

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

Tuesday, July 10, 2007

House of Representatives,  
Committee on Oversight and  
Government Reform,  
Washington, D.C.

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**Committee Hearings**

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8 Government Reform,

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10 The committee met, pursuant to call, at 10:00 a.m., in  
11 Room 2154, Rayburn House Office Building, Hon. Henry A.  
12 Waxman [chairman of the committee] presiding.

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

15 Staff Present: Phil Barnett, Staff Director and Chief  
16 Counsel; Karen Nelson, Health Policy Director; Karen  
17 Lightfoot, Communications Director and Senior Policy Advisor;  
18 Andy Schneider, Chief Health Counsel; Naomi Seiler, Counsel;  
19 Steve Cha, Professional Staff Member; Earley Green, Chief  
20 Clerk; Teresa Coufal, Deputy Clerk; Caren Auchman, Press

21 Assistant; Zhongrui "JR" Deng, Chief Information Officer;  
22 Kerry Gutknecht, Staff Assistant; Art Kellermann, Fellow;  
23 David Marin, Minority Staff Director; Keith Ausbrook,  
24 Minority General Counsel; A. Brooke Bennett, Minority  
25 Counsel; Susie Schulte, Minority Senior Professional Staff  
26 Member; Patrick Lyden, Minority Parliamentarian and Member  
27 Services Coordinator; and Benjamin Chance, Minority Clerk.

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

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

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

45 The ability of the Surgeon General to improve the health  
46 of the Nation is vividly illustrated by the impact of the  
47 landmark 1964 report Smoking and Health. For the first time  
48 the American people had a credible science-based report from  
49 the government that spelled out the relationship, the causal  
50 relationship, between smoking and lung cancer.

51 Over the years the Office of the Surgeon General has  
52 produced highly influential reports and calls to action on

53 | topics ranging from AIDS prevention to obesity to mental  
54 | health. Like the 1964 smoking report, the Surgeon General's  
55 | work has shaped the Nation's understanding of public health.  
56 | But what we will learn today is that this essential part of  
57 | our government is in crisis. Political interference is  
58 | compromising the independence of the Office of the Surgeon  
59 | General. On key public health issues the Surgeon General has  
60 | been muzzled. The Surgeon General's greatest resource, his  
61 | or her ability to speak honestly and credibly to the Nation  
62 | about public health, is in grave jeopardy.

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

74 |         Politics and science will always intersect in  
75 | government, and Dr. Carmona is not the only Surgeon General  
76 | to face political interference. Dr. C. Everett Koop was the  
77 | Surgeon General during the Reagan administration and was told

78 | not to speak out on the subject of AIDS, which was regarded  
79 | as a gay disease. He courageously resisted this pressure.  
80 | Dr. David Satcher served as Surgeon General under President  
81 | Clinton. He, too, faced political interference. His efforts  
82 | to release a report on the benefits of needle exchange  
83 | programs were blocked, an action that President Clinton  
84 | called a mistake. And when he wanted to release a report  
85 | promoting the use of condoms and other responsible sexual  
86 | behaviors, he was told to submit his report for publication  
87 | in a medical journal rather than release it as another  
88 | Surgeon General's report.

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

101 |       The oversight should serve two purposes. It should  
102 | expose problems in how our government operates, and it should

103 | point the way to a reform. Today we will learn how political  
104 | interference is undermining the Office of the Surgeon  
105 | General, but we will also hear the recommendations of Drs.  
106 | Koop, Satcher and Carmona for restoring the independence and  
107 | the effectiveness of the Office of the Surgeon General. We  
108 | need to pay as much attention to their prescription for  
109 | reform as we do their diagnosis for ills.

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

121 |         [The information follows:]

122 | \*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

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

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

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

142 Operations of the Surgeon General's office are not a new  
143 topic of discussion for this committee. We held a hearing in  
144 2003 to consider the proposal to make the U.S. Public Health  
145 Service Commissioned Corps a more readily deployable force in  
146 the Federal medical response to national disasters. As head  
147 of the committee, the Corps of the Surgeon General leads a



148 | cadre of highly trained and mobile health professionals who  
149 | can respond to the Nation's acute and chronic health needs.  
150 | Surgeon Generals Koop and Carmona both testified at that  
151 | hearing, and we welcome their insights again today as we  
152 | discuss more broadly the role of the future of the office  
153 | that they both held.

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

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

171 |         As we all know, our doctors sometimes have to deliver  
172 | bad news. Likewise, the Nation's doctor is often called upon

173 | to make findings that might be controversial or politically  
174 | inconvenient to the administration of the day, Republican or  
175 | Democratic, but waiting or sugarcoating hard truths only  
176 | allow public health problems to fester and grow worse. The  
177 | voice of the Surgeon General can be a powerful antidote to  
178 | societal health and should not be muted or filtered through  
179 | layers of needless bureaucratic or political approvals.

180 |         The physicians on this distinguished panel of witnesses  
181 | have already made invaluable contributions to American public  
182 | health. We are grateful for the experience, the expertise  
183 | and the insights they bring to today's discussion of the  
184 | Surgeon General's vital role in protecting and improving the  
185 | Nation's well-being. Thank you.

186 |         Chairman WAXMAN. Thank you, Mr. Davis.

187 |         [The information follows:]

188 | \*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

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

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

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

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

211 And if I may say one more thing, Mr. Chairman. There is  
212 an HIV/AIDS epidemic that has settled in the African American  
213 community, and shame on the Surgeon Generals of the United

214 States for not pointing out that 50 percent of the cases  
215 today are African American, and we are 12 percent of the  
216 population. How could that happen? Stereotyping this  
217 disease, as the Chairman said, initially as a gay disease can  
218 be controversial, and it was certainly wrong, but imagine  
219 allowing it to travel over into another community and not one  
220 word.

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

231 Thank you, Mr. Chairman.

232 Chairman WAXMAN. Thank you, Ms. Norton.

233 [The information follows:]

234 \*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

235 Chairman WAXMAN. Mr. Issa.

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

239 I, like the Chairman, would like to take full advantage  
240 of the independence of our Surgeon Generals. I believe that  
241 today we are going to have an opportunity to delve into a  
242 number of areas. The area that I would like to spend the  
243 most time on is one that is near and dear to the Chairman,  
244 and that is private health care, why does it cost so much;  
245 public health care, why does it not meet the expectations of  
246 the American people; and can we mend it, either one of them,  
247 or do we need to end them? So I am going to very much take  
248 advantage of sort of the independence, and particularly in  
249 Dr. Koop's case the independence that comes from some time  
250 out of some of the public limelight.

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

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

259 Chairman WAXMAN. Thank you, Mr. Issa.

260 [The information follows:]

261 \*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

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

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

266 Chairman WAXMAN. Thank you.

267 We do have three very distinguished former Surgeon  
268 Generals, individuals who have served our country with honor  
269 and distinction during four Presidential administrations.  
270 Dr. C. Everett Koop served as our 13th Surgeon General from  
271 1981 to 1989. A pediatric surgeon by training, he is widely  
272 credited for making the Office of the Surgeon General a  
273 scientific and principled force in American life. More than  
274 any of his predecessors, Dr. Koop made the office a bully  
275 pulpit for public health. His standing in the eyes of the  
276 American public allowed him to tackle many sensitive and  
277 politically controversial issues, most notably the AIDS  
278 epidemic, which emerged as a major threat to public health.  
279 During his tenure as Surgeon General he spoke also forcefully  
280 and repeatedly about the health consequences of smoking. And  
281 I am very pleased to welcome Dr. Koop back with us today.

282 Dr. Koop, as you well know, I was initially very  
283 skeptical about your nomination when President Reagan put it  
284 forward. I was wrong, and I have come to know you as a  
285 professional dedicated to the public good and public health.  
286 You had the courage to speak truth to power and the good

287 sense to distinguish public health from politics. And I  
288 learned to admire you and to enjoy working with you over the  
289 years on tobacco and HIV and children's health. And I look  
290 forward from hearing your testimony today. But I wanted to  
291 pay a special tribute to you through the years that we have  
292 worked together.

293 Our second witness, Dr. David Satcher, served as the  
294 16th Surgeon General from 1998 to 2001. A family physician  
295 with additional training in public health, Dr. Satcher served  
296 for 6 years as Director for the Centers for Disease Control  
297 and Prevention. During his tenure as Surgeon General, Dr.  
298 Satcher issued a number of important reports, most notably  
299 his 1999 Surgeon General's Report on Mental Health, which did  
300 much to remove the stigma from mental illness, and his 2001  
301 Surgeon General's Call to Action to Promote Sexual Health and  
302 Responsible Sexual Behavior. He also released influential  
303 reports on oral health, youth violence and the prevention of  
304 tobacco use by young people.

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

307 Our third witness, Dr. Richard H. Carmona, served as the  
308 17th Surgeon General from 2002 to 2006. A combat-decorated  
309 veteran of the Special Forces, Dr. Carmona brought a varied  
310 background in health care to the position. At different  
311 points in his career, he was a paramedic, registered nurse,



312 trauma surgeon and health care administrator. Although some  
313 criticize him for maintaining a low profile as Surgeon  
314 General, he released a number of important reports and calls  
315 to action during his tenure. These included the Surgeon  
316 General's Call to Action to improve the health and wellness  
317 of persons with disabilities issued in 2004, and his landmark  
318 Surgeon General's Report on the Health Consequences of  
319 Involuntary Exposure to Tobacco Smoke, released shortly  
320 toward the end of his term of service.

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

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

327 [Witnesses sworn.]

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

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

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

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

337 STATEMENT OF C. EVERETT KOOP

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

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

354 | position. I wish we had such an office and such a person.

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

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

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

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

402           Clearly the Surgeon General must be free to serve the  
403 American people without political interference. It is also

404 vital that future Surgeon Generals have the necessary support  
405 and resources to do their job. How can we ensure that this  
406 happens? First I believe that the Surgeon General should not  
407 be a political appointment. In my opinion, the Surgeon  
408 General should be named by the President from a panel  
409 selected by the Promotions Committee of the Commissioned  
410 Corps of the United States Public Health Service. This was  
411 once the protocol, and it served our country well for nearly  
412 100 years. It remains today the protocol used to appoint the  
413 Surgeons General of the Army, Navy and the Air Force.

