeon General being able to step forward, educate the American public as well as elected appointed officials so that we can have, if you will, informed consent on an issue to the American public to make better decisions.

I was blocked at every turn. I was told the decision had already been made, stand down, don't talk about it. That information was removed from my speeches.

Chairman WAXMAN. Who would remove a portion of your speech?

Dr. CARMONA. There were people who were actually assigned in the Department to vet my speeches to speechwriters who were helping me put together talking points and things like that. Unfortunately I was naive enough during my first year that I didn't recognize this was happening. Many of the staff, in trying to protect me, didn't tell me the embattled problems and positions that they were in in trying to help me bring the best science forward, but constantly being vetted, and politically vetted, I should say, not scientifically vetted. And it was a while before I figured out that this was happening behind the scenes.

Chairman WAXMAN. Did you have any of your other speeches vetted and censored?

Dr. CARMONA. Repeatedly.

Chairman WAXMAN. Repeatedly.

Dr. CARMONA. Yes.

Chairman WAXMAN. And were these scientists or physicians that were doing it, or political people?

Dr. CARMONA. No. In fact, I welcome input from my colleagues on science. I often called my NIH colleagues and CDC, my officers in other departments, to say, what do you think about this, give me the best science. And I would bring groups together to achieve consensus on a scientific issue.

The vetting was done by political appointees who were specifically there to be able to spin, if you will, my words in such a way that would be preferable to a political or ideologically preconceived notion that had nothing to do with science.

Chairman WAXMAN. Were you allowed to speak freely to reporters?

Dr. CARMONA. No. I was often instructed what to say or what not to say. I did the best I could to speak out on issues honestly. I never lied, I never covered the truth. But it was a fine line that I walked all the time, because often the particular issue already had a preconceived political solution, and I had nothing to do with it. And what I found in my first year was that I would see policy moving forward, and I would scratch my head and think, shouldn't the Surgeon General have been involved in this discussion? Yet I had nothing to do with it, but yet be expected to support these notions that were released to the press, through policy, legislation and such. I had no input into them prospectively.

Chairman WAXMAN. The President made a decision on stopping research using embryonic stem cells. He claimed he had a certain number of lines of cells that were already in existence, and he would allow that research to go forward. It may not have been the decision you agreed with, but it was his decision. What do you think your role should be after the President decides for the administration what that administration's policy would be?

Dr. CARMONA. Well, Mr. Chairman, I think clearly the President of the United States, as the senior elected official, has the authority to do what he sees fit, as does Congress as the elected officials representing our citizens. However, I think as part of the due diligence the Surgeon General should be at the table representing our colleagues in science as it relates to the issue.

Make no mistake, I think I speak with my fellow Surgeon Generals on this as well, we recognize that ultimately the authority rests with those elected officials. The danger is when the science is not heard, when the policy, when ideas are promulgated forward in front of the American public devoid of scientific discussion, where the Surgeon General is marginalized; that is the danger.

Chairman WAXMAN. Were you going to advance a particular point of view on research, or were you going to simply discuss the science and what it would mean if embryonic stem cells or any other stem cells were used?

Dr. CARMONA. Mr. Chairman, I think the Surgeon General walks a fine line. Certainly if asked by senior officials to discuss an opinion as to what an appropriate course of action should be, I think that is a perfectly good role for the Surgeon General, but also recognizing that it is ultimately the elected official and officials who have the authority to make the final decision. So that had I been asked, my discussion would have been more about the science of stem cells devoid of the political ideological banter that was going on so that the American public could understand, if you will, the risks, the benefits, and the costs of going in a certain direction and understand the science of stem cells. Because that, I felt, was devoid within these discussions that were mostly being driven politically, ideologically or theologically.

Chairman WAXMAN. Well, is this a unique issue? Did you have experience with the administration, other political appointees in the administration, interfering with other discussions on public health?

Dr. CARMONA. Well, in speaking with some of my colleagues in other departments, and not only in HHS, but in others, there were those complaints from others.

Chairman WAXMAN. I am talking about you.

Dr. CARMONA. Only me specifically.

Chairman WAXMAN. A Plan B—

Dr. CARMONA. Yes, sir.

Chairman WAXMAN [continuing]. Emergency contraceptive drug, comprehensive or abstinence-only sex education. Those are all matters the public needs to know more about in terms of just the basic science. Were those issues that you tried to speak out about and stopped from discussing as well?

Dr. CARMONA. Yes, sir, that is true. On many of those issues, I felt at the end that the Surgeon General should be taking the lead on discussions with the American public on what the science is behind those issues to help the public come to some conclusions as to what course of action they might support, as well as our elected and appointed officials, that they should be aware of the science.

Chairman WAXMAN. What was the interference? Did they tell you you can't talk about it, did they review your speeches, did they edit speeches and remarks to the press, edit reports? What was the way in which you were interfered?

Dr. CARMONA. All of the above, sir, all of the above. And, for instance, on abstinence education, when that came up, a lot of my colleagues, my colleague Surgeon Generals, have said, this position of the U.S. Surgeon General really has morphed into a global position. I would regularly speak with health ministers and leaders

from other countries who would call for information and would ask us questions. And on the abstinence issue, right away I started getting a lot of calls from our colleagues in the United States and even overseas who would say, well, how can you only support abstinence only? That flies in the face of public health science. I said, I don't. I said, if you look at any one of my presentations, it was always about a comprehensive approach to sexual education, largely based on my predecessor David Satcher's work, who had brought that information forward before I came. And I built on that platform. However, there was already a policy in place that did not want to hear the science, but wanted to just, if you will, "preach abstinence," which I felt was scientifically incorrect.

Chairman WAXMAN. Well, I thank you for your comments and responses to these questions. I know many of my colleagues will have further questions of you. But I do think that the Surgeon General has to be independent if the Surgeon General is going to have any credibility. And the credibility of that position is what is the key to the success of the Surgeon Generals that we have had over the years.

If my colleagues will just indulge me. I was in the Soviet Union, and I was with some dissidents, and they were smoking cigarettes like crazy. And I asked one of them, don't you have any warnings on your cigarette packs that tell you how dangerous it is? And I was told by one of the dissidents, this is a warning put on by the government. How can you believe anything the government tells you? Well, if it is the government telling you that political point of view, you start not believing anything the government has to say, unless there is some credible, independent scientific statement which supersedes the politics.

Dr. CARMONA. Mr. Chairman, may I just make a comment on that to echo what my colleagues have said? After I got over my political naivete and I started traveling, I had the same experience that Surgeon Generals Koop and Satcher had. As I met with my colleagues in the World Health Organization, they looked at the Surgeon General position as one of a beacon of hope, one that really represents the best of America as giving truthful information. And I think one of the more perfect examples of that would be we fought for years to get out that report on secondhand smoke. When it finally got out, because of all the political manipulations and marginalization, it slipped out. Within 2 weeks, I had calls from six continents, hundreds of cities in our own country. I had small restaurateurs in Texas, in El Paso, calling and saying, we have the information now, we are going smoke-free in all of my restaurants. I had governments calling me saying, we have information now from the U.S. Surgeon General that will help us make our city, our country, smoke-free. The ramifications were rippling because of the credibility that your Surgeon General of the United States had for the health not only of the Nation, but of the world.

