

# The Surgeon General's Call to Action on Global Health: Comparison of Drafts by Topic Areas

In early 2005, then Surgeon General Richard Carmona and a group of global health experts drawn from inside and outside the federal government developed a draft *Surgeon General's Call to Action on Global Health*. This document was presented to William Steiger, Director of the Office of Global Health Affairs at the Department of Health and Human Services, in the spring of 2005. Dr. Steiger and staff in his office prepared an alternative draft of the document in May 2005. Dr. Carmona rejected the changes proposed by Dr. Steiger and continued to work on his own draft of the report, ultimately producing a May 19, 2006, draft. In the end, neither version of the report was finalized.

The table below compares Dr. Carmona's May 19, 2006 draft with Dr. Steiger's May 2005 draft. Dr. Carmona's draft includes a "call to action," but Dr. Steiger's draft had apparently not progressed to this stage and includes no similar section. Throughout Dr. Carmona's draft, portions of the text were placed in shaded boxes for additional emphasis. When this was the case, the quoted passage in the panels that follow is shaded as well.

Copies of both versions of the report can be found on the website of the House Committee on Oversight and Government Reform at [oversight.house.gov](http://oversight.house.gov).

## Health Diplomacy

Dr. Carmona's Draft	Dr. Steiger's Draft
<p><i>Caring about the health of others is of strategic significance since health diplomacy, or working with other nations on shared health goals, promotes international cooperation, is critical to the long-term health and security of the American people. It is the way to protect, promote, and advance the health and safety of the nation. A global health perspective also recognizes that health cooperation is a critical aspect of international cooperation and diplomacy. Health diplomacy also acknowledges that poor health contributes to political and economic instability, two factors that threaten world peace. In countries with an adult HIV-prevalence rate of more than 20 percent, gross domestic product (GDP) can shrink by as much as 1 to 2 percent annually. Similarly, malaria in Africa reduces annual GDP growth by one percent. This decrease exacerbates poverty and economic stagnation, and seriously undermines the viability of affected states. Health is the common currency that can be used to help countries achieve their fullest potential and improve international relations.</i></p> <p>In sum, increased action to improve global health improves lives, reduces the spread of disease, and contributes to global political stability and economic growth. [lines 105-119]</p>	<p>Health is a diplomatic tool to promote good relations and improve ties between the United States and other countries. When you think about it, promoting health cooperation with other countries is always a win-win situation. Strengthening health globally will strengthen security, including our own health security. But it also improves health in our partner countries. There's no downside. [page 17]</p>

## Health as a Human Right

Dr. Carmona's Draft	Dr. Steiger's Draft
<p><b>DID YOU KNOW?</b> As stated in Article 25 of the Universal Declaration of Human Rights, adopted by the General Assembly of the United Nations on December 10, 1948: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control." [lines 185-190]</p>	<p>Topic not addressed</p>

## HIV/AIDS

Dr. Carmona's Draft	Dr. Steiger's Draft
<p>HIV/AIDS may be the defining medical and public health issue of our time. By 2005, HIV, the virus that causes AIDS, had infected a cumulative total of more than 60 million people, a third of who have died. More than one million Americans are living with HIV, and HIV/AIDS is an urgent and cascading problem in developing countries....Over the next twenty years, HIV/AIDS is expected to cause a decline in life expectancy in 51 countries. The disease, which is the fourth largest killer globally, is not spread evenly throughout Earth's population; about 95 percent of those infected are in the developing world and most of those are in Sub-Saharan Africa. HIV is causing enormous social disruption in many countries: millions of children have become orphans, and health care workers and facilities in many areas have been overwhelmed by the number of HIV/AIDS patients requiring medical care. [lines 262-274]</p>	<p>HIV/AIDS is the defining medical and public health issue of our time. It can be counted among the great medical scourges in history. By 2003, HIV had affected a cumulative total of more than 60 million people, a third of which have died. Nor is it under control. HIV/AIDS remains a constant crisis. Today it is estimated that 40 million people are infected with HIV/AIDS with a death occurring every 11 seconds. It has reached devastating numbers in sub-Saharan Africa and is increasing in other countries and regions, including China, India, the Caribbean and parts of Eastern Europe and central Asia. The U.S. Government has made the fight against HIV/AIDS a top priority, not only for humanitarian reasons, but because the HIV/AIDS crisis threatens the prosperity, stability, and development of nations around the world. [page 1]</p>