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

420         In closing, I may say, Mr. Chairman, as you already  
421 mentioned, you were from the beginning one of my severest  
422 critics to become one of my trusted supporters, and I thank  
423 you for that and the excellent job, sir, that you have done  
424 in improving the health of the American people. Please  
425 continue to exercise oversight of the Office of the Surgeon  
426 General and the Commissioned Corps of the Public Health  
427 Service so that they can continue to do their vital work.  
428 Thank you, sir.

429

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

430

[Prepared statement of Dr. Koop follows:]

431

\*\*\*\*\* INSERT 1-1 \*\*\*\*\*

432 Chairman WAXMAN. Dr. Satcher.

433 STATEMENT OF DAVID SATCHER

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

447 It is my opinion that we critically maintain a role of  
448 the Surgeon General. The Surgeon General is responsible for  
449 communicating directly with the American people based on the  
450 best available science, not politics, not religion, not even  
451 personal opinion. The Surgeon General does this, as you have  
452 heard, through speeches, writings, press conferences and  
453 especially the Surgeon General's reports. These Surgeon



454 General reports are vetted with the relevant scientists at  
455 the CDC and other appropriate agencies.

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

466 The Surgeon General's Office has evolved over the years  
467 since 1873 with changes in level and magnitude of  
468 responsibility. Today the Surgeon General oversees the  
469 Commission for our health professionals who are on call 24  
470 hours a day, 7 days a week to respond to emergencies.

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

477 There have always been challenges to the role of the  
478 Surgeon General. Sometimes these challenges are based on the

479 | political nature of issues or the religious implications of  
480 | issues. However, the Surgeon General's Office has a  
481 | remarkable record of credibility and trust in communicating  
482 | with the American people based on the best available science.

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

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

501 |         I have in my written report to you described my  
502 | experience with the needle exchange program. Recently, as  
503 | the Director of the CDC, I oversaw the funding of research

504 | programs evaluating the impact of needle exchange programs in  
505 | reducing the spread of HIV/AIDS and showing that there was no  
506 | increase in drug use. I submitted that report to the  
507 | Department, and soon after I became Surgeon General, we  
508 | planned to have a press conference to release that report to  
509 | the American people, and we were hoping it would lead to  
510 | Federal funding for the needle exchange program. I think  
511 | because of the political environment and the almost certain  
512 | defeat of the needle exchange program with Congress, the  
513 | White House made a decision the day before the press  
514 | conference not to support it, and that left me in a very  
515 | difficult position as both Assistant Secretary for Health and  
516 | Surgeon General. As Assistant Secretary For Health, I was  
517 | expected to support the position of the White House and the  
518 | Department, but as Surgeon General my responsibility was to  
519 | speak to the American people based on the best available  
520 | public health science.

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

528 | Later I completed a report, the Surgeon General's Call

529 | to Action to Promote Sexual Health and Responsible Sexual  
530 | Behavior, and that report was actually completed during the  
531 | Clinton administration, and, as you know, I served my last  
532 | year in the new Bush administration. I was hampered from  
533 | releasing that report during the Clinton administration, but  
534 | also the new Bush administration. I was able to finally  
535 | release it without the support of the Department. It is the  
536 | only report I released that was not signed off on by the  
537 | Secretary. I released that report in 2001 during my last  
538 | year as Surgeon General. The President and the Secretary did  
539 | not support that report, and they did not support it because  
540 | of obviously both its political and religious implication.

541 | I think it is okay for the White House or the Congress  
542 | to disagree with the Surgeon General on issues, because the  
543 | American people look to the Surgeon General for the best  
544 | available science. I don't think it is okay for the White  
545 | House or the Congress to dictate the messages of the Surgeon  
546 | General, and that is our concern, that the Surgeon General's  
547 | Office be independent enough to speak directly to the  
548 | American people based on the best available science. So I  
549 | join Surgeon General Koop in asking that Congress take those  
550 | steps to make this office independent enough to communicate  
551 | directly with the American people based on the best available  
552 | public health science, and that it be adequately funded by an  
553 | independent source of funding for Congress so that it can

554 | carry out those responsibilities.

555 |       I'll end my comments with one story, when I released the  
556 | Surgeon General's Report on Mental Health. I received  
557 | letters from people all over the country expressing their  
558 | appreciation because they had members in their families who  
559 | suffered from mental illness, and there had been so much  
560 | stigma surrounding it until they just felt embarrassed to  
561 | even talk about it. One young man wrote that when he was 8  
562 | years old, his mother died, and he didn't learn until he was  
563 | 20 that she had committed suicide. And he explained how he  
564 | heard people whispering about her death, but nobody would  
565 | talk about the condition that led to it. She had suffered  
566 | from severe depression. And, again, he thanked the Office of  
567 | the Surgeon General for bringing mental health out of the  
568 | closet, helping to remove the stigma.

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

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

573 |       [Prepared statement of Dr. Satcher follows:]

574 | \*\*\*\*\* INSERT 1-2 \*\*\*\*\*

575 Chairman WAXMAN. Dr. Carmona.

576 STATEMENT OF RICHARD CARMONA

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

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

593 As grateful as I am to my country for the opportunities  
594 that I have been afforded, that sense of appreciation will  
595 never allow me to become complacent in my commitment to  
596 continue to improve the health, safety and security of our

597 Nation and the world. As members of a very small and unique  
598 fraternity of Surgeons General of the United States, we all  
599 believe that once a Surgeon General, always a Surgeon  
600 General.

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

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

619 During my first year as Surgeon General, I was still  
620 quite politically naive in the ways of the Beltway. As I  
621 witnessed partisanship and political manipulation, I was

622 astounded, but also unsure of what I was witnessing for I had  
623 no reference point. I asked myself whether this was just  
624 happening to me as a new Surgeon General, or whether this was  
625 a norm for all Surgeons General.

626 I turned to my fellow Surgeons General, the men and  
627 women who came before me and made tremendous positive  
628 contributions to the science and practice of public health,  
629 who had saved and improved millions of lives through their  
630 work and dedication. They became my mentors. They said that  
631 they had all been challenged and had to fight political  
632 battles in order to do their job as the doctor of the Nation.

633 But each agreed that never had they seen Washington, D.C.,  
634 so partisan or a new Surgeon General so politically  
635 challenged and marginalized as during my tenure. They told  
636 me that although most Americans believe that the Surgeon  
637 General has the ability to impact the course of public health  
638 as the Nation's doctor, the reality is that the Nation's  
639 doctor has been marginalized and relegated to a position with  
640 no independent budget and with supervisors who are political  
641 appointees with partisan agendas. Anything that doesn't fit  
642 into the political appointee's ideological, theological or  
643 political agenda is often ignored, marginalized or simply  
644 buried.

645 The problem with this approach is that in public health,  
646 as in a democracy, there is nothing worse than ignoring



647 science or marginalizing the voice of science for reasons  
648 driven by changing political winds. The job of the Surgeon  
649 General is to be the doctor of the Nation, not the doctor of  
650 a political party.

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

663 Historically the Surgeons General had occupied  
664 increasingly embattled positions where each has had to fight  
665 to scientifically address the contemporary health issues of  
666 the Nation and the world within an increasingly partisan  
667 agenda that is often devoid of open discussion of scientific  
668 evidence or data. To address these problems we must empower,  
669 fund and support the Office of the Surgeon General and United  
670 States Public Health Service Commissioned Corps to serve the  
671 people and the world and not a political party. The

672 Commissioned Corps delivers arguably the best evidence-based  
673 health care in the world. With unparalleled passion and  
674 dignity they are a precious resource that can be used much  
675 more efficiently and effectively to serve the public health  
676 needs of our Nation and the world.

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

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

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

693         In addition, we should consider going back to the  
694 nonpolitical U.S. Public Health Service Commissioned Corps  
695 officers ascending the ranks based on merit in order to  
696 command our Public Health Service agencies again, just as our

697 | sister uniformed services do and have done for centuries.

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

711 |         Thank you, Mr. Chairman.

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

713 |         [Prepared statement of Dr. Carmona follows:]

714 | \*\*\*\*\* INSERT 1-3 \*\*\*\*\*

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

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

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

738 Chairman WAXMAN. But you tried to fill the role and did  
739 a responsible job of trying to provide accurate science-based

740 information. But you indicate that at times you were  
741 marginalized or simply had your reports or ideas buried.

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

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

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

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

764 Much of the discussion was being driven by theology,

765 ideology, preconceived beliefs that were scientifically  
766 incorrect. So I thought this is a perfect example of the  
767 Surgeon General being able to step forward, educate the  
768 American public as well as elected appointed officials so  
769 that we can have, if you will, informed consent on an issue  
770 to the American public to make better decisions.

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

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

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

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

790 Dr. CARMONA. Repeatedly.

791 Chairman WAXMAN. Repeatedly.

792 Dr. CARMONA. Yes.

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

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

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

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

808 Dr. CARMONA. No. I was often instructed what to say or  
809 what not to say. I did the best I could to speak out on  
810 issues honestly. I never lied, I never covered the truth.  
811 But it was a fine line that I walked all the time, because  
812 often the particular issue already had a preconceived  
813 political solution, and I had nothing to do with it. And  
814 what I found in my first year was that I would see policy

815 moving forward, and I would scratch my head and think,  
816 shouldn't the Surgeon General have been involved in this  
817 discussion? Yet I had nothing to do with it, but yet be  
818 expected to support these notions that were released to the  
819 press, through policy, legislation and such, yet I had no  
820 input into them prospectively.

821 Chairman WAXMAN. The President made a decision on  
822 stopping the research using embryonic stem cells. He claimed  
823 he had a certain number of lines of cells that were already  
824 in existence, and he would allow that research to go forward.

825 It may not have been the decision you agreed with, but it  
826 was his decision. What do you think your role should be  
827 after the President decides for the administration what that  
828 administration's policy would be?

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

836 Make no mistake, I think I speak with my fellow Surgeon  
837 Generals on this as well, we recognize that ultimately the  
838 authority rests with those elected officials. The danger is  
839 when the science is not heard, when the policy, when the



840 ideas are promulgated forward in front of the American public  
841 devoid of scientific discussion, where the Surgeon General is  
842 marginalized, that is the danger.

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

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

862 Chairman WAXMAN. Well, is this a unique issue? Did you  
863 have experience with the administration, other political  
864 appointees in the administration, interfering with other

865 discussions on public health?