Chairman WAXMAN. Thank you very much, Dr. Carmona.

Mr. Davis.

Mr. DAVIS OF VIRGINIA. First of all, let me thank all of you for your public service. This is a serious job that all three of you have taken seriously. I have a great respect for the job that all of you have done. I am not sure what the boundaries are for appointed

political officials who sometimes have opinions different from the elected administration. It is tough trying to define where you would be a team player and where you feel strong enough to speak out with your positions. I think you try to balance that every day. Even as independently elected Members of Congress, we try to balance those issues out.

So we are talking, I guess, in some of your practical experiences trying to get a better understanding. My friend, Henry Waxman, makes a good point that at the end of the day the job deserves credibility with the American people. But we have politicians who run the government, not scientists, for better or for worse.

But, you know, I happen, Mr. Carmona, to agree with you on stem cells. I was a cosponsor of Federal funding of stem cells to override the veto. But the administration is also entitled to make their moral determination over where the boundaries should be, notwithstanding what other scientific data is. And of course the model of the states is that the State will be a moral force and enforce the laws, the morality. And, it is very difficult, I understand, as part of an appointed team, to be part of that and get facts out, and now you are free to say whatever you want.

Dr. Satcher, you went through something similar on your report on sexual health and sexual behavior. Could you tell us a little bit about that? I think in your testimony you alluded to that. But that was also something you felt very strongly about and ran into some problems with the administration.

Dr. SATCHER. First, let me respond to something you said which I think is important. I think when the Surgeon General is speaking only based on his or her opinion, without having the science behind it, I think it deserves no more credibility than anything else. But when the Surgeon General speaks on the basis of the best available public health science, I think the American people deserve to hear that independently.

And the Surgeon General does not make policy. You are right, we don't make policy. We were not elected to make policy. We were appointed to communicate directly with the American people. That should not be interfered with. I think that is our concern. I think when the Surgeon General is not able to communicate, to write his or her speeches and say what they want to say to the American people, I think you have crossed the line significantly.

Mr. DAVIS OF VIRGINIA. Is that true, even when you are contradicting the policy of the administration?

Dr. SATCHER. I don't think the Surgeon General necessarily should speak about the policy, but the Surgeon General should speak about the science. For me to not say that needle exchange programs were able to decrease the severity of HIV/AIDS, and there was no evidence of increased drug use, I think that would have been unfaithful to the science. Congress would ask Secretary Shalala for an updated report, and what she did was to ask me to write a letter giving her the most recent information. When I did, she would say, I just received this letter from the Surgeon General, and this is what he said. But I think you are right, it has to be based on the best available public health science, not personal opinion.

Mr. DAVIS OF VIRGINIA. Before you get to that, we just had a vote last week on needle exchange programs in the District of Columbia. My feeling was it is their own money, let them spend it the way they want to. There is a ban on Federal funding for that. And the reason for that is the policy—although you are saying that science is very clear on that, I am not going to take issue with you on that in terms of stopping the spread of HIV. The policy then becomes if you are a citizen and you go into a hospital and you need a needle for IV, if you are on Medicare or you are a veteran, you pay for it. But if you are using illegal drugs, the government pays for it. And so there are contradictions policywise.

Dr. SATCHER. I think you make a very important point. You also pay to treat people when they get AIDS. And you really pay dearly and society pays dearly because people will infect, spread the disease to other people. So you have to make a decision. So the Surgeon General is trying to advise based on the best available science.

Mr. DAVIS OF VIRGINIA. No, I understand. But I think there are some contradictions. The argument is with the health side. I know we will talk in a little bit about this sexual health and responsible sexual behavior. You wanted to get this out, and you felt this was important to get out to the public.

Dr. SATCHER. Well, it started off by informing the American people about the magnitude of the public health problems surrounding sexual health; HIV/AIDS, the growing of STDs, including the re-emergence of syphilis and others. So it really talked about the magnitude of—it also talked about sexual violence. In fact, 22 percent of women report having been assaulted sexually sometime during their life and about 4 percent of men. So it really put the data out there about the magnitude of the sexual health problem. This area, while we are not willing to talk about it, is wreaking all kinds of havoc in families and individuals. Many people who have been infected with AIDS end up infected because they were abused sexually as children. So there are a lot of things in the report about that.

I think the most sensitive issues—let us go back to three which I think got the report in trouble. We did talk about sexual orientation. We said that based on the science, sexual orientation is determined in adolescence, and there was no scientific evidence that it could be changed. So that was a very sensitive issue about sexual orientation. We said that regardless of how we felt about people and their sexual orientation, they deserve to be respected; not just tolerated, but respected as people.

We talk about comprehensive versus abstinence-only sexual health education, and we looked at all of the studies that had been done. And we said, based on the studies available to us, there was no evidence that abstinence-only sexual health education was effective—now, this was 2001—and that, in fact, a comprehensive approach to sexual health education was the most reasonable approach based on all of the available science.

And then we talked about sexual health education. We recommended that children be educated about their sexuality beginning at home. Parents are the first to provide sexual health education. It needs to be age appropriate. But it also needs to be in

schools. I mean, what should happen should be—regardless of the age of the children, they should learn about their sexuality and how to protect themselves and make the right decisions about it based on the best available science. So those were the three things.

Mr. DAVIS OF VIRGINIA. When this came up originally though the White House was undergoing some political problems; is that right.

Dr. SATCHER. Well, I think it is fair to say even though the support had been vetted by the CDC and NIH, it had gone to all of those scientists, I think it was the political environment that carried the day—

Mr. DAVIS OF VIRGINIA. In the Lewinsky scandal?

Dr. SATCHER. Exactly. There was a political environment that carried the day, but I think it is critical when it comes to a Surgeon General's report, the Surgeon General should be independent in his ability to release them. In the Bush administration, I think as Secretary Thompson certainly pointed out to me, you know, the politics of sex in Washington, you know that even—he made it very clear that support was important, but also made it very clear that politically it would be very difficult. So I finally—

Mr. DAVIS OF VIRGINIA. Ms. Elders took a lot of heat also, didn't she, on those issues?

Dr. SATCHER. Oh, Jocelyn Elders was fired because of the things she said.

Mr. DAVIS OF VIRGINIA. She took a lot of heat.

Dr. SATCHER. I want to make it very clear that Dr. Elders' firing was not about a report—

Mr. DAVIS OF VIRGINIA. It was about her speaking out.

Dr. SATCHER. It was about her speaking out about issues of sexuality. So the report was finally released in the Bush administration, and then they made it very clear to me that I was on my own.