## Women and AIDS

Dr. Carmona's Draft	Dr. Steiger's Draft
<p>Women are more vulnerable to HIV than men because of biological and cultural factors. For example, because of the anatomy of their reproductive tract women are subject to more frequent infections of the reproductive tract than men which render them more vulnerable to infection with HIV. But cultural factors are even more important than biological ones with respect</p>	<p>Protecting women and girls from HIV/AIDS is a U.S. Government priority. By using a variety of strategies in over 100 countries, the United States is helping women and girls build lives free from the shadow of HIV/AIDS.</p> <p>Women and girls disproportionately bear the burden of HIV/AIDS, especially in the hardest-hit</p>

<p>to the danger of women acquiring and spreading HIV/AIDS. In many populations women lack the power and economic independence to negotiate safe sex with their partners, for example, under many circumstances they cannot insist on the use of a condom and women who exchange sex for income are in even a weaker position to insist upon safe sex. [lines 275-282]</p>	<p>countries. In sub-Saharan Africa, they account for about 57 percent of infections, and in some of the worst affected countries in Southern Africa as many as 20 percent of girls between the ages of 15 and 19 are infected, compared with 5 percent of boys the same age. In addition, in most developing nations the infection rate of women is growing at a faster pace than that of men.</p> <p>Women and girls also bear the brunt of the impact of the epidemic. Women are primary caretakers in families and communities, charged with caring for the sick and for children orphaned by the disease. They are especially likely to lose jobs, income, and schooling in order to fulfill family and community obligations.</p> <p>Furthermore, women are major contributors to the agricultural workforce and other forms of household income generation, feeding their families and earning a meager family income. When women's health deteriorates, or when they must provide care to other family and community members, basic community needs such as food security come under threat. [page 3]</p>
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**Tobacco Control**

<b>Dr. Carmona's Draft</b>	<b>Dr. Steiger's Draft</b>
<p>Tobacco is the second major cause of death and the fourth most common risk factor for disease worldwide. It is responsible for approximately five million deaths each year. The economic costs of tobacco are also high, estimated to be \$200 billion a year globally, with a third of this loss occurring in developing countries. The WHO reports that if current smoking patterns continue, it will cause some 10 million deaths each year by 2020. Half the people that smoke today — approximately 650 million people — will eventually be killed by tobacco. Tobacco control measures can have a significant impact on reducing tobacco consumption, hence decreasing the burden of disease and death due to tobacco use. [lines 534-541]</p>	<p>The <i>World Cancer Report</i> (Stewart and Kleihues, 2003) predicts that cancer rates are set to increase globally at an alarming rate, as much as 50% by 2020. Malignant tumors were already responsible for 6.2 million deaths internationally in 2000. Cancer has emerged as a major public health problem in developing countries, matching its effect in industrialized nations. The three leading cancer killers are lung, stomach and liver cancer. The <i>Cancer Report</i> indicated that one-third of cancer cases could be prevented through reduction of tobacco consumption, healthy lifestyle and diet, and early detection through screening. [page 22]</p>

## Women's Health

### Dr. Carmona's Draft

Numerous studies have demonstrated that women's health is directly linked to women's education and empowerment. As primary caretakers in many societies, women play a critical role in curbing the spread of disease. Educated women are also in a better position to care for themselves and their children. Despite improvement in the status of the world's women, they still face substantial discrimination in many ways. Large gaps exist between women and men in access to education, health, nutrition, and political power. These inequalities directly and indirectly lead to significant health problems for women that also have an impact on their families and communities.

Today many of the health challenges facing women worldwide (such as high rates of maternal mortality, HIV infection, and sexual violence against women and girls) stem from a basic denial of women's rights as human beings. Inequality between men and women is a major threat to women's health. In some societies where it is unacceptable for women to leave the house without their husbands' permission, pregnant women who need medical assistance face a risk of serious complications and death if their husbands are not home to grant them permission to seek medical care. Pregnant and childbearing women die because their basic nutrition is compromised, their reproductive rights are violated, and their access to medical care is denied as a result of gender inequality (Germain, 2002). As long as these inequalities persist, health outcomes will remain far from optimal; not only for women, but for the vulnerable populations they traditionally care for, including children and the elderly. Allowing such disparity to persist presents a significant moral challenge to all populations.