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

869 Chairman WAXMAN. I am talking about you.

870 Dr. CARMONA. Only me specifically.

871 Chairman WAXMAN. A Plan B--

872 Dr. CARMONA. Yes, sir.

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

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

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

889 Dr. CARMONA. All of the above, sir, all of the above.

890 And, for instance, on abstinence education, when that came  
891 up, a lot of my colleagues, my colleague Surgeon Generals,  
892 have said, this position of the U.S. Surgeon General really  
893 has morphed into a global position. I would regularly speak  
894 with health ministers and leaders from other countries who  
895 would call for information and would ask us questions. And  
896 on the abstinence issue, right away I started getting a lot  
897 of calls from our colleagues in the United States and even  
898 overseas who would say, well, how can you only support  
899 abstinence only; that flies in the face of public health  
900 science. I said, I don't. I said, if you look at any one of  
901 my presentations, it was always about a comprehensive  
902 approach to sexual education largely based on my predecessor  
903 David Satcher's work, who had brought that information  
904 forward before I came, and I built on that platform.  
905 However, there was already a policy in place that did not  
906 want to hear the science, but wanted to just, if you will,  
907 quote/unquote, preach abstinence, which I felt was  
908 scientifically incorrect.

909 Chairman WAXMAN. Well, I thank you for your comments  
910 and responses to these questions. I know many of my  
911 colleagues will have further questions of you. But I do  
912 think that the Surgeon General has to be independent if the  
913 Surgeon General is going to have any credibility. And the  
914 credibility of that position is what is the key to the

915 | success of the Surgeon Generals that we have had over the  
916 | years.

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

928 |         Dr. CARMONA. Mr. Chairman, may I just make a comment on  
929 | that to echo what my colleagues have said? After I got over  
930 | my political naivet and I started traveling, I had the same  
931 | experience that Surgeon Generals Koop and Satcher had. As I  
932 | met with my colleagues in the World Health Organization, they  
933 | looked at the Surgeon General position as one of a beacon of  
934 | hope, one that really represents the best of America as  
935 | giving truthful information. And I think one of the more  
936 | perfect examples of that would be we fought for years to get  
937 | out that report on secondhand smoke. When it finally got  
938 | out, because of all the political manipulations and  
939 | marginalization, it slipped out. Within 2 weeks I had calls

940 from six continents, hundreds of cities in our own country.  
941 I had small restaurateurs in Texas, in El Paso, calling and  
942 saying, we have the information now, we are going smoke-free  
943 in all of my restaurants. I had government's calling me  
944 saying, we have information now from the United States  
945 Surgeon General that will help us make our city, our country  
946 smoke-free. The ramifications were rippling because of the  
947 credibility that your Surgeon General of the United States  
948 had for the health of not only the Nation, but of the world.

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

950 Mr. Davis.

951 Mr. DAVIS OF VIRGINIA. First of all, let me thank all  
952 of you for your public service. This is a serious job that  
953 all three of you have taken seriously. I have a great  
954 respect for the job that all of you have done. I am not sure  
955 what the boundaries are for appointed political officials who  
956 sometimes have opinions different from the elected  
957 administration. It is tough trying to define where you would  
958 be a team player and where you feel strong enough to speak  
959 out with your positions. I think you try to balance that  
960 every day. Even as independently elected members of  
961 Congress, we try to balance those issues out.

962 So we are talking, I guess, in some of your practical  
963 experiences trying to get a better understanding. My friend,  
964 Henry Waxman, makes a good point that at the end of the day

965 | the job deserves credibility with the American people. But  
966 | we have politicians who run the government, not scientists,  
967 | and for better or for worse.

968 |         But, you know, I happen, Mr. Carmona, to agree with stem  
969 | cell. I was a cosponsor of Federal funding of stem cell to  
970 | override the veto. But the administration is also entitled  
971 | to make their horrible determination over where the  
972 | boundaries should be, notwithstanding what the scientific  
973 | data is. It is very difficult, I understand, as part of an  
974 | appointed team to be part of that and get facts out, and now  
975 | you are free to say whatever you want.

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

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

990           And the Surgeon General does not make policy. You are  
991 right, we don't make policy. We were not elected to make  
992 policy. We were elected to communicate directly with the  
993 American people. That should not be interfered with. I  
994 think that is our concern. I think when the Surgeon General  
995 is not able to communicate, to write his or her speech and  
996 say what I want to say to the American people, I think you  
997 crossed the line significantly.

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

1000           Dr. SATCHER. I don't think the Surgeon General  
1001 necessarily should speak about the policy, but the Surgeon  
1002 General should speak about the science. For me to not say  
1003 that needle exchange programs were able to decrease the  
1004 severity of HIV/AIDS, and there was no evidence of increased  
1005 drug use, I think that would have been unfaithful to the  
1006 science. Congress would ask Secretary Shalala for an updated  
1007 report, and what she did was ask me to write a letter giving  
1008 me the most recent information. When I did it, she would  
1009 say, I just received this letter from the Surgeon General,  
1010 and this is what he said. But I think you are right, it has  
1011 got to be based on the best available public health science,  
1012 not personal opinion.

1013           Mr. DAVIS OF VIRGINIA. Before you get to that, we just  
1014 had a vote last week on needle exchange programs in the

1015 District of Columbia. My feeling was it is their own money,  
1016 let them spend it the way they want to. There is a ban on  
1017 Federal funding for that. And the reason for that is the  
1018 policy--although you are saying that science is very clear on  
1019 that, I am not going to take issue with you on that in terms  
1020 of stopping the spread of HIV. The policy then becomes if  
1021 you are a citizen and you go into a hospital and you need a  
1022 needle for IV, if you are on Medicare or you are a veteran,  
1023 you pay for it. But if you are using illegal drugs, the  
1024 government pays for it. And so there are contradictions  
1025 policywise.

1026 Dr. SATCHER. I think you make a very important point.  
1027 You also pay to treat people when they get AIDS. And you  
1028 really pay dearly and society pays dearly because people will  
1029 infect, spread the disease to other people. So you have to  
1030 make a decision. So the Surgeon General is trying to advise  
1031 based on the best available science.

1032 Mr. DAVIS OF VIRGINIA. No, I understand. But I think  
1033 there are some contradictions. The argument is with the  
1034 health side. I know we will talk in a little bit about this  
1035 sexual health and responsible sexual behavior. You wanted to  
1036 get this out, and you felt this was important to get out to  
1037 the public.

1038 Dr. SATCHER. Well, it started off by informing the  
1039 American people about the magnitude of the public health



1040 | problems surrounding sexual health; HIV/AIDS, the growing of  
1041 | STDs, including the reemergence of syphilis and others. So  
1042 | it really talked about the magnitude of--it also talked about  
1043 | sexual violence. In fact, 22 percent of women report having  
1044 | been assaulted sexually sometime during their life and about  
1045 | 4 percent of men. So it really put the data out there about  
1046 | the magnitude of the sexual health problem. This area, while  
1047 | we are not willing to talk, is wreaking all kinds of havoc in  
1048 | families and individuals. Many people who have been infected  
1049 | with AIDS end up infected because they were abused sexually  
1050 | as children. So there are a lot of things in the report  
1051 | about that.

1052 |         I think the most sensitive issue--let us go back to  
1053 | those three which I think got the report in trouble. We did  
1054 | talk about sexual orientation. We said that based on the  
1055 | science, sexual orientation is determined by adolescence, and  
1056 | there was no scientific evidence that it could be changed.  
1057 | So that was a very sensitive issue about sexual orientation.  
1058 | We said that regardless of how we felt about people and their  
1059 | sexual orientation, they deserve to be respected; not just  
1060 | tolerated, but respected as people.

1061 |         We talk about a comprehensive basis versus  
1062 | abstinence-only sexual health education, and we looked at all  
1063 | of the studies that had been done. And we said based on the  
1064 | studies available to us, there was no evidence that

1065 | abstinence-only sexual health education was effective--now,  
1066 | this was 2001--and that, in fact, a comprehensive sexual  
1067 | health education was the most reasonable approach based on  
1068 | all of the available science.

1069 |         And then we talked about sexual health education. We  
1070 | recommended that children be educated about their sexuality  
1071 | beginning at home. Parents were the first sexual health  
1072 | education. It needs to be age appropriate, but it also needs  
1073 | to be in schools. I mean, what should happen should be--  
1074 | regardless of the age of the children, they should learn  
1075 | about their sexuality and how to protect themselves and make  
1076 | the right decisions about it based on the best available  
1077 | science. So those were the three things.

1078 RPTS DEAN

1079 DCMN BURRELL

1080 [11:03 a.m.]

1081 Mr. DAVIS OF VIRGINIA. When this came up originally  
1082 though the White House was undergoing some political  
1083 problems; is that right.

1084 Dr. SATCHER. Well, I think it is fair to say even  
1085 though the support had been vetted by the CDC and NIH it was  
1086 not, in my opinion, it had gone to all of those scientists.  
1087 I think it was the political environment that carried the  
1088 day--

1089 Mr. DAVIS OF VIRGINIA. In the Lewinsky scandal?

1090 Dr. SATCHER. Exactly. There was a political  
1091 environment that carried the day, but I think it is critical  
1092 when it comes to a Surgeon General's report the Surgeon  
1093 General would be independent in its ability to release them.  
1094 In the Bush administration, I think as Secretary Thompson  
1095 certainly pointed out to me, you know, the politics of sex in  
1096 Washington, you know that even--he made it very clear that  
1097 support was important, but also made it very clear that  
1098 politically it would be very difficult. So I finally--

1099 Mr. DAVIS OF VIRGINIA. Ms. Elders took a lot of heat  
1100 also, didn't she, on those issues?

1101 Dr. SATCHER. Oh, Jocelyn Elders was fired because of  
1102 the things she said.

1103 Mr. DAVIS OF VIRGINIA. She took a lot of heat.

1104 Dr. SATCHER. I want to make it very clear that Dr.

1105 Elders' firing was not about a report--

1106 Mr. DAVIS OF VIRGINIA. It was about her speaking out.

1107 Dr. SATCHER. It was about her speaking out about issues  
1108 of sexuality. So the report was finally released in the Bush  
1109 administration, and then they made it very clear to me that I  
1110 was on my own.