I think of course you probably are not aware of some of the things that have happened since. Last year after bringing together a group of people who met for 18 months, some of the most conservative groups in the country, some of the most liberal, some of the most moderate, including Medical and Educational Association, we released a report that all of those people were able to agree on after having met together for a year and a half, but a very important report. I would not have been able to do that if I had not received foundation funding after I left government to continue this effort.

So as Surgeon General Carmona says, we never stop being Surgeon General. I mean once you are Surgeon General, as far as we are concerned, you are always responsible.

Mr. DAVIS OF VIRGINIA. They still call you General, right?

Dr. SATCHER. Exactly.

Mr. DAVIS OF VIRGINIA. I will have to say, Dr. Koop, I really respect the work that you did talking about smoking. The effects of secondhand smoke has had a huge effect on policymakers on both sides of the aisle.

So I yield back.

Chairman WAXMAN. Thank you, Mr. Davis.

Ms. Norton.

Ms. NORTON. Thank you, Mr. Chairman. I would like to thank all three of you, Dr. Koop, Dr. Carmona, Dr. Satcher.

Dr. KOOP. Can't quite hear you, ma'am.

Ms. NORTON. I would like to thank all three of you for the courage and the independence you asserted with considerable courage, the three of you have had your courage tested, and it is impressive to see how you have responded. I do thank you, Dr. Satcher, for being way ahead of your time during the Clinton administration who for all of its progressive stance, would not in fact support needle exchanges, despite knowing full well what the consequences were.

Dr. Carmona, I must say one would have to congratulate the President on his appointment of you a year or so following 9/11. Here he reaches out and he finds an especially qualified Surgeon General because you had been in the Special Forces, you were a trauma surgeon, you were an expert in emergency medical services, there is a laundry list of challenges.

I want to ask you about that work particularly, since I represent the District of Columbia and because I served on the Homeland Security Committee, because this is where the anthrax attacks took place, right here at Congress as a matter of fact, where we lost two postal workers and you know the rest.

We have had a hearing in this committee, an astounding hearing recently, on how hospital emergency services, particularly emergency rooms, are now being stretched to the breaking point. As I understand it, you did use your background in emergency services and sought permission to prepare a report on emergency preparedness; is that so?

Dr. CARMONA. Yes, ma'am, that is correct.

Ms. NORTON. That was before a report was written, sir?

Dr. CARMONA. Well, I can give you a general timeline, Ma'am. What happened was I came in shortly after 9/11 and the anthrax challenges to our Nation, and as I looked at the gaps in our system and where I could assist, especially after being appointed by the President and confirmed by Senate, given that there was a great deal of fanfare about my background and that I was selected because I had this background in emergency management and preparedness pretty much my whole life and being quite serious in this area.

I said, well, there are a couple of issues I see before us. One, we are a nation that on a good day has inadequate mental health care. One in five people can't get mental health care on a daily basis in the good times. Now we have war, we have 9/11, we have an anthrax attack, we have people feeling very uncertain about their futures. What are we doing to shore up our mental health issues, why is that important?

When you look at what terrorism does, we often do very well at preparing for the physical wounds, but the psychological wounds are lifelong and lasting and can devastate a population. So I thought we need to move forward on an emergency preparedness report, as well as a report on preparedness that would bring our Nation forward so that all citizens would understand the threats and challenges before us and what their individual responsibility is. Just like we had civil defense in the 50's, we were talking about the new civil defense of the new world, the new world order. So I

moved forward with those ideas and tried to move those reports out. Unfortunately, then never got out——

Ms. NORTON. Just a moment, this is almost a neutral sounding request, emergency preparedness, mental health, where did you take your requests for permission and what reason was given to you for denying permission?

Dr. CARMONA. Let me tell you, I will go—each of them were slightly different, so I will start with the mental health one. I had made a commitment to my mental health colleagues nationally as well that we needed to move to mental health as an agenda item.

As you know, my colleague, David Satcher, first identified some of the issues, and as I took the baton from him, I knew I needed to continue moving in the direction based on some of the information he had already generated, mental health was one. Mental health preparedness was extraordinarily important because of——

Ms. NORTON. I am trying to find out, you don't go to the President and say I want to do a mental health and emergency preparedness. Who do you go to?

Dr. CARMONA. Yes, ma'am. What I did was independently I looked at the science, and the first call I made was to my colleagues at the National Institutes of Health to say, guys, let's have a meeting, I walk to talk to you about the mental health needs of the country, specifically as it relates to the new threats and challenges of mental health preparedness as a working title.

I got the best scientists in the world together. We had the discussion, everybody agreed that this was a huge void in our society, and we needed to move this forward. I generated the evidence base to move such a report to the American public. I went to other agencies, I brought in one of our sister agencies who had a political appointee who basically went to HHS, went to the White House, and complained vehemently that this was not my responsibility, that he was in charge of mental health.

In fact, I was admonished by this gentleman because he said, you don't get it. He said, you don't write anything unless we approve it and that this information——

Ms. NORTON. On the mental health report, not only were you refused, you were admonished. Before my time is up——

Dr. CARMONA. Yes.

Ms. NORTON. Would you tell me about the report on emergency preparedness?

Dr. CARMONA. Emergency preparedness, from what I have seen and based on a report I brought my colleagues in to achieve consensus, I mean government and people who have national reputations, credibility, nonpartisan to achieve consensus, everybody had agreed it was absolutely essential to move forward.

I then ran it up the flag pole and went to the domestic policy council at the White House, spoke to HHS officials, I was given lots of different reasons. This might scare the people, you should think about it. The new Department of Homeland Security will be responsible and why would the Surgeon General do this? I was given lots of reasons, from the cost to everything else, not to move this forward.

Ms. NORTON. Who at the White House was responsible that told you that the emergency preparedness should not move forward?

Dr. CARMONA. I was speaking to the Domestic Policy Council just then. I mean if you want those names in the future, I would be happy to do it. Since some of these people still work in the government, I ask that we do this through private communication or a closed hearing because I don't want to put anyone in jeopardy.

Ms. NORTON. I respect this request, but this is a public hearing, it is going to become public in any case, because we believe in transparency, and I leave it up to the chairman as to how to handle that.

Dr. CARMONA. Thank you.

Chairman WAXMAN. We will take it under advisement and hear from Mr. Issa.

Mr. ISSA. Thank you, Mr. Chairman. Dr. Carmona, I feel that perhaps what you are telling us here today is that we need to cut by 75 percent the number of political appointees we authorize the President to make so that a few people have more things to do than have turf battles. We will take that under advisement.

Dr. KOOP, during your administration how large was your budget and how large was your direct report staff, the people you could count on directly that were allocated to you?

Dr. KOOP. I had no budget. As far as my staff was concerned I had the privilege and ability to call upon 6,000 members of the Commission Corps, all of whom occupy special niches and very special kind of training, and this is one the gems of our government because I don't know any place where there are that many experts that can be called upon by the government in reference to health as we have here.