[lines 588-608]

### Dr. Steiger's Draft

The WHO theme for 2005 is "Make Every Mother and Child Count." Experts have recognized that the welfare of women is central to a strong family unit. Comprehensive care that is dedicated to keep family units intact is difficult to find in some parts of the world. Disparities in the status of women can limit their educational and occupational opportunities.

Complications during pregnancy and birth claim the lives of more than half a million women each year. Ninety-eight percent of these deaths occur in developing countries. Maternal morbidity and mortality affect not only women. They severely impact families, the lives of young children, and society in general, contributing significantly to chronic underdevelopment in such regions as sub-Saharan Africa and South Asia. [page 14]

## Nutrition

### Dr. Carmona's Draft

The 2006 UNICEF report "Progress for Children: A Report Card on Nutrition" cites that more than one quarter of all children under the age of five in developing countries are underweight, many to a life-threatening degree. Poor nutrition remains a global epidemic contributing to more than half of all child deaths, about 5.6 million per year. Malnourished children in South Asia, Bangladesh, India and Pakistan account for half of all the world's underweight children: approximately 47 percent of India's under-five population is underweight, dragging down the regional average. In the famine-prone Eastern and Southern Africa region 29 percent of children under-five years of age are underweight. Despite some improvements several countries are falling behind again, with drought-related food crises and the rise of HIV/AIDS impacting the populations dramatically. Some reports indicate that the Western and Central African regions have done better, partly due to strides made by some countries to support exclusive breastfeeding for infants and community-based health care.

Females are much more likely to suffer from malnutrition and associated health problems than males. Girls and women receive less food than men and boys when food is scarce. Women also generally receive less protein-rich food than men even when they are pregnant or nursing. This is true even though women are responsible for most of the world's food production, processing and preparation. [lines 645-661]

Clearly, thousands in the developing world still suffer from hunger and malnutrition, and so those who can look elsewhere for sustenance do. This contributes to waves of migration, both legal and illegal, to countries with more resources. These countries, including the United States, while better off, are not always prepared for the burden of caring for the incoming population. Working with the countries of origin, to prevent hunger

### Dr. Steiger's Draft

Women's nutrition and survival often is a neglected focus of development programs. Improving women's nutrition is critical because in many countries, women are income earners, food producers and family caretakers. Therefore there are enormous social, economic, health and development benefits of good female nutrition. Furthermore, women's health and nutrition before, during and after pregnancy has an impact on child survival and development. [page 16]

USAID funds many projects that address nutritional needs in the developing world. In May 2004, USAID made a \$2.5 million contribution to the Global Alliance for Improved Nutrition (GAIN), a non-profit organization that targets nutritional needs in the developing world. The USAID contribution funds the addition of vitamins and minerals to common staples such as wheat flour, sugar and cooking oil. The process, known as food fortification, has been used in industrialized nations for more than 80 years. Increased intake of vitamins and minerals can reduce the severity of infectious diseases, such as malaria, measles and diarrhea. It also reduces illnesses and complications during pregnancy and fosters positive birth outcomes.

An example of our effort to ensure children in impoverished nations are fed nutritious meals at school is the McGovern-Dole International Food for Education and Child Nutrition Program. Many of these children are girls who might not otherwise be in school. The Bush administration has requested \$75 million for the program in 2005, which helps nourish both the bodies and the minds of many of the poorest children. [pages 16-17]