1111 I think of course you probably are not aware of some of  
1112 the things that have happened since. Last year after  
1113 bringing together a group of people who met for 18 months,  
1114 some of the most conservative groups in the country, some of  
1115 the most liberal, some of the most moderate, including  
1116 Medical and Educational Association, we released a report  
1117 that all of those people were able to agree on after having  
1118 met together for a year and a half, but a very important  
1119 report. I would not have been able to do that if I had not  
1120 received foundation funding after I left government to  
1121 continue this effort.

1122 So as Surgeon General Carmona says, we never stop being  
1123 Surgeon General. I mean once you are Surgeon General as far  
1124 as we are concerned we are always responsible.

1125 Mr. DAVIS OF VIRGINIA. They still call you General,  
1126 right?

1127 Dr. SATCHER. Exactly.

1128 Mr. DAVIS OF VIRGINIA. I will have you say, Dr. Koop, I  
1129 really respect the work that you did talking about smoking.  
1130 The effects of secondhand smoke has had a huge effect on  
1131 policy makers on both sides of the aisle.

1132 So I yield back.

1133 Chairman WAXMAN. Thank you, Mr. Davis.

1134 Ms. Norton.

1135 Ms. NORTON. Thank you, Mr. Chairman. I would like to  
1136 thank all three of you, Dr. Koop, Dr. Carmona, Dr. Satcher.

1137 Dr. KOOP. Can't quite hear you, ma'am.

1138 Ms. NORTON. I would like to thank all three of you for  
1139 the courage and the independence you asserted with  
1140 considerable courage, the three of you have had, for your  
1141 courage tested, and it is impressive to see how you have  
1142 responded. I do thank you, Dr. Satcher, for being way ahead  
1143 of your time during the Clinton administration who for all of  
1144 its progressive stance would not in fact support needle  
1145 exchanges despite knowing full well what the consequences  
1146 were.

1147 Dr. Carmona, I must say one would have to congratulate  
1148 the President on his appointment of you a year or so  
1149 following 9/11. Here he reaches out and he finds an  
1150 especially qualified Surgeon General because you had been in  
1151 the Special Forces, you were a trauma surgeon, you were an  
1152 expert in emergency medical services, there is a laundry list

1153 of appointments.

1154 I want to ask you about that work particularly, since I  
1155 represent the District of Columbia and because I served on  
1156 the Homeland Security Committee, because this is where the  
1157 anthrax attacks took place, right here at Congress as a  
1158 matter of fact, where we lost two postal workers and you know  
1159 the rest.

1160 We have had a hearing in this committee, an astounding  
1161 hearing recently, on how hospital emergency services,  
1162 particularly emergency rooms, are now being stretched to the  
1163 breaking point. As I understand it, you did use your  
1164 background in emergency services and sought permission to  
1165 prepare a report on emergency preparedness; is that so?

1166 Dr. CARMONA. Yes, ma'am, that is correct.

1167 Ms. NORTON. That was before a report was written, sir?

1168 Dr. CARMONA. Well, I can give you a general time line.  
1169 What happened was I came in shortly after 9/11 and the  
1170 anthrax challenges to our Nation, and as I looked at the gaps  
1171 in our system and where I could assist, especially after  
1172 being appointed by the President and confirmed by Senate,  
1173 that reading about my background and that I was selected  
1174 because I had this background in emergency management and  
1175 preparedness pretty much my whole life and being quite  
1176 serious in this area.

1177 I said, well, there are a couple of issues I see before

1178 us. One, we are a nation that on a good day has inadequate  
1179 mental health care. One in five people can't get mental  
1180 health care on a daily basis in the good times. Now we have  
1181 war, 9/11, anthrax attack, we have people feeling very  
1182 uncertain about their futures. What are we doing to sharpen  
1183 our mental health issues, why is that important?

1184 When you look at what terrorism does, we often do very  
1185 well at preparing the physical rules, but the psychological  
1186 rules are lifelong and lasting and can devastate a  
1187 population. So I thought we need to move forward on an  
1188 emergency preparedness report, as well as a report on  
1189 preparedness that would bring our Nation forward so that all  
1190 citizens would understand the threats and challenges before  
1191 us and what their individual responsibility is. Just like we  
1192 had civil defense in the 50s, we were talking about the new  
1193 civil defense of the new world, the new world order. So I  
1194 moved forward with those ideas and tried to move those  
1195 reports out. Unfortunately, it never got out---

1196 Ms. NORTON. Just a moment, this is almost a neutral  
1197 sounding request, emergency preparedness, mental health,  
1198 where did you take your request for permission and what  
1199 reason was given to you for denying permission?

1200 Dr. CARMONA. Let me tell you, I will go--each of them  
1201 were slightly different, so I will start with the mental  
1202 health one. I had made a commitment to my mental health

1203 | colleagues nationally as well that we needed to move to  
1204 | mental health as an agenda item.

1205 |         As you know, my colleague, David Satcher, first  
1206 | identified some of the systems and as I took the baton from  
1207 | him I knew I needed to continue moving in the direction based  
1208 | on some of the information he had already generated, mental  
1209 | health was one. Mental health preparedness was  
1210 | extraordinarily important because of--

1211 |         Ms. NORTON. I am trying to find out, you don't go to  
1212 | the President and say I want to do a mental health and  
1213 | emergency preparedness. Who do you go to?

1214 |         Dr. CARMONA. Yes, ma'am. What I did was independently  
1215 | I looked at the science, and the first call I made was to my  
1216 | colleagues at the National Institutes of Health to say, guys,  
1217 | let's have a meeting, I walk to talk to you about the mental  
1218 | health needs of the country, specifically as it relates to  
1219 | the new threats and challenges of mental health preparedness  
1220 | as a working title.

1221 |         I got the best scientists in the world together. We had  
1222 | the discussion, everybody agreed that this was a huge void in  
1223 | our society and needed to move this forward. I generated the  
1224 | evidence base to move such a report to the American public.  
1225 | I went to other agencies, I brought in one of our sister  
1226 | agencies who had a political appointee who basically went to  
1227 | HHS, went to the White House, and complained vehemently that



1228 | this was not my responsibility, that he was in charge of  
1229 | mental health.

1230 |         In fact, I was admonished by this gentleman because he  
1231 | said, you don't get it. He said, you don't write anything  
1232 | unless we approve it and that this information--

1233 |         Ms. NORTON. On the mental health not only were you  
1234 | refused, you were admonished. Before my time is up--

1235 |         Dr. CARMONA. Yes.

1236 |         Ms. NORTON. Would you tell me about the emergency  
1237 | preparedness?

1238 |         Dr. CARMONA. Emergency preparedness, from what I have  
1239 | seen and based on a report I brought my colleagues in to  
1240 | achieve consensus, I mean government and people who have  
1241 | national reputations, credibility, nonpartisan to achieve  
1242 | consensus, everybody had agreed this was absolutely essential  
1243 | to move forward.

1244 |         I then ran it up the flag pole and went to domestic  
1245 | policies at the White House, spoke to HHS officials, I was  
1246 | given lots of different reasons. This might scare the  
1247 | people, you should think about it. The new Homeland Security  
1248 | would be responsible and why would the Surgeon General do  
1249 | this? I had a lot of reasons, from the cost to everything  
1250 | else, to move this forward.

1251 |         Ms. NORTON. Who at the White House was responsible that  
1252 | told you that the emergency preparedness should not move

1253 forward?

1254 Dr. CARMONA. I was speaking to the Domestic Policy  
1255 Council just then. I mean if you want those names in the  
1256 future I would be happy to do it. Since some of these people  
1257 still work in the government, I ask that we do this through  
1258 private communication or a closed hearing because I don't  
1259 want to put anyone in jeopardy.

1260 Ms. NORTON. I respect this request, but this is a  
1261 public hearing, it is going to become public in any case,  
1262 because we believe in transparency, and I leave it up to the  
1263 chairman as to how to handle that.

1264 Dr. CARMONA. Thank you.

1265 Chairman WAXMAN. We will take it under advisement and  
1266 hear from Mr. Issa.

1267 Mr. ISSA. Thank you, Mr. Chairman. Dr. Carmona, I feel  
1268 that perhaps what you are telling us here today is that we  
1269 need to cut by 75 percent the number of political appointees  
1270 we authorized the President so that a few people have more  
1271 things to do than have turf battles. We will take that under  
1272 advisement.

1273 Dr. Koop, during your administration how large was your  
1274 budget and how large was your direct report staff, the people  
1275 you could count on directly that were allocated to you?

1276 Dr. KOOP. I had no budget. As far as my staff was  
1277 concerned I had the privilege and ability to call upon 6,000

1278 | in the Commission Corps, all of whom occupy special niches  
1279 | and very special kind of training, and this is one the gems  
1280 | of our government because I don't know any place where there  
1281 | are that many experts that can be called upon by the  
1282 | government in reference to health as we have here.

1283 |         Mr. ISSA. General Koop, if I hear you directly, what  
1284 | you are saying is because you were appointed by the President  
1285 | uniquely, not because you have been up through a system, you  
1286 | felt it appropriate enough that you could call on just about  
1287 | anybody and they would return your calls.

1288 |         Dr. KOOP. In general.

1289 |         Mr. ISSA. So this position is to a great extent what  
1290 | you make of it, isn't it?

1291 |         Dr. KOOP. Well, I tried to point out who the President  
1292 | is and who the Secretary of HHS is makes a real difference.  
1293 | The third person that makes a difference is the Surgeon  
1294 | General himself. I was accused of not being a team player, I  
1295 | was denied the position I wanted very much by senior George  
1296 | Bush. I felt after 8 years as Surgeon General I could hit  
1297 | the ground running as Secretary of HHS, but I was considered  
1298 | not to be a team player and therefore not suitable to this.

1299 |         I would like to step a little bit wider than your  
1300 | question and please tell you what I hear going on here. I  
1301 | would think you committee members would think these three  
1302 | Surgeon Generals have a touch of paranoia. It sounds like--

1303 Mr. ISSA. That is common in Washington.

1304 Dr. KOOP. Yeah, but the thing is I thought of writing a  
1305 book one time, the title of which would have been They and  
1306 Them, because I don't know who all these people are who  
1307 interfere with the Surgeon General. I really don't know who  
1308 they are, we call them "they" and we call them "them," but I  
1309 never know who they are, but think do step in.