Mr. ISSA. General Koop, if I hear you directly, what you are saying is because you were appointed by the President uniquely, not because you have been brought up through a system, you felt it appropriate enough that you could call on just about anybody and they would return your calls.

Dr. KOOP. In general.

Mr. ISSA. So this position is to a great extent what you make of it, isn't it?

Dr. KOOP. Well, I tried to point out that who the President is, and who the Secretary of HHS is, makes a real difference. The third person that makes a difference is the Surgeon General himself. I was accused of not being a team player. I was denied a position I wanted very much by senior George Bush. I felt after 8 years as Surgeon General I could hit the ground running as Secretary of HHS, but I was considered not to be a team player and therefore not suitable to do this.

I would like to step a little bit wider than your question and please tell you what I hear going on here. I would think you committee members would think these three Surgeon Generals have a touch of paranoia. It sounds like——

Mr. ISSA. That is common in Washington.

Dr. KOOP. Yeah, but the thing is, I thought of writing a book one time, the title of which would have been "They and Them," because I don't know who all these people are who interfere with the Surgeon General. I really don't know who they are, we call them "they" and we call them "them," but I never know who they are, but they do step in.

You notice that I went to the extent in my prepared remarks of telling you how Otis Bowen and I kept the report on AIDS essentially secret. The reason for that is there is such a thing called a Secretariat of the HHS Department and if you were to—thank you—if you were to submit the report such as I wrote on AIDS, which is very plain speaking, it wouldn't have been out of there yet in those 12 years. And I don't know who "they" were. I don't think you could find out who they were, but they and them are the people that my colleagues are talking about, and it is not paranoia.

If I could go back to what Dr. Carmona was saying about the stem cells or take the thing that is in the papers this morning about insurance for children's health, the science, of the need of children in this country for health plans because of the poverty level at which they live; that science is absolutely irrefutable. Anybody who knows anything about children thinks it is a marvelous idea. No matter how you have to pay for it, our children deserve that.

And then today, the newspapers carry word that the President has decided he would not support that. Well, what is the Surgeon General's role in that particular picture? Here is what I think it should be. I don't think he should have made a statement about whether he is going to support it or not, until he had met with the people in government who know the most about children health needs and about their poverty status, and that would include the Surgeon General. And it is not asking the Surgeon General to make policy, but asking that the Surgeon General from a big bunch of expertise and the contacts that you said, everybody would call on the phone, answers you, they do, they support the Surgeon General, then, at least the White House or the people who make decisions about what bills are going to go through and what are not have the advantage of that kind of expertise. And "they" and "them" are sort of overridden in the process. And then all the way down the chain, until that bill comes before Congress and is voted upon or is turned down by the President or is vetoed.

The Surgeon General should be, as I call it, a cog in the machinery that decides about the health and the well-being of the American people. It is part of what he knows, it is part of what he does best, and it is not changing policy. But—

Mr. ISSA. Thank you.

Dr. KOOP. Hmm?

Mr. ISSA. I apologize. I love the answer and I would like to get one more question in. I promise, I know the chairman's indulgence has to be limited to hear a lot of other people.

In my opening statement I said that I wanted to take advantage of the opportunity of the three of you here to deal with one thing I haven't seen come out of your offices over your time, and that is an overall statement on why America spends per capita 50 percent more in health, public and private, insurance and noninsurance, emergency room and nonemergency room and in fact we don't have the highest life expectancy, we don't have the lowest infant mortality, we don't have a people who are nearly as satisfied or feel comfortable sleeping that they are not going to have their homes taken away because of the high cost of an emergency event. Can you—I know there is a limited amount of time for what you all can look

at during your tenures, but why is it that is not something that we would hear Surgeon Generals talking about, taking on, if you will, about the large amount of health care costs that ultimately make America be first in cost and nowhere close to first in performance?

Dr. KOOP. I don't want to sound disrespectful, but you are not reading the right stuff and you are not listening to the right people because I have been talking about that since I was a Surgeon General. And on the Internet right now, I have 970 lectures on the profiles and science Web site of the National Library of Medicine, about half of which address all of the questions you have asked. It is a huge problem and it has taken us years to get into this mess, and it is going to take us years to get out of this mess unless some big surprise comes along or a catastrophe, and either one of those could very well be in the offing. I could go on and talk to you about these individual things, but it would take hours.

Dr. SATCHER. I understand your question. I spoke about and continue to speak about this issue and published about it extensively. But, your point is interesting, because the Surgeon General is not a policymaker. When President Truman introduced the national health insurance, they wanted Surgeon General Shiley, I believe, to debate it on TV, and he refused. He said, this was not an appropriate role for the Surgeon General. Once the Surgeon General gets involved in policymaking, I think you are interfering with the role of Congress and the President.

But, I do think it is important for the Surgeon General, as Dr. Koop said, to make sure the people understand what is happening in the health care system, the fact that it is inefficient, and I participated in the WHO report showing the inefficiency of our health system. And when the program was first passed, we had done a lot of background work in terms of the plight of children in this country. Ultimately when it comes to introducing policy and discussing policy, beyond the science—behind it I think we are limited.

Chairman WAXMAN. Well, we have other Members who have questions. We will have to allow those to stand as a response to a question. I know we could use at least another five hearings.

Mr. Sarbanes.

Mr. SARBANES. Thank you, Mr. Chairman.

I wanted to get a better sense of the political interference issue that Carmona, that you have referred to and we have had some questions about already, because we have had other testimony in this committee recently with regard to other agencies where there appears to be this kind of political interference. In particular, we had two hearings about how the General Services Administration, very high level people, and including, it appears to us, the head of GSA, Lurita Doan, was involved in meetings that were really political meetings that were arranged by the White House and others to advance the fortunes of Republican candidates. I am trying to get a sense of whether that sort of activity exists in other places, and I would like to get any input from you.

So the question is were there any meetings that you were asked to participate in, or other sources of political activities that you would characterize as political and, if so, what were they?

Dr. CARMONA. I recall during my tenure that from time to time we would receive invitations, sometimes they were called manda-

tory meetings of, “political appointees.” This was sometimes at HHS, sometimes they were at EOB, every once in a while someplace else at some type of an event. I went to a couple of those initially, but I recall early on that I recognized that these were really more political pep rallies, high-level political appointees within government who were, all, trying to rally the troops.

Mr. SARBANES. Who was housing these, where were the invitations to these meetings—

Dr. CARMONA. Sometimes they were e-mails or just memos in your mail to political appointees. There would be a brown bag lunch at this location, and maybe a senior political official officiating. I went to a couple of those, as I said, and I found most of the time that the discussions were about political issues of which the Surgeon General really had nothing to do with. So I stopped going to them, to be honest with you, because I was not really feeling I was representing the office well in that.

There were times when I was invited to political events to speak and I felt that this was an ethical violation. I am an Admiral and shouldn’t be at a political event supporting any political party because I am in uniform, and so I took a pretty firm line with my colleagues that our job is not to engage in political rhetoric supporting any party or any candidate. The Surgeon General’s job is apolitical. And as soon as you start attending meetings like that, start supporting political policies, candidates, you become less effective as a Surgeon General, you are looked at as being partisan.