and resulting migration, benefit both sides. [lines 695-700]	
<b>Obesity</b>	
<b>Dr. Carmona's Draft</b>	<b>Dr. Steiger's Draft</b>
<p>This epidemic of obesity is not unique to the United States. The WHO estimates that one billion adults worldwide are overweight, and at least 300 million are clinically obese. It is a serious threat to health in other countries as well, both developed and developing countries. As people in developing countries adopt Western lifestyles of unhealthy high fat, high sugar, low fiber, high calories diets, along with lower levels of exercise, obesity increasingly becomes a problem. Due to these lifestyle changes, diseases traditionally associated with developed countries, such as hypertension and heart disease, are increasing significantly in developing countries as well. [lines 720-727]</p>	<p>Topic not addressed</p>
<b>Water</b>	
<b>Dr. Carmona's Draft</b>	<b>Dr. Steiger's Draft</b>
<p>The physical environment exerts an enormous influence on global health. In particular, the air we breathe and the water we drink plays a major role in the state of our health. Water and air are essential to life, but can become sources of disease or factors exacerbating disease if contaminated.</p> <p>Globally 2.3 billion people suffer from diseases associated with contaminated water — mostly the poor from virtually all developing countries. Water-related diseases cause an estimated 12 million deaths a year, nearly half of them due to diarrheal diseases, with children being the most likely victims. Some of the most prevalent water-borne diseases include: cholera, enterotoxigenic <i>Escherichia coli</i>, and typhoid fever. These types of diseases are prevalent where there is a lack of clean water and basic public health practices such as handwashing, proper washing of foodstuffs, and sewage removal.</p> <p><b>DID YOU KNOW?</b> Nearly 80 percent of childhood diseases that result in death are caused by contaminated water. [lines 761-774]</p>	<p>Environmental factors that lead to disease outbreaks, including water and changes in climate are being monitored. [page 8]</p> <p>Nutrition is an important element in a family's health status. Clean water and nourishing food can never be taken for granted. [page 16]</p>

<b>Air Pollution</b>	
<b>Dr. Carmona's Draft</b>	<b>Dr. Steiger's Draft</b>
<p>Air pollution is a major environment-related health threat to children and a risk factor for both acute and chronic respiratory disease. While second-hand tobacco smoke and certain outdoor pollutants are known risk factors for acute respiratory infections, indoor air pollution from biomass fuel is one of the major contributors to the global burden of disease. [lines 816-818]</p> <p>In addition, outdoor air pollution is a serious problem in cities throughout the world, particularly in the megacities of developing countries. WHO estimates that a quarter of the world population is exposed to unhealthy concentrations of air pollutants. Of those exposed, children are particularly at risk due to the immaturity of their respiratory organ systems. [lines 827-830]</p>	<p>Topic not addressed</p>
<b>Global Atmospheric and Climate Change</b>	
<b>Dr. Carmona's Draft</b>	<b>Dr. Steiger's Draft</b>
<p>Another effect of air pollution is that the ozone layer in the stratosphere above Earth's atmosphere is being damaged by the release of various chemicals used in refrigerants, aerosols, and other equipment, as well as organic solvents. Depletion of the ozone layer is likely to lead to higher levels of ultraviolet radiation reaching the Earth's surface. Certain wavelengths of this radiation increase the incidence of skin cancer and cataracts in humans.</p> <p>A related issue concerns the build-up of greenhouse gases in the atmosphere, which is believed likely to lead to global warming and a rise in the sea level. The climate changes that would result from global warming could have various direct and indirect effects on the health of humans. For example, heat stress and heat stroke, which can be fatal, may become more common, especially among susceptible groups such as older adults, children, and those with heart problems. The distribution of insects and other organisms that serve as hosts to the</p>	<p>Environmental factors that lead to disease outbreaks, including water and changes in climate are being monitored. [page 8]</p>

<p>microorganisms that cause infectious diseases is likely to be affected. This could lead to changes in disease patterns. For example, malaria might appear in areas where it is currently unknown because of the spread of the mosquito that carries the disease. Global warming could also adversely affect health if changes in rainfall diminished the variety or quantity of crops available, which could lead to or aggravate food shortages. [lines 839-855]</p>	
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**Injuries**