1310 You notice that I went to the extent in my prepared  
1311 remarks of telling you how Otis Bowen and I kept the record  
1312 on AIDS essentially secret. The reason for that is there is  
1313 such a thing called a Secretariat of the HHS Department and  
1314 if you were to--thank you--if you were to put the report such  
1315 as I wrote on AIDS, which is very plain speaking, it wouldn't  
1316 have been out of there yet in those 12 years and I don't know  
1317 who they were. I don't think you could find out who they  
1318 were, but they and them are the people that my colleagues are  
1319 talking about and it is not paranoia.

1320 If I could go back to what Dr. Carmona was saying about  
1321 the stem cells or take the thing that is in the papers this  
1322 morning about insurance for children's health, the sciences,  
1323 of the need of children in this country for health plans  
1324 because of the poverty level at which they live, that science  
1325 is absolutely irrefutable. Anybody who knows anything about  
1326 children thinks it is a marvelous idea. No matter how you  
1327 have to pay for it, our children deserve that.

1328           And then today the newspapers carry word that the  
1329 President has decided he would not support that. Well, what  
1330 is the Surgeon General's role in that particular picture?  
1331 Here is what I think it should be. I don't think he should  
1332 have made a statement about whether he is going to support it  
1333 or not until he had met with the people in government who  
1334 know the most about children health needs and their poverty  
1335 status, and that would include the Surgeon General. And it  
1336 is not asking the Surgeon General to make policy, but asking  
1337 that the Surgeon General from a big bunch of expertise and  
1338 the contacts that you said, everybody would call on the  
1339 phone, answers you. They do, they support the Surgeon  
1340 General. Then at least the White House or the people who  
1341 make decisions about what bills are going to go through and  
1342 what are not have the advantage of that kind of expertise.  
1343 And they and them are sort of overridden in the process. And  
1344 then all the way down the chain until that bill comes before  
1345 Congress and is voted upon or is turned down by the President  
1346 or is vetoed.

1347           The Surgeon General should be, as I call it, a cog in  
1348 the machinery that decides about the health and the  
1349 well-being of the American people. It is part of what he  
1350 knows, it is part of what he does best, and it is not  
1351 changing policy. But--

1352           Mr. ISSA. Thank you.

1353 Dr. KOOP. Hmm?

1354 Mr. ISSA. I apologize. I know the answer and I would  
1355 like to get one more question in. I promise, I know the  
1356 chairman's indulgence has to be limited to hear a lot of  
1357 other people.

1358 In my opening statement I said that I wanted to take  
1359 advantage of the opportunity of the three of you here to deal  
1360 with one thing I haven't seen come out of your offices over  
1361 your time, and that is an overall statement on why America  
1362 spends per capita 50 percent more in health, public and  
1363 private, insurance and noninsurance, emergency room and  
1364 nonemergency room and in fact we don't have the highest life  
1365 expectancy, we don't have the lowest infant mortality, we  
1366 don't have a people who are nearly as satisfied or feel  
1367 comfortable sleeping that they are not going to have their  
1368 homes taken away because of the high cost of an emergency  
1369 event. Can you--I know there is a limited amount of time for  
1370 what you all can look at during your tenures, but why is it  
1371 that that is not something that we would hear Surgeon  
1372 Generals talking about, taking on, if you will, all the large  
1373 amount of health care costs that ultimately make America be  
1374 first in cost and nowhere close to first in performance?

1375 Dr. KOOP. I don't want to sound disrespectful, but you  
1376 are not reading the right stuff and you are not listening to  
1377 the right people because I have been talking about that since

1378 I was a Surgeon General. And on the Internet right now I  
1379 have 970 lectures on the profiles and science Web site of the  
1380 National Library of Medicine, about half of which address all  
1381 of the questions you have asked. It is a huge problem and it  
1382 has taken us years to get into this mess, and it is going to  
1383 take us years to get out of this mess unless some big  
1384 surprise comes along or a catastrophe, and either one of  
1385 those could very well be in the offing. I could go on and  
1386 talk to you about these individual things, but it would take  
1387 hours.

1388 Dr. SATCHER. I understand your question. I spoke about  
1389 and continue to speak about this issue and published about it  
1390 extensively. Your point is interesting because the Surgeon  
1391 General is not a policy maker. When President Truman  
1392 introduced the national health insurance they wanted Surgeon  
1393 General Shiley, I believe, to debate it on TV, and he  
1394 refused. He said, this was not an appropriate role for the  
1395 Surgeon General. Once the Surgeon General gets involved in  
1396 policy making I think you are interfering with the role of  
1397 Congress and the President.

1398 I do think it is important for the Surgeon General, as  
1399 Dr. Koop said, to make sure the people understand what is  
1400 happening in the health care system, the fact that it is  
1401 inefficient, and I participated in the WHO report showing the  
1402 inefficiency of our health system. And when the program was

1403 first passed we had done a lot of background work in terms of  
1404 the plight of children in this country. Ultimately when it  
1405 comes to introducing policy and discussing policy, beyond the  
1406 science--behind it I think we are limited.

1407 Chairman WAXMAN. Well, we have got other members who  
1408 have questions. We will have to allow those to stand as a  
1409 response to a question that I know could be at least another  
1410 five hearings.

1411 Mr. Sarbanes?

1412 Mr. SARBANES. Thank you, Mr. Chairman.

1413 I wanted to get a better sense of the political  
1414 interference issue that Carmona, that you have referred to  
1415 and we have had some questions about already, because we have  
1416 had other testimony in this committee recently with regard to  
1417 other agencies where there appears to be this kind of  
1418 political interference. In particular, we had two hearings  
1419 about how the General Services Administration, a very high  
1420 level of people, and including, it appears to us, the head of  
1421 GSA, Lurito Doan, was involved in meetings that were really  
1422 political meetings that were arranged by the White House and  
1423 others to advance the fortunes of Republican candidates. I  
1424 am trying to get a sense if that sort of activity exists  
1425 other places, and I would like to get any input from you.

1426 So the question is were there any meetings that you were  
1427 asked to participate in or other source of political



1428 | activities that you would characterize as political and, if  
1429 | so, what were they?

1430 |         Dr. CARMONA. I recall during my tenure that from time  
1431 | to time we would receive invitations, sometimes they were  
1432 | called mandatory meetings of, quote/unquote, political  
1433 | appointees. This was sometimes at HHS, sometimes they were  
1434 | at EOB, every once in a while someplace else at some type of  
1435 | an event. I went to a couple of those initially, but I  
1436 | recall early on that I recognized that these were really more  
1437 | political pep rallies, high level political appointees in the  
1438 | government who were trying to rally the troops.

1439 |         Mr. SARBANES. Who was housing these, where were the  
1440 | invitations to these meetings--

1441 |         Dr. CARMONA. They were e-mails. There would be a brown  
1442 | bag lunch at this location, and maybe a senior political  
1443 | official officiating. I went to a couple of those, as I  
1444 | said, and I found most of the time that the discussions were  
1445 | about political issues of which the Surgeon General really  
1446 | had nothing to do with. So I stopped going to them, to be  
1447 | honest with you, because I was not really feeling I was  
1448 | representing the office well in that.

1449 |         There were times when I was invited to political events  
1450 | to speak and I felt that was an ethical violation. I am an  
1451 | Admiral and shouldn't be at a political event supporting any  
1452 | political party because I am in uniform, and so I took a

1453 | pretty firm line with my colleagues that our job is not to  
1454 | engage in political rhetoric supporting any party or any  
1455 | candidate. The Surgeon General's job is not political. And  
1456 | as soon as you start attending meetings like that, start  
1457 | supporting political policies, candidates, you become less  
1458 | effective as a Surgeon General, you are looked at as being  
1459 | partisan.

1460 |         It has never happened, the beauty of what you see here.  
1461 | You have three Surgeon Generals who have served in the most  
1462 | liberal and most conservative administrations, and we are all  
1463 | telling you the same thing of what needs to be done, the  
1464 | partisanship and the problems we have all experienced.

1465 |         Mr. SARBANES. The few meetings that you did attend, who  
1466 | were some of the senior officials that were presiding at  
1467 | those meetings?

1468 |         Dr. CARMONA. As a matter of common courtesy, I have  
1469 | spoken to the staff and said I am happy to provide you with  
1470 | the information but I am very sensitive to the fact that one,  
1471 | some of these people are still working; two, retribution does  
1472 | occur in government; three, I don't want this to become a "he  
1473 | said, she said" issue.

1474 |         The three of us are up here because there are systematic  
1475 | infrastructure problems. The name game and finger pointing  
1476 | goes back and forth all the time. We feel we need to get  
1477 | above that. This is about fixing an infrastructure.

1478 Mr. SARBANES. The description of the Surgeon General as  
1479 America's doctor I think is a very admirable one. To carry  
1480 an analogy, if I go to my doctor and the doctor comes in the  
1481 room and has a report in front of him from the lab and they  
1482 want to tell me the contents of that report but somebody's  
1483 muzzling them so that I am not getting the real story, I am  
1484 going to be outraged and America ought to be outraged about  
1485 that when it goes to its doctor. The Surgeon General is not  
1486 able to give them the truth about the health status of the  
1487 nation.

1488 Dr. CARMONA. Mr. Sarbanes--yes.

1489 Mr. SARBANES. I am curious whether ideology is driving  
1490 the suppression of science or is it politics. Because if it  
1491 is ideology, as troubling as that could be, someone could  
1492 have the attitude well, we elected this President, he has a  
1493 certain belief system and that flows down through government.  
1494 I say that would be troubling. One can understand it at a  
1495 certain level. But much of what I describe is that politics  
1496 is almost as if there is a campaign underway that at no point  
1497 somebody decided now that we are elected we have to actually  
1498 govern and sacrifice the health of children, the health of  
1499 HIV victims, et cetera, we are willing to sacrifice all of  
1500 that for political ends.

1501 I am out of time. If you could touch on the relative  
1502 weight in this suppression campaign, as I will call it, of

1503 ideology versus politics or political agenda.

1504 Dr. CARMONA. Thanks for your question. I believe it is  
1505 all of the above. In my opinion, there is a political  
1506 driver, there is preconceived political agendas already there  
1507 that fly in the face of good science and they don't want  
1508 these three to speak out on the science because it will  
1509 complicate their life in trying to move a certain agenda.