It has never happened. I think the beauty of what you see here. You have three Surgeon Generals who have served in the most liberal and most conservative administrations, and yet we are all telling you the same thing about what needs to be done, the partisanship and the problems we have all experienced.

Mr. SARBANES. The few meetings that you did attend, who were some of the senior officials that were presiding at those meetings?

Dr. CARMONA. As a matter of common courtesy, I have spoken to the staff and said I am happy to provide you with the information but I am very sensitive to the fact that one, some of these people are still working; two, retribution does occur in government; three, I don’t want this to become a “he said, she said” issue.

The three of us are up here because there are systematic infrastructure problems. The name game and finger pointing goes back and forth all the time. We feel, really need, we need to get above that. This is about fixing an infrastructure.

Mr. SARBANES. The description of the Surgeon General as America’s doctor I think is a very admirable one. To carry an analogy, if I go to my doctor and the doctor comes in the room and has a report in front of him from the lab and they want to tell me the contents of that report but somebody’s muzzling them so that I am not getting the real story, I am going to be outraged. And America ought to be outraged that when it goes to its doctor, the Surgeon General, he is not able to give them the truth about the health status of the nation.

Dr. CARMONA. Mr. Sarbanes—yes.

Mr. SARBANES. I am curious whether ideology is driving the suppression of science, or is it politics? Because if it is ideology, as troubling as that could be, someone could have the attitude well,

we elected this President, he has a certain belief system and that flows down through the demands of government. And I say that would be troubling but one can understand it at a certain level. But much of what I describe is that it is politics. It is almost as if there is a perennial campaign underway that at no point somebody decided that now that we are elected, we have to actually govern. Instead we sacrifice the health of children, the health of HIV victims, etc., we are willing to sacrifice all of that for political ends.

I am out of time. If you could touch on the relative weight in this suppression campaign, as I will call it, of ideology versus politics or political agenda.

Dr. CARMONA. Thanks for your question. I believe it is all of the above. In my opinion, there is a political driver, there is preconceived political agendas already there that fly in the face of good science and they don't want these three Surgeons General here to speak out on the science because it will complicate their life in trying to move a certain agenda.

There are also ideological and theological agendas—abortions, Plan B, stem cells—that drive a particular theological construct that leads somebody to a policy, yet the science hasn't been heard.

As Surgeon General Satcher said, what we are hearing here is that we should never, ever—our citizens should be outraged—that three Surgeon Generals were marginalized and had to fight to get the information out to them. I used to use that analogy with people. I said when you go to a doctor, do you pick your doctor based on what political party that he belongs to? They say no. You don't want Republican or Democratic information; you want real scientific information, and that is our job to bring it forward. I would say it was all of those are barriers that we faced.

Mr. SARBANES. Thank you.

Chairman WAXMAN. Thank you, Mr. Sarbanes.

Dr. Carmona, we heard that the Office of Political Affairs, or Public Affairs, headed by Karl Rove, gave the political briefing. We heard about this Office of Public Affairs headed by Karl Rove giving the briefings, staff of the office giving the briefing?

Dr. CARMONA. There were communications from his office and his staff during my tenure, and at times staff from those offices were giving briefings.

Chairman WAXMAN. Ms. Watson.

Ms. WATSON. I just have to make this statement. This is probably the finest collection of integrity and scientific knowledge sitting in front of us that I have heard since I have been on this committee, and I want to thank you three gentleman.

I also want to thank the Chair, who I served with in the California Legislature, and I remember him standing alone, here in Congress, with the executives of tobacco companies having them raise their hands and asking them the key question whether they thought that tobacco was harmful to one's health and could cause cancer. And he stayed on that issue until finally the world is recognizing his work.

But Dr. Koop, you were the Surgeon General when I was chairing Health and Human Services in the California Senate. I admired you for speaking out about AIDS, and I thought wow, what a risk you were taking under that current administration at

that time, but you stood strong and because of that I worked on needle exchange. It took me 8 years. I was taken on by the clergy and everyone else because they thought I was promoting drug use.

Dr. Satcher, thank you for the years that we worked together and you produced the report on the diversity in health care, and we still use that today in trying to improve the health care delivery system in the State of California. I hope as a result of this hearing we can start addressing the real needs of public health.

Dr. Carmona, I admire you, I look at the three of you. You represent the fabric of the United States, each ethnic group and the majority group, and I thank you for your service.

We will quickly, as you are trying to present to this country and the world the global report on health care, the emergence of avian flu, SARS and the extremely drug resistant TB, and you have illustrated why public health threats respect no international borders. And it should never get political. Health is not a political issue. We have to understand that. And I don't care if you are sitting on this side or you are sitting on that side.

And in trying to get that word out that in your report on public health, some way it was stymied, I respect the fact you are not going to point fingers, but do you know where the report is today?

And Mr. Chairman, we need to obtain this report and in some way we need to make it public so that the general public and those who watch everything we do here in the United States can change behavior. We talk about Homeland Security, this is not about the land, it is about the people who live on the land. When attorney Speaker left the United States to get married and was carrying a virus that we thought could contaminate the rest of the world, it got top publicity across all networks, in the newspapers and so on. And we need to know threats to our health.

To you, Dr. Carmona, I just want to say how proud we are of the work you did under adverse circumstances, and can you comment about that report, where it is and, Mr. Chairman I hope we can obtain it.

Dr. CARMONA. Madam Congresswoman, thank you. That was a report that was very near and dear to my heart. We spent over a year working on this global health report; Surgeon General's call to action on global health. That is what we were doing. To do that, I assembled the best minds in the world on health, NIH, CDC and many other agencies and nongovernmental professors from around the country who are preeminent in the field, to get the best science to give to the public because we recognize our village is now global. The threats and challenges we have do not respect the geopolitical borders that we have. And we have to start thinking bigger, whether it is AIDS or SARS or any of the other challenges that people read about.

We are very proud of this draft report. Unfortunately, when we began the political vetting process, I was called in and admonished for this report by a senior official that said you don't get it. He said to me, this report has to reflect American policy. And what he meant was that they actually counted how many times that I did not have the President's name and other people's names in the report. I said that is not my job. I said I will help you write a compendium report on policy for the U.S. Government. This is on a re-

port the science of global health. We spoke of all the topics at length. And it was blocked repeatedly from getting into the vetting process because of a senior official telling me that this will be a political document or it will not be released. I said it can't be a political document because I am the Surgeon General never releases political documents. I will release a scientific document that helps our elected officials and citizens understand the complex world we live in and what their responsibilities are.

I fought for my last year to try and get it out and couldn't get it past this initial vetting. They were clear, there was no nebulousness about it, this will be a political document or you will not release it, and I refused to release it. Because I would not put the political rhetoric into that document that they wanted, because it would tarnish the Office of the Surgeon General when our colleagues saw us take a political stand, so I refused.