<b>Dr. Carmona’s Draft</b>	<b>Dr. Steiger’s Draft</b>
<p>Injuries are one of the great unrecognized problems for global health. Injuries continue to rank among one of the leading causes of death and disability, regardless of age, sex, or income. The WHO reports that almost 50 percent of the world’s injury mortality occurs in young people aged 15-44 years, the most economically productive members of the global population. [lines 878-881]</p> <p>World wide, an estimated 1.2 million people are killed in road crashes every year, and as many as 50 million are injured. The WHO estimates that roughly 70 percent of the deaths occur in developing countries. Sixty-five percent of deaths involve pedestrians, and 35 percent of pedestrian deaths involve children. Five issues are directly involved in creating safer roads and better drivers: speed, alcohol, helmets, seat belts, and visibility. In the United States, a person dies in an alcohol-related traffic crash every three minutes. Thousands are injured every year, as well, and all are preventable through responsible behavior. [lines 892-898]</p>	<p>Topic not addressed</p>

**Violence**

<b>Dr. Carmona’s Draft</b>	<b>Dr. Steiger’s Draft</b>
<p>Violence and injuries significantly affect the lives and health of people in all countries. The 2002 WHO <i>World Report on Violence and Health</i> noted that each year more than 1.6 million people lose their lives to violence. It is the leading cause of death for people aged 15-44 years worldwide, accounting for about 14 percent of deaths among males and 7 percent among females. Yet with</p>	<p>Families are at risk in many ways. The chaos of many manmade and natural disasters results often in loss of contact between family members and often placement in different refugee settlements. The Office of the U.N. High Commissioner for Refugees has declared since 1983 that the “family is the natural and fundamental group unit of society and is entitled to protection by society and the</p>



<p>prevention, the disability and deaths they cause on a daily basis can be greatly reduced. Weapons, terrorists, and other contributors to violence daily cross national borders. Refugees fleeing areas of violence also move across borders, which can sometimes create stresses on the host country if it is not prepared. Inappropriate housing settlements can become epicenters for disease outbreaks and environmental health problems, resulting in further suffering, disease spread, and potential clashes with local populations. Violence contributes to instability of governments and institutions, making the world less safe. People often enter into conflict — nationally or internationally — because they lack resources, including good health. However, health can serve as a common currency among opposing groups and can, in fact, potentially reduce further violent outbreaks. Health diplomacy can help reduce violence and improve health. [lines 907-921]</p>	<p>State.” Reunifications of family members who have become separated, particularly if they are unaccompanied minors, is deemed of great importance. [page 17]</p>
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**Sexual Violence and Sexual Exploitation of Women**

<b>Dr. Carmona’s Draft</b>	<b>Dr. Steiger’s Draft</b>
<p>Women are the overwhelming majority of victims of sexual and intimate partner violence. In various surveys, anywhere between 10 percent and 69 percent of women responding have reported that they were physically assaulted at some point by an intimate partner. Physical violence in these relationships is also often accompanied by psychological abuse. Sexual violence is also often linked to intimate partner violence, with the evidence suggesting that almost one in four women experience sexual violence by an intimate partner. Sexual violence affects both the physical health and psychological well-being of its victims, resulting in such problems as unwanted pregnancies, HIV/AIDS, depression, post-traumatic stress disorder, and suicide. [lines 961-969]</p>	<p>The United States commitment to improving the status of women has been expressed in \$295 million being provided since 2002 to support anti-trafficking efforts in over 120 countries, that sum is in addition to \$50 million given for that purpose in 2003. Trafficking of women and girls is becoming a worldwide lucrative business. Girls and women from the poorest countries are most likely to be abused. Apart from psychological damage and humiliation most of the women are at high risk for sexually transmitted infections, HIV, and unwanted pregnancies. Rapes and beatings are common. They are usually virtually imprisoned with all rights removed. Trafficking has been identified as a contemporary form of slavery. With concern for children who have been forced into a sexual trade, Operation Predator has led to 4,300 arrests of Americans who travel abroad to engage in sex with a minor. The degrading and dangerous practice of human trafficking continues to enslave women around the world. The United States sponsored a resolution at the UN Commission on the Status of Women in March of 2005, to bring attention to this</p>