1510 There are also ideological and theological agendas,  
1511 abortions, Plan B, stem cells that drive a particular  
1512 theological construct that leads somebody to a policy, yet  
1513 the science hasn't been heard.

1514 As Surgeon General Satcher said, what we are hearing  
1515 here is that we should never, ever--our citizens should be  
1516 outraged that three Surgeon Generals were marginalized and  
1517 had to fight to get the information to them. I used to use  
1518 that analogy with people. I said when you go to a doctor, do  
1519 you pick your doctor based on what political party that he  
1520 belongs to? They say no. You don't want Republican or  
1521 Democratic information; you want real information and that is  
1522 our job to bring it forward. I would say it was all of those  
1523 barriers that we faced.

1524 Mr. SARBANES. Thank you.

1525 Chairman WAXMAN. Thank you, Mr. Sarbanes.

1526 Dr. Carmona, we heard that the Office of Political  
1527 Affairs, or Public Affairs, headed by Karl Rove, gave the

1528 | political briefing. We heard about this Office of Public  
1529 | Affairs headed by Karl Rove giving the briefings, staff of  
1530 | the office giving the briefing?

1531 | Dr. CARMONA. There were communications from his office  
1532 | and his staff during my tenure, and at times his staff from  
1533 | his offices were giving briefings.

1534 | Chairman WAXMAN. Ms. Watson.

1535 | Ms. WATSON. I just have to make this statement. This  
1536 | is probably the finest collection of integrity around  
1537 | scientific knowledge sitting in front of us that I have heard  
1538 | since I have been on this committee, and I want to thank you  
1539 | three gentleman.

1540 | I also want to thank the Chair, who I served with in the  
1541 | California legislature, and I remember him standing alone  
1542 | here in Congress with the executives of tobacco companies  
1543 | having them raise their hands and asking them the key  
1544 | question whether they thought that tobacco was harmful to  
1545 | one's health and could cause cancer. And he stayed on that  
1546 | issue until finally the world is recognizing his work.

1547 | But Dr. Koop, you were the Surgeon General when I was  
1548 | chairing Health and Human Services in the California Senate.  
1549 | I admired you for speaking out about AIDS, and I thought wow,  
1550 | what a risk you were taking under that current administration  
1551 | at that time, but you stood strong and because of that I  
1552 | worked on needle exchange. It took me 8 years. I was taken

1553 | on by the clergy and everyone else because they thought I was  
1554 | promoting drug use.

1555 |         Dr. Satcher, thank you for the years that we worked  
1556 | together and you produced the report on the diversity in  
1557 | health care, and we still use that today in trying to improve  
1558 | the health care delivery system in the State of California.  
1559 | I hope as a result of this hearing we can start addressing  
1560 | the real needs of public health.

1561 |         Dr. Carmona, I admire you, I look at the three of you.  
1562 | You represent the fabric of the United States, each ethnic  
1563 | group and the majority group, and I thanks you for your  
1564 | service.

1565 |         We will quickly, as you are trying to present to this  
1566 | country and the world the global report on health care, the  
1567 | emergence of avian flu source and the extremely drug  
1568 | resistant TB, and you have illustrated public health threats  
1569 | respect no international borders and it should never get  
1570 | political, health is not a political issue. We have got to  
1571 | understand and I don't care if you are sitting on this side  
1572 | or you are sitting on that side.

1573 |         And in trying to get that word out in your report on  
1574 | public health, some way it was stymied, I respect the fact  
1575 | you are not going to point fingers, but do you know where the  
1576 | report is today?

1577 |         And Mr. Chairman, we need to obtain this report and in

1578 | some way we need to make it public so that the general public  
1579 | and those who watch everything we do here in the United  
1580 | States can change behavior. We talk about Homeland Security,  
1581 | this is not about the land, it is about the people who live  
1582 | on the land. When attorney Speaker left the United States to  
1583 | get married and was carrying a virus we thought could  
1584 | contaminate the rest of the world, it got top publicity  
1585 | across all networks, in the newspapers and so on. We need to  
1586 | know threats to our health.

1587 |         To you, Dr. Carmona, I just want to say how proud we are  
1588 | of the work you did under adverse circumstances, and can you  
1589 | comment about that report, where it is and, Mr. Chairman I  
1590 | hope we can obtain it.

1591 |         Dr. CARMONA. Madam Congresswoman, thank you. That was  
1592 | a report that was very near to my heart. We spent over a  
1593 | year working on this global health report; Surgeon General's  
1594 | call to action on global health is what we were doing. To do  
1595 | that I assembled the best minds in the world on health, NIH,  
1596 | CDC and many other agencies and nongovernmental professors  
1597 | from around the country who were preeminent in the field to  
1598 | get the best science to give to the public because we  
1599 | recognize our village is now global. With the threats and  
1600 | challenges we have, we have to start thinking bigger, whether  
1601 | it is AIDS or SARS or any of the other challenges that people  
1602 | read about.

1603           We are very proud of this draft report. Unfortunately  
1604 when we began the political drafting I was called in and  
1605 admonished for this report by a senior official that said you  
1606 don't get it. He said to me, this report has to reflect  
1607 American policy. What he meant was they actually counted how  
1608 many times I did not have the President's name and other  
1609 people's name in the report. I said that is not my job. I  
1610 said I will help you write a compendium report on policy for  
1611 the U.S. Government. This is on science and global health.  
1612 We spoke of all the topics and it was blocked repeatedly from  
1613 getting into the vetting process because of a senior official  
1614 telling me this will be a political document or it will not  
1615 be released. I said it can't be a political document because  
1616 the Surgeon General never releases political documents. I  
1617 release scientific documents that help our elected officials  
1618 and citizens to understand the complex world we live in and  
1619 what their responsibilities are.

1620           I fought for my last year to get it out and couldn't get  
1621 it past the initial vetting. They were clear, this will be a  
1622 political document or you will not release it, and I refused  
1623 to release it. I would not put the political rhetoric into  
1624 that document that they wanted. It would tarnish the Office  
1625 of the Surgeon General to take a political stand, so I  
1626 refused.

1627           The document is still in draft form. My colleagues are



1628 encouraging me to still release it. I just entered into the  
1629 private sector and am looking at ways to do that, but there  
1630 is a great deal of concern and empowerment to me to move  
1631 ahead with this report. It still needs a little bit of work,  
1632 mind you, it is still in a draft form, but the essence of the  
1633 report is there.

1634 Ms. WATSON. Mr. Chairman, thank you for the time.  
1635 Could we obtain that report under the auspices of this  
1636 committee?

1637 Chairman WAXMAN. We will see if we can obtain that  
1638 report from Dr. Carmona.

1639 Mr. Yarmuth?

1640 Mr. YARMUTH. Thank you, Mr. Chairman. I thank the  
1641 gentleman for his testimony.

1642 I might suggest I certainly respect everyone's desire  
1643 and I agree with everyone's desire for independence for the  
1644 Surgeon General. Since we learned over the past few weeks  
1645 apparently Mr. Cheney considers himself a separate branch of  
1646 government, maybe we can create our own independent branch  
1647 for Surgeon Generals.

1648 I do want to talk about accountability. I think all of  
1649 us believe that nobody in government, most of us do anyway,  
1650 is unaccountable. What do you think the appropriate  
1651 accountability system should be for the Surgeon General's  
1652 position? I know the current nominee, Dr. Holsinger, some 15

1653 | years ago wrote a paper suggesting that gays could be cured.  
1654 | I suspect that if a Surgeon General took that position there  
1655 | would be those who would take issue with that.

1656 |         Where do you think the Surgeon General's accountability  
1657 | should be placed? Anyone can answer.

1658 |         Dr. SATCHER. I would say when it comes to reports or  
1659 | positions taken by the Surgeon General, the Surgeon General  
1660 | is accountable to the best available science. That is why  
1661 | the reports need to be vetted by the scientists, the  
1662 | appropriate scientists at NIH and CDC.

1663 |         I said before the Surgeon General speaking based on his  
1664 | own opinion without the science, then I don't think the  
1665 | Surgeon General deserves any more recognition for that than  
1666 | anybody else. I think the Surgeon General speaks to the  
1667 | American people based on the best available public health  
1668 | science.

1669 |         I issued this Surgeon General's prescription in 1999. I  
1670 | actually issued it at an international meeting of ministers  
1671 | of health from 189 countries. It is a prescription that  
1672 | talks about physical activity on a regular basis, eating five  
1673 | servings of fruits and vegetables, responsible sexual  
1674 | behavior, daily participation in a relaxing act.

1675 |         Every one of these statements were based on research  
1676 | done at CDC and NIH. We could point to the literature as to  
1677 | why we knew that regular physical activity could reduce

1678 cardiovascular disease in adults by 50 percent, reducing type  
1679 II diabetes by more than 60 percent.

1680 So as long as the Surgeon General is speaking on the  
1681 best available science, I think that is accountable to the  
1682 best available science.

1683 Mr. YARMUTH. We have heard a number of instances in  
1684 which you and the other Surgeons General have been prohibited  
1685 from speaking out on things you thought were important. Are  
1686 there instances in which you were actually asked to do  
1687 something you did not want to do in terms of pursuing a  
1688 political agenda on behalf of the White House?

1689 Dr. CARMONA. There were times when I was invited to  
1690 meetings or had discussions where I guess people were testing  
1691 the waters. On abstinence, abstinence only, I remember in  
1692 all of my presentations I never wavered based on the best  
1693 science that Surgeon Koop had spoke about, and it was clear  
1694 we needed a more comprehensive program of sexual education in  
1695 the U.S. that would include abstinence. People weren't happy  
1696 about that. I think they saw that I was going to be true to  
1697 the science and that was challenging.

1698 When global warming came up, it was my first year and I  
1699 was naive enough listening to the discussion at this office  
1700 with senior officials where they were heralding global  
1701 warming nothing to be more than a liberal cause and had no  
1702 merit and they were kind of dismissing it. And I remember

1703 thinking oh, I understand why they want me here, they want me  
1704 to excuse the science, obviously they didn't understand the  
1705 science. Of course I had the discussion for half an hour and  
1706 I was never invited back to the meeting.

1707         There were a number of anecdotes like that over the  
1708 years where the water was tested and I was asked certain  
1709 things at meeting, things were put into my speeches. I had  
1710 two speechwriters quit because they were so browbeaten by the  
1711 officials. We would play this game the day before. I told  
1712 the staff, let them put in whatever they want, I will not say  
1713 it anyway. The people left the employ there because they  
1714 were really in an embattled position in people trying to get  
1715 to the Surgeon General through them.

1716         Mr. YARMUTH. Were you ever told to mention a President  
1717 a certain number of times, were you promoting him  
1718 specifically?

1719         Dr. CARMONA. In my first year clearly I was told a  
1720 number of times that the President's name was not mentioned  
1721 in a speech. I was told it should be mentioned three times  
1722 on every page. I said I am not going to do that. I said I  
1723 will mention any politician when appropriate if they are  
1724 involved in a scientific endeavor, but my job is not to sell  
1725 politics.

1726         They fought that battle every day, I would tell them  
1727 what they wanted in the speech--and I didn't know this was

1728 | happening and they were being admonished for not putting  
1729 | certain politicians' names in or political phrases in that I  
1730 | took out because I said this has nothing do with public  
1731 | health science and I will not say those things.

1732 |         Mr. YARMUTH. Thank you very much.

1733 |         Chairman WAXMAN. Thank you, Mr. Yarmuth. For our  
1734 | second round I want to recognize Representative Norton.

1735 |         Ms. NORTON. I appreciate the opportunity to ask this  
1736 | question at this time. This is based on Dr. Carmona's  
1737 | testimony and my own interest in structure of government, and  
1738 | I have been trying to rack my brain to come up with a way to  
1739 | have a truly independent Surgeon General. I think it is  
1740 | difficult to come up with a way. The only truly independent  
1741 | people I know sit on the Supreme Court, and the President  
1742 | can't get them.

1743 |         I noticed you took a stab at this, Dr. Carmona. You  
1744 | indicated that what turned out to be quite something of a  
1745 | pretense, you don't use those words of a four-star admiral.  
1746 | It looks like you go back to kind of a militarized example.  
1747 | I understand where it came from and that it could be  
1748 | militarized.

1749 |         But you say on page 7 of your testimony I think in an  
1750 | attempt to get independence so that the Surgeon General could  
1751 | be nominated by the President from the ranks of career public  
1752 | health officers based on merit, without political ideology or

1753 | theological filters. Then you say just as the U.S. Army,  
1754 | they are selected that way.

1755 |         Again, let me indicate, I wonder if that would do it.  
1756 | What impresses us, we have very distinguished physicians. I  
1757 | don't mean to imply they don't come out of the Public Health  
1758 | Service as well, but if an eminent physician from practice or  
1759 | academia becomes Surgeon General, doesn't that bring to the  
1760 | office such value added that we wouldn't want to exclude such  
1761 | eminent candidates for the office?

1762 |         I would like your opinions on how to make it more  
1763 | independent and whether or not going to a narrower group of  
1764 | physicians would really serve the larger purposes of the  
1765 | Office of Surgeon General?

1766 |         Dr. SATCHER. This is one issue we don't totally agree,  
1767 | the idea of excluding a whole group of people based on the  
1768 | fact they are not in the Commission Corps. I like the  
1769 | process of a group getting nominated based on Commission  
1770 | Corps, but saying if you are not in the Commission Corps,  
1771 | then Surgeon General Koop would never have been Surgeon  
1772 | General.

1773 |         So I have some difficulty with that. I think ultimately  
1774 | the President should name a person and recognize, as you do  
1775 | with the Supreme Court justices, how that profession feels  
1776 | about that person's capabilities and qualifications, but I  
1777 | basically agree with the process being as Dr. Koop described

1778 | it, but not necessarily with the limitations.

1779 |         Dr. CARMONA. I think we all agree with the process.

1780 | The reason that I looked at the model of a U.S. Public Health

1781 | Service Commission Corps officers that would come up through

1782 | the ranks was if you look at these officers right here these

1783 | are the finest doctors, nurses, scientists in the world right

1784 | here. They are professional officers who come up the ranks.

1785 |         Ms. NORTON. They are not practicing medicine as Surgeon

1786 | General, they have only themselves, their word, their

1787 | eminence and, again casting no aspersion on this

1788 | extraordinary corps, the other way to accomplish this is the

1789 | narrowed pool. Dr. Koop, I would like your review on this as

1790 | well?

1791 |         Dr. CARMONA. Ma'am, may I finish?

1792 |         Ms. NORTON. Yes.

1793 |         Dr. CARMONA. We all agree as to the process. The

1794 | reason I am looking to stay in the Commission Corps is you

1795 | have professional uniformed officers, and I am open to the

1796 | discussion. I brought forth an idea that says I think this

1797 | would work to deplete the size of the process. The President

1798 | of the United States nominates the Army, Navy and Air Force

1799 | Surgeon Generals from the ranks and--

1800 |         Ms. NORTON. One wonders if that depoliticizes.

1801 |         Dr. CARMONA. Well, granted--

1802 |         Ms. NORTON. Are all depoliticized, whether the Supreme

1803 Court justices are depoliticized. So I understand, I am  
1804 simply trying to say of the ways of doing it, wouldn't we  
1805 want to sacrifice something that is important since this man  
1806 doesn't do anything but speak and whether he has credibility?

1807 Dr. CARMONA. Thank you.

1808 Dr. KOOP. Even if you have concerns about the manner in  
1809 which I outlined it, if you look at the people who were in  
1810 the Commission Corps at the time I was appointed, there were  
1811 already 55 Assistant Surgeon Generals. If you look at some  
1812 of those people they have turned out to be the best public  
1813 health voices we have had in the country, in the private  
1814 sector and some in government.

1815 I don't think even though my plan would eliminate me as  
1816 a candidate for Surgeon General. I think you would always  
1817 get good people. But there are is one other thing, if it  
1818 were known that you could enter the Commission Corps of the  
1819 United States Public Health Service with the eventual  
1820 possibility of working as a Surgeon General you would attract  
1821 better and better and better people to the corps.

1822 Chairman WAXMAN. Thank you very much.

1823 Ms. Watson.

1824 Ms. WATSON. Thank you so much. I am just going to  
1825 throw out these questions to the panel and after I do that, I  
1826 would like Dr. Satcher to talk about your oral health report,  
1827 and I have a bill right now in the process to remove the



1828 dental amalgams that have mercury. And I see the mercury as  
1829 the basis for poor dental health and poor systemic health, so  
1830 I would like you at the end to comment on that.

1831 I would like to ask all three of you how can we improve  
1832 the Surgeon General's position, should we lengthen the term  
1833 time that you serve? How do we make you independent? And  
1834 what--I think all of you have hit on it a bit in your  
1835 presentations, but I would like you to outline what you would  
1836 do to improve that position, starting with you, Dr. Koop,  
1837 please. Dr. Koop.

1838 Dr. KOOP. Well, I have outlined the manner in which the  
1839 person is chosen, I think that is essential, I have talked  
1840 about end suspense, I have talked about being apolitical.  
1841 And then I have also suggested that the expertise of the  
1842 Surgeon General be used in an advisory capacity at every  
1843 level of discussion of an issue that eventually will become a  
1844 legislative problem and acted upon by the Congress of the  
1845 United States. That is the way that I think the Surgeon  
1846 General can be in on what is being discussed. It keeps them  
1847 out of policy making, but it gives the President and the  
1848 White House and it give the Secretary of HHS and that  
1849 Department the benefit of his expertise.

1850 And as I think all of us have said either directly or  
1851 indirectly he respect in which the Surgeon General is held by  
1852 our people that we have been talking about, our colleagues

1853 | abroad or in the private sector, there is almost nothing that  
1854 | a Surgeon General asks that he can't get in the way of advice  
1855 | and help.

1856 |         Ms. WATSON. Thank you so much.

1857 |         Dr. Carmona.

1858 |         Dr. CARMONA. Thank you. I would like to echo what  
1859 | Surgeon General Koop has said and I state in my remarks about  
1860 | the independence. I think our government should not only  
1861 | fund and empower and support, but I think it should demand  
1862 | transparency and honesty in all scientific communications  
1863 | because this is the doctor of the Nation, and in fact, as you  
1864 | have heard from the three of us, the rest of the world looks  
1865 | to the Surgeon General for honest governmental, scientific  
1866 | communication, which is distinctly different from many of the  
1867 | other countries.

1868 |         One thing I think is important to consider, they often  
1869 | publicly shy away from hot button scientific issues. For  
1870 | whatever reason, it really doesn't make a difference. I  
1871 | think that we would all agree that allowing the Surgeon  
1872 | General to be the lightning rod on these issues and move  
1873 | forward in a nonpartisan way, and based on science, actually  
1874 | helps to insulate politicians who don't want to talk about  
1875 | abortions or stem cells or Plan B, which tends to polarize  
1876 | people.

1877 |         The Surgeon General is bringing forward the best

1878 science. I think the Surgeon General, driving some of these  
1879 discussions based on the best science, would actually help in  
1880 a nonpartisan way all political persons because they don't  
1881 have to take the heat. It is the Surgeon General who said  
1882 this.

1883       Ultimately though, with a better informed public, we can  
1884 improve health literacy, and better policy moves forward I  
1885 think less painfully for some politicians because it is the  
1886 Surgeon General out there who is speaking as the doctor of  
1887 the Nation just as they would speak to you individually about  
1888 very importantly issues that could also be polarizing.

1889       I think that is another added advantage, to add on to  
1890 what Surgeon Koop said and listening to what General Satcher  
1891 is going to say. I think the beauty of what we are saying  
1892 here is three Surgeon Generals over conservative  
1893 administrations all came to the same conclusion about the  
1894 dignity of the office and the importance of representing the  
1895 American people and not a political party and how we hope to  
1896 make it easier for those who walk in our footsteps in the  
1897 future to better represent the American public.

1898       Dr. SATCHER. I want to begin by briefly saying what I  
1899 say to students all over the country in commencement  
1900 addresses, and I would trade nothing for the opportunity  
1901 which I had to serve in government, I would trade nothing as  
1902 Director of the CDC. I came from the cotton fields of

1903 | Alabama. Neither of my parents finished elementary school.  
1904 | The fact you can rise in this country and become a Surgeon  
1905 | General says a lot about the strength of our Nation.