The document is still in draft form. My colleagues are encouraging me to still release it. I just entered into the private sector and am looking at ways to do that, but there is a great deal of concern and empowerment to me to move ahead with this report. It still needs a little bit of work, mind you, it is still in a draft form, but the essence of the report is there.

Ms. WATSON. Mr. Chairman, thank you for the time. Could we obtain that report under the auspices of this committee?

Chairman WAXMAN. We will see if we can obtain that report from Dr. Carmona.

Mr. Yarmuth.

Mr. YARMUTH. Thank you, Mr. Chairman. I thank the gentleman for his testimony.

I might suggest I certainly respect everyone's desire and I agree with everyone's desire for independence for the Surgeon General. Since we learned over the last few weeks apparently Mr. Cheney considers himself a separate branch of government, maybe we can create our own independent branch for Surgeon Generals.

I do want to talk about accountability. I think all of us believe that nobody in government, most of us do anyway, is unaccountable. What do you think the appropriate accountability system should be for the Surgeon General's position? I know the current nominee, Dr. Holsinger, some 15 years ago wrote a paper suggesting that gays could be cured. I suspect that if a Surgeon General took that position there would be those who would take issue with that.

So where do you think the Surgeon General's accountability should be placed? Anyone can answer.

Dr. SATCHER. I would say that when it comes to reports or positions taken by the Surgeon General, the Surgeon General is accountable for the best available science, and that is why the reports need to be vetted by the scientists, the appropriate scientists at NIH and CDC.

I said before, if the Surgeon General is speaking based on his own opinion without the science, then I don't think the Surgeon General deserves any more recognition for that than anybody else. But I think when the Surgeon General speaks to the American people based on the best available public health science, he deserves that recognition.

I issued this Surgeon General's prescription in 1999. I actually issued it at an international meeting of ministers of health from 189 countries. It is a prescription for the American people that talks about physical activity on a regular basis, eating five servings of fruits and vegetables, avoidance of toxins like tobacco, responsible sexual behavior, and daily participation in a relaxing act.

Every one of these statements were based on research done at CDC and NIH. We could point to the literature as to why we knew that regular physical activity could reduce cardiovascular disease in adults by 50 percent; reduce the onset of type II diabetes by more than 60 percent.

So as long as the Surgeon General is speaking on the best available science, then I think that is accountability—to the best available science.

Mr. YARMUTH. Dr. Carmona, we have heard a number of instances in which you and the other Surgeons General have been prohibited from speaking out on things you thought were important. Are there instances in which you were actually asked to do something you did not want to do in terms of pursuing a political agenda on behalf of the White House?

Dr. CARMONA. There were times when I was invited to meetings or had discussions where I guess people were testing the waters. On abstinence, abstinence only, I remember that in all of my presentations, I never wavered, based on the best science that Surgeon Koop had spoke about, that it was clear we needed a more comprehensive program of sexual education in the United States that would include abstinence, but not be exclusively about abstinence. People weren't happy about that. I think they saw that I was going to be true to the science and that was challenging.

When global warming came up, it was my first year. And I was naive enough listening to the discussion at this office with senior officials, where they were heralding global warming to be nothing to be more than a liberal cause, and had no merit, and they were kind of dismissing it. And I remember thinking oh, I understand why they want me here, they want me to discuss the science, obviously they didn't understand the science. I had this discussion for half an hour and I was never invited back to the meeting.

There were a number of anecdotes like that over the years where the water was tested and I was asked certain things at meeting, things were put into my speeches. In fact, I had two speechwriters quit because they were so intimidated and browbeaten by political officials. We would play this game the day before a talk. I told the staff, let them put in whatever they want, I will not say it anyway. Eventually, the people left the employ there because they were really in an embattled position, and people were trying to get to the Surgeon General through them.

Mr. YARMUTH. Were you ever told to mention a President a certain number of times, were you promoting him specifically?

Dr. CARMONA. In fact, in my first year, clearly, I was told a number of times that the President's name was not mentioned in a speech. I was told it should be mentioned, at one point, at least three times on every page. I said, I am not going to do that. I said I will mention any politician when appropriate, if they are involved in a scientific endeavor, but my job is not to sell politics.

The speechwriter will tell you they fought that battle every day, I would tell them what I wanted in the speech, he provided it back to me and it would be vetted, and I didn't know this was happening and they were being admonished for not putting certain politicians' names in or political phrases in that I subsequently took out because I said this has nothing do with public health science and I will not say those things.

Mr. YARMUTH. Thank you very much.

Chairman WAXMAN. Thank you, Mr. Yarmuth. For our second round I want to recognize Representative Norton.

Ms. NORTON. I appreciate the opportunity to ask this question at this time. This is based on Dr. Carmona's testimony and my own interest in the structure of government. I have been trying to rack my brain to think of a way to have a truly independent Surgeon General. I think it is very difficult to come up with a way in our system of government. The only truly independent people I know sit on the Supreme Court, and the President can't get to them.

I noticed you took a stab at this, Dr. Carmona. You indicated that what turns out to be quite something of a pretense, you don't use those words, of a four-star admiral maybe out to balance that. It looks like you go back to kind of a militarized example. I understand where it came from, historically that the Corps could be militarized.

But you say on page 7 of your testimony I think in an attempt to get independence, that the Surgeon General could be nominated by the President from the ranks of career public health officers based on merit, without political ideology or theological filters. Then you say that just as the U.S. Army, they are selected that way.

Again, let me indicate, I wonder if we should do that. What impresses us, we have very distinguished physicians. I don't mean to imply they don't come out of the Public Health Service as well, but if an eminent physician from practice or academia becomes Surgeon General, doesn't that bring to the office such value added that we wouldn't want to exclude such eminent candidates for the office?

I would like your opinions on how to make it more independent and whether or not going to a narrower group of physicians would really serve the larger purposes of the Office of Surgeon General?

Dr. SATCHER. Let me speak before Dr. Carmona. This is one issue we don't totally agree, the idea of excluding a whole group of people based on the fact they are not in the Commission Corps. I like the process of a group getting nominated based in part on service in Commission Corps, but saying you are not nominated if you are not in the Commission Corps, then Surgeon General Koop would never have been Surgeon General.

So I have some difficulty with that. I think ultimately the President should name a person and recognize, as you do with the Supreme Court justices, how that profession feels about that person's capabilities and qualifications, but I basically agree with the process being as Dr. Koop described it, but not necessarily with the limitations.

Dr. CARMONA. I think we all agree with the process. The reason that I looked at the model of a U.S. Public Health Service Commis-

sion Corps officers that would come up through the ranks, was if you look just at these officers right here, these represent the finest doctors, nurses, scientists in the world right here. When the Army, Navy, Air Force promote a Surgeon General, they are professional officers who come up through the ranks.