	<p>issue. The resolution passed. Sex trafficking is accompanied by a potentially lifelong and or life-threatening health consequences. [page 17]</p>
<b>Global Poverty</b>	
<b>Dr. Carmona's Draft</b>	<b>Dr. Steiger's Draft</b>
<p>Poverty and health are inextricably intertwined. The conditions typically associated with poverty, such as poor nutrition and lack of access to health care, lead to disease, disability and death, as well as social instability. On the other hand, disease and poor health is an impediment to economic progress through decreased labor productivity. It is estimated that more than one-fifth of the world's population lives in extreme poverty. And the gap between the income of the richest 20 percent and the poorest 20 percent of the world's population doubled between the 1960s and the 1990. Nonetheless, according to former WHO Director-General Gro Harlem Brundtland, approximately 90 percent of global health resources are concentrated on 10 percent of the world's health problems. Those who cannot read, obtain clean water, or avoid environmentally induced disease, and who are permanently under the threat of physical violence and the effects of crime — are invariably poor — whatever their income. [lines 1044-1054]</p>	<p>The complex socioeconomic issues that form the substrate of health including poverty, the need for economic development, the overall level of medical care, and cultural issues are acknowledged, but not addressed in this Call to Action. [page 1]</p>
<b>Poverty in the United States</b>	
<b>Dr. Carmona's Draft</b>	<b>Dr. Steiger's Draft</b>
<p>Health disparities are by no means limited to developing countries. Great disparities exist within the populations of industrial nations as well, often based on race and class. In the United States, African Americans live, on average, five years less than the white population, and death rates for Hispanics in 2001 were significantly greater than those of the non-Hispanic white population for the four leading causes of death. Sudden infant death syndrome among American Indians and Native Alaskans occurs 2.3 times higher than among whites. Asian women have five times the rate of cervical cancer that white women do. Minorities and low-income populations have a disproportionate burden of death and disability from a variety of health conditions. These populations are less in general</p>	<p>Topic not addressed</p>

less likely to have health insurance and access to good medical care. [lines 1055-1064]	
<b>Health Literacy</b>	
<b>Dr. Carmona's Draft</b>	<b>Dr. Steiger's Draft</b>
<p>Eliminating health disparities, both among and within countries, is predicated on increasing health literacy. Even the seemingly simple things that people can do to stay healthy and safe, such as getting regular medical check-ups and eating healthy foods, can be struggles for many families. Yet, people around the globe, including highly educated individuals, have trouble understanding basic health information. Health literacy is the ability of an individual to access, understand, and use health-related information and services to make appropriate health decisions. It is estimated that in the United States alone, low health literacy adds as much as \$58 billion per year to health care costs. Low health literacy is a threat to the health and well-being of all people and to the health and well-being of health care systems. Basic health education can be communicated through schools, family members, health professionals, lay community health workers, public and private institutions, and the media. Everyone has a role to play. [lines 1098- 1108]</p>	<p>Topic not addressed</p>
<b>Health Care Systems</b>	
<b>Dr. Carmona's Draft</b>	<b>Dr. Steiger's Draft</b>
<p>Countries can learn from one another in their struggle to protect and improve their health of their populations. This exchange of information is a two-way street. Although it is true that developing countries can benefit from knowledge and use of the advanced health technologies available in industrialized nations, there is also much that the latter can learn from the former. For example, disadvantaged groups in the United States share similar health risks with resource poor nations, such as tuberculosis, micronutrient deficiencies and peri-natal infections. Thus, there are lessons to be learned domestically from research conducted in low- and middle-income nations....Moreover, the most daunting problem facing national health care and national economies in the 21<sup>st</sup> century will be the increasing public share of today's health care bill,</p>	<p>One of the great gifts we give to the people of the world is our medical expertise. The sick from all nations, walks of life, and religions can find treatment of their illnesses in the United States. What better way to develop bonds and promote understanding of American generosity than by treating the sick? [page 21]</p>

<p>which in the United States is projected to grow to a 1.6 trillion to a 2.3 trillion in 2015. To guide health care reform, the United States and other nations can benefit from experiences of other countries which have achieved high health status and reduced health care costs in such fields as primary and ambulatory care, and other areas. [lines 1122-1138]</p>	
<b>Afghanistan</b>	
<b>Dr. Carmona's Draft</b>	<b>Dr. Steiger's Draft</b>
<p>HHS is also actively supporting health reconstruction in war-torn countries, such as partnering in the establishment of women's teaching clinics in Afghanistan...HHS works internationally across a broad range of health issues confