

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

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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.