Ms. NORTON. They are not practicing medicine as Surgeon General, they have only themselves, their word, their eminence and, by again casting no aspersion on this extraordinary corps, one wonders why the only way to accomplish this is to narrow the pool. Dr. Koop, I would like your view on this as well?

Dr. CARMONA. Ma'am, may I finish?

Ms. NORTON. Yes.

Dr. CARMONA. We all agree on the process. The reason I am looking to stay within the Commission Corps is that you have professional uniformed officers, just like the Army, Navy and Air Force, and I am open to the discussion. I brought forth an idea that says I think this would work to depoliticize the process. These are professional uniformed officers. The President of the United States nominates the Army, Navy and Air Force Surgeon Generals from the ranks and then they are confirmed by the Senate.

Ms. NORTON. One wonders if that depoliticizes.

Dr. CARMONA. Well, granted—

Ms. NORTON. One wonders if the officer in Iraq are depoliticized, whether the Supreme Court justices are depoliticized. So I understand, I am simply trying to say of the ways of doing it, would we want to sacrifice something that is important, since this man doesn't do anything but speak, and whether he has credibility?

Dr. CARMONA. Thank you.

Dr. KOOP. Even if you have concerns about the manner in which I outlined it, if you look at the people who were in the Commission Corps at the time I was appointed, there were already 55 Assistant Surgeon Generals. If you look at some of those people, they have turned out to be the best public health voices we have had in the country, in the private sector and some within government.

I don't think, even though my plan would eliminate me as a candidate for Surgeon General, you would always get good people. But there are is one other thing, if it were known, that you could enter the Commission Corps of the U.S. Public Health Service with the eventual possibility of working as a Surgeon General, you would attract better and better and better people to the Corps.

Chairman WAXMAN. Thank you very much.

Ms. Watson.

Ms. WATSON. Thank you so much. I am just going to throw out these questions to the panel and after I do that, I would like Dr. Satcher to talk about your oral health report, and I have a bill right now in the process to remove the dental amalgams that have mercury. And I see the mercury as the basis for poor dental health and poor systemic health, so I would like you at the end to comment on that.

I would like to ask all three of you how can we improve the Surgeon General's position, should we lengthen the term time that you serve? How do we make you independent? And what about budget? I think all of you have hit on it a bit in your presentations, but

I would like you to outline what you would do to improve the position, starting with you, Dr. Koop, please. Dr. Koop.

Dr. KOOP. Well, I have outlined the manner in which the person is chosen, I think that is essential, I have talked about independence, I have talked about being apolitical. And then I have also suggested that the expertise of the Surgeon General be used in an advisory capacity at every level of discussion of an issue that eventually will become a legislative problem and eventually acted upon by the Congress of the United States. That is the way that I think the Surgeon General can be in on what is being discussed. It keeps them out of policymaking, but it gives the President and the White House and it gives the Secretary of HHS and that Department the benefit of his expertise.

And as I think all of us have said either directly or indirectly, the respect in which the Surgeon General is held by other people that we have been talking about, our colleagues abroad and the private sector in this country, there is almost nothing that a Surgeon General asks that he can't get in the way of advice and help.

Ms. WATSON. Thank you so much.

Dr. Carmona.

Dr. CARMONA. Thank you. I would like to echo what Surgeon General Koop has already said and what is in my remarks about independence. I think our government should not only fund and empower and support, but I think the citizens should demand transparency and honesty in all scientific communications because this is the doctor of the Nation, and in fact, as you have heard from the three of us, the rest of the world looks to the Surgeon General for honest governmental, scientific communication, which is distinctly different from many of the other countries.

One thing I think is important to consider, politicians often publicly shy away from hot button, partisan, scientific issues. For whatever reason, it really doesn't really make a difference. I think that we would all agree that allowing the Surgeon General to be the lightning rod on these issues and move forward in a nonpartisan, apolitical way, based on science, actually helps to insulate politicians who don't want to talk about abortions or stem cells or Plan B, or something that tends to polarize people, left or right.

And I think the Surgeon General is driving something forward the best science. I think the Surgeon General, driving some of these discussions based on the best science, would actually help in a nonpartisan way all political persons because they don't have to take the heat. It is the Surgeon General who said this.

Ultimately though, with a better informed public, we can improve health literacy for the public and elected officials, better policy moves forward less painfully for some politicians, because it is the Surgeon General out there who is speaking as the doctor of the Nation just as they would speak to you individually about very personal issues that could also be polarizing.

I think that is another added advantage, to add on to what Surgeon Koop said and what General Satcher is going to say. I think the beauty of what we are saying here is that we speak as one. Three Surgeon Generals serving over very liberal and conservative administrations, all came to the same conclusion about the dignity of the office. It's about the importance of representing the Amer-

ican people and not a political party. And we hope to make it easier for those who walk in our footsteps in the future to better represent the American public.

Dr. SATCHER. I want to begin by briefly saying what I say to students all over this country, whether it is in commencement addresses, or in high school. I would trade nothing for the opportunity which I had to serve in government, I would trade nothing. As Director of the CDC, as Surgeon General, as Assistant Secretary for Health. I came from the cotton fields of Alabama. Neither of my parents finished elementary school. The fact you can rise in this country to the position of Surgeon General says a lot about the strengths of our Nation.

I believe that the Surgeon General's office is too important to allow it to be politicized. I think the World Health Organization, while I was serving, ranked the United States number 37 in the world in terms of our health system. Despite the fact that we spend twice as much money as the next country's level of expenditures and we have 45 million people uninsured, we still rank number 37.

The only area in which I think in the world who would rank us No. 1 would be the Office of Surgeon General. When China got ready to look at the issue of tobacco, they invited me as Surgeon General to come and advise them, and that's happened over and over again. I believe it is important to maintain the integrity of the Office of the Surgeon General. I would say two things, No. 1, the budget, I believe Congress ought to insist that the Surgeon General's office has its own budget—and I say this as one who was Assistant Secretary of Health and Surgeon General, so I reported to myself as Surgeon General and if I hadn't of course I wouldn't have any money. That is where I got the money, and that should not be the case. The Surgeon General should be independent and have his or her own budget and be able to speak independently to the American people.

You asked me about oral health. I will be very brief. I issued the Surgeon General's report of oral health in the year 2000. We tried to do a few things. No. 1, we tried to point out the magnitude of the oral health problem in this country. The fact that still 30 percent of people over 65 in this country are edentulous, that children miss 57 million hours of school every year because of tooth decay, while there may be 46 million Americans are uninsured for medical care there are 108 million who don't have dental insurance. We talked about how oral health is a major part of overall part of health and well-being and needs to be treated that way. Oral health problems can be associated with cardiovascular disease and diabetes. We tried to point all of that out based on the current research and we talked about the importance of fluoridation in water.

We didn't talk about Mercury, and this is important point. We didn't feel that science at that point related to mercury and health was adequate for the Surgeon General to take a position. We don't take positions on issues that are not clear. If they are not clear, we say they are not clear. And that is why you did not see a stronger statement in that report about mercury.