1906 |         I believe the Surgeon General's office is too important  
1907 | to allow it to be politicized. I think the World Health  
1908 | Organization, while I was serving, ranked the United States  
1909 | 37 in the world in terms of our health system. Despite the  
1910 | fact that we spend money as the next level of expenditures  
1911 | and we have 40 million people uninsured, we still rank number  
1912 | 37.

1913 |         The only one that I think in the world who would rank us  
1914 | number one would be the Office of Surgeon General. I believe  
1915 | it is important to maintain the integrity of the Office of  
1916 | the Surgeon General. I would say two things, number one, the  
1917 | budget, I believe Congress ought to insist that the Surgeon  
1918 | General's office has its own budget--and I say this as one  
1919 | Assistant Secretary of Health and the Surgeon General, so I  
1920 | have reported to myself as Surgeon General and if I hadn't of  
1921 | course I wouldn't have gotten any money. That is where I got  
1922 | the money, that should not be the case. The Surgeon General  
1923 | should be independent and have their own budget and be  
1924 | independent to speak to the American people.

1925 |         You asked me about oral health. I will be very brief.  
1926 | In a report of oral health in the year 2000, we tried to do a  
1927 | few things, to point out the magnitude of the oral health

1928 | problem in this country. The fact that still 30 percent of  
1929 | people over 65 in this country are in dentures, that children  
1930 | missed 57 hours of school every year because of tooth decays,  
1931 | 146 million Americans are uninsured or who don't have dental  
1932 | insurance. We talked about how oral health is an overall  
1933 | part of health and well-being and needs to be treated that  
1934 | way. Or the health problems that can be associated with  
1935 | cardiovascular disease and diabetes, we put that all out  
1936 | based on the current research and we talked about the  
1937 | importance of fluoridation in water.

1938 |         We didn't talk about America, we didn't feel that  
1939 | science at that point was adequate for the Surgeon General to  
1940 | take a position. We don't take positions on issues that are  
1941 | not clear. If they are not clear, we say they are not clear.

1942 |         And that is why you did not see a stronger statement in that  
1943 | report about mercury.

1944 |         I must say of all the reports that I have issued, I am  
1945 | very pleased with what happened with the results of that  
1946 | report. I think the Johnson Foundation funded 19 dental  
1947 | schools to revive health care to poor children, boys clubs or  
1948 | things like that. So many children are now getting dental  
1949 | care because of that report and what has happened afterwards.

1950 |         It is a very important report, like so many of the reports  
1951 | we have issued.

1952 |         Chairman WAXMAN. Thank you very much, Ms. Watson.

1953           Let me conclude the questioning. Dr. Carmona, you  
1954 talked about the areas where you have had interference, but  
1955 one of the jobs of the Surgeon General is to go out and talk  
1956 to groups, communicate at the State level, talk to different  
1957 groups who are like minded or suffering from diseases. Were  
1958 you prevented from traveling to speak to groups that you  
1959 thought you wanted to visit and talk to?

1960           Dr. CARMONA. Yes, that occurred several, many times  
1961 actually over the years, and it was because people were  
1962 politically vetting decisions I made to go before groups and  
1963 based it on science and the needs of the citizens, political  
1964 need. As Surgeon General Satcher has said, he might have had  
1965 it easier--we both come to the same conclusion, it is hard to  
1966 do both jobs because the government expects you as Assistant  
1967 Secretary to be a politician and they are constantly  
1968 switching houses. Dave and I did the same thing. We said we  
1969 are doctors first, we are Surgeon General, which often  
1970 doesn't make politicians happy. It gave David more budget  
1971 discretion because he can control his own office.

1972           There were a couple of issues, I can give you some  
1973 examples. As you know, I issued a Surgeon General's call to  
1974 action on the health of people with disabilities. I was  
1975 looking at the GAAP analysis around the country to see where  
1976 I could add to the great body of evidence. I saw the issue  
1977 of disability in children's health and we started to have

1978 | some discussions with Special Olympics and Best Buddies. And  
1979 | the Special Olympics was coming up. I was asked if I would  
1980 | come to Japan and give the opening keynote address and  
1981 | discuss the health of disabled athletes which had been  
1982 | marginalized. I thought this was a perfect forum. I was  
1983 | told I couldn't do it. There was no reason given other than  
1984 | it was kind of expensive to go over there. There were times  
1985 | I was asked to speak at groups I wasn't sure I should be at  
1986 | where budget was not an issue.

1987 | Chairman WAXMAN. Give me an example of that.

1988 | Dr. CARMONA. Group, political gatherings where they  
1989 | wanted to have the Surgeon General there to say some things  
1990 | about programs that parties were moving forward and--

1991 | Chairman WAXMAN. Were these districts of vulnerable  
1992 | Republicans.

1993 | Dr. CARMONA. Sometimes that was the case, sometimes  
1994 | that was the case to talk about a program or a particular  
1995 | issue for the benefit of an elected official. Yes, that  
1996 | happened.

1997 | Chairman WAXMAN. You were told you couldn't make a  
1998 | decision to go speak to the Special Olympics but were not  
1999 | given a reason why you couldn't, but then you were told there  
2000 | was money to speak at somewhat politicalized--

2001 | Dr. CARMONA. The Special Olympics one was an egregious  
2002 | one. Another group, the Best Buddies, deals with physical

2003 | activities for intellectually disabled children. I thought  
2004 | that was some place we should speak out on and health  
2005 | disparities. I put in my paperwork for the meeting hoping to  
2006 | bring some light to this problem in our Nation. I was  
2007 | admonished for doing that.

2008 |         The reason I was admonished for doing that,  
2009 | unfortunately, I was told that I would be helping a  
2010 | politically prominent family who this is one of their  
2011 | endeavors. Why would I want to help those people? And I  
2012 | said I don't even know--I am not going to mention names. I  
2013 | remember responding, this is about sick kids. It has nothing  
2014 | to do with who is moving the project. In effect I was told I  
2015 | cannot travel, my travel orders were not--I took a weekend  
2016 | vacation and made it myself because I committed to the group.

2017 |         Chairman WAXMAN. At what level were you told you  
2018 | couldn't go to the Special Olympics?

2019 |         Dr. CARMONA. In the Department, highly elected  
2020 | officials?

2021 |         Chairman WAXMAN. You were told that they wanted you to  
2022 | act as a surrogate to speak in districts where you could act  
2023 | on behalf of the Republican cause; is that correct?

2024 |         Dr. CARMONA. That happened at times, yes.

2025 |         Chairman WAXMAN. There they didn't have a problem with  
2026 | money?

2027 |         Dr. CARMONA. It didn't seem so.



2028 Chairman WAXMAN. Well, I find the political affairs  
2029 with you doing your job--it is difficult enough for Dr. Koop  
2030 and Dr. Satcher, but it is really distressing that you had  
2031 such more interference in what you were trying to do. You  
2032 testified you were prevented from speaking on stem cells,  
2033 abstinence education, and Plan B emergency contraception; is  
2034 that correct?

2035 Dr. CARMONA. That is correct.

2036 Chairman WAXMAN. You were prohibited from preparing  
2037 reports on health preparedness and emergency preparedness; is  
2038 that correct?

2039 Dr. CARMONA. And global health.

2040 Chairman WAXMAN. You testified you couldn't release the  
2041 report on global health.

2042 Dr. CARMONA. Correct.

2043 Chairman WAXMAN. You testified that your report on the  
2044 dangers of secondhand smoke was delayed for years while there  
2045 were attempts to weaken your science-based findings; is that  
2046 correct?

2047 Dr. CARMONA. That is correct. I was not aware of it at  
2048 the time. I did not find out about the scientific assaults  
2049 until later on because the staff was trying to protect me and  
2050 it wasn't until late in the game that they were fighting the  
2051 rewording of paragraphs and things like that, fighting their  
2052 own battles for scientific integrity.

2053 Chairman WAXMAN. You were directed to attend White  
2054 House political briefings about the best interests of the  
2055 Republican Party and its candidates, is that right?

2056 Dr. CARMONA. Let me clarify. I can't say there were  
2057 memos from senior political officials at the White House who  
2058 brought people together to discuss leaks. The couple I went  
2059 to, clearly they were discussing elections and getting people  
2060 out. Pep rallies I would call them.

2061 Chairman WAXMAN. This wasn't from the Department, it  
2062 was beyond the Department?

2063 Dr. CARMONA. Yes, yes. Sometimes the meetings took  
2064 place at the Department, sometimes they were off in our  
2065 buildings.

2066 Chairman WAXMAN. And people would come and talk about,  
2067 give a list of the key races for the Republicans?

2068 Dr. CARMONA. I can't say key races, but getting our  
2069 word out, political agendas, things like that, which really  
2070 the Surgeon General should have nothing to do with. It  
2071 undermines the credibility of the office. The Surgeon  
2072 General is not involved in day-to-day politics. That is not  
2073 our job.

2074 Chairman WAXMAN. Did Karl Rove attend any of those  
2075 meetings?

2076 Dr. CARMONA. I can only remember one where I saw him.  
2077 There were other staffers up and down, different levels of

2078 | government, at brown bag lunches, and meetings. I didn't pay  
2079 | too much attention. After the first few I recognized it was  
2080 | really something the Surgeon General shouldn't be at or  
2081 | involved in.

2082 RPTS MERCHANT

2083 DCMN HERZFELD

2084 [12 p.m.]

2085 Chairman WAXMAN. And you didn't take any grief and not  
2086 go to any future meetings, did you.

2087 Dr. CARMONA. Not grief. In fact, I made sure I was  
2088 busy during those times.

2089 Chairman WAXMAN. Well, I thank you for your being  
2090 forthright and talking to our committee and the American  
2091 public about this issue. I hope the testimony of you, Dr.  
2092 Koop and Dr. Satcher will help us clarify that this is an  
2093 important position that we shouldn't allow to be  
2094 marginalized. We shouldn't allow the Surgeon General to be  
2095 politicized as a doctor to the Nation. That person needs to  
2096 have credibility, independence and to speak about science. I  
2097 think that is so important.

2098 I thank you all very much for your testimony today.  
2099 That concludes our hearing, and the committee stands  
2100 adjourned.

2101 [Whereupon, at 12:10 p.m., the committee was adjourned.]