I must say of all the reports that I have issued, I am very pleased with what happened with the results of that report. I think the Johnson Foundation funded 19 dental schools to provide health

care to poor children, boys clubs and things like that. Many children are now getting dental care because of that report and what has happened afterwards. That is a very important report, like so many of the reports we have issued.

Chairman WAXMAN. Thank you very much, Ms. Watson.

Let me conclude the questioning. Dr. Carmona, you talked about the areas where you had some interference, but one of the jobs of the Surgeon General is to go out and talk to groups, communicate at the local and State level, talk to different groups who are like minded or suffering from diseases. Were you prevented from traveling to speak to groups that you thought you wanted to visit and talk to?

Dr. CARMONA. Yes, that occurred several, many times actually over the years, and it was because people were politically vetting decisions I made to go before groups based on science and the needs of the citizens, versus a political need. As Surgeon General Satcher has mentioned, he might have had it a little easier—I was Assistant Secretary for a while as well as Surgeon General, and we both came to the same conclusions, it is hard to do both jobs, because the government expects you as Assistant Secretary to be a politician and so you are constantly switching hats. This is very difficult to do. Dave and I both did the same thing. We said we are doctors first, we are Surgeons General. I can't do the political part, which often doesn't make politicians very happy. It gave David more budget discretion, because he could control his own office.

There were a couple of issues, I can give you some examples. As you know, I issued a Surgeon General's call to action, the first on the health of people with disabilities. I was looking at the GAP analysis to see where I could add to the great body of evidence. I saw the issue of disability in children's health and we started to have some discussions with Special Olympics and Best Buddies and a number of organizations that deal with the health of the disabled children. And the Special Olympics was coming up. I was asked if I would come to Japan and give the opening keynote address and discuss the health of disabled athletes which had been marginalized. I thought this was a perfect forum globally. I was told I couldn't do it. There was no reason given other than it was kind of expensive to go over there. But there were times I was asked to speak to groups I wasn't sure I should be at where budget was not an issue.

Chairman WAXMAN. Give me an example of that.

Dr. CARMONA. Group, political gatherings, political gatherings where they wanted to have the Surgeon General there to say some things about programs that parties were moving forward and—

Chairman WAXMAN. Were these in districts of vulnerable Republicans?

Dr. CARMONA. Sometimes that was the case, yes, sometimes that was the case to talk about a program or a particular issue for the benefit of some elected official. Yes, that happened.

Chairman WAXMAN. You were told you couldn't make a decision to go speak to the Special Olympics but you were never given a reason why you couldn't, but then you were told there was money to go and speak to somewhat politicalized—

Dr. CARMONA. The Special Olympics one was an egregious one. Ultimately, another group, the Best Buddies program, which deals with physical activities for intellectually disabled children. I thought that was some place we should be speaking out on to prevent the marginalization and it addresses health disparities as well. So I put in my paperwork to go to this meeting to give the Keynote address and actually ride a bike with a disabled child, and hoped to bring some light to this problem in our Nation. I was admonished for doing that.

The reason I was admonished for doing that. Unfortunately, I was told that I would be helping a politically prominent family who this is one of their endeavors, and why would I want to help those people? And I said I don't even know—I am not going to mention names now. I remember responding, this is about sick kids. It has nothing to do with who is moving the project. So in effect I was told I cannot travel, my travel orders were canceled. I took a weekend vacation and paid for it myself because I was committed to the group.

Chairman WAXMAN. At what level were you told you couldn't go to the Special Olympics?

Dr. CARMONA. These were highly appointed officials in the Department, yes, in the Department.

Chairman WAXMAN. You were told that they wanted you to act as a surrogate to go and speak in districts where you could act on behalf of the Republican cause; is that correct?

Dr. CARMONA. That happened at times, yes.

Chairman WAXMAN. There they didn't have a problem with money?

Dr. CARMONA. It didn't seem so.

Chairman WAXMAN. Well, I just have to say, Dr. Carmona, I find the political interference with you doing your job astonishing. It was difficult enough for Dr. Koop and Dr. Satcher, but it really is distressing that you had such much more interference in what you were trying to do. You testified you were prevented from speaking on stem cells, abstinence education, and Plan B emergency contraception; is that correct?

Dr. CARMONA. That is correct.

Chairman WAXMAN. You testified you were prohibited from preparing reports on mental health preparedness and emergency preparedness; is that correct?

Dr. CARMONA. And global health.

Chairman WAXMAN. You testified you couldn't release the report on global health.

Dr. CARMONA. Correct.

Chairman WAXMAN. You testified that your report on the dangers of secondhand smoke was delayed for years while you fought efforts to weaken your science-based findings; is that correct?

Dr. CARMONA. That is correct, and I was not aware of it at the time. I did not find out about the scientific assaults until later on, because the staff was trying to protect me. It wasn't until very late in the game that I found out that they were fighting the rewording of certain paragraphs and things like that, fighting their own battles, if you will, for scientific integrity.

Chairman WAXMAN. You testified that you were even directed to attend White House political briefings about the best interests of the Republican Party and its candidates, is that right?

Dr. CARMONA. Let me clarify. I can't say there were White House, but there were memos from senior political officials who brought people together to discuss things. The couple I went to, clearly they were discussing political issues and you know, elections getting people out. Pep rallies I would call them. Political pep rallies.

Chairman WAXMAN. This wasn't from the Department, it was beyond the Department?

Dr. CARMONA. Yes, yes. Sometimes the meetings took place at the Department, sometimes they were off in other buildings.

Chairman WAXMAN. And people would come and talk about, give a list of the key races for the Republicans?

Dr. CARMONA. You know, I can't say key races, but certainly talking about getting our word out, political agendas, things like that, which really the Surgeon General should have nothing to do with. Because it undermines the credibility of the office. Because it undermines the integrity and dignity of the office. The Surgeon General is not involved in day-to-day politics. That is not our job.

Chairman WAXMAN. Did Karl Rove attend any of those meetings?

Dr. CARMONA. I can only remember one where I saw him. There were other staffers up and down, at different levels of government that would come and speak, at brown bag lunches, meetings, things like that. Honestly, I didn't pay too much attention. After the first few, I recognized it was really something the Surgeon General shouldn't be at or involved in.

Chairman WAXMAN. And you didn't take any grief and not go to any future meetings, did you.

Dr. CARMONA. Not grief. In fact, I made sure I was busy during those times.

Chairman WAXMAN. Well, I thank you for your being forthright and talking to our committee and the American public about this issue. I hope the testimony of you, Dr. Koop and Dr. Satcher will help us clarify that this is an important position that we shouldn't allow to be marginalized. We shouldn't allow the Surgeon General to be politicized as the doctor to the Nation. That person needs to have credibility, independence and to speak about science. I think that is so important.

I thank you all very much for your testimony today. That concludes our hearing, and the committee stands adjourned.

[Whereupon, at 12:10 p.m., the committee was adjourned.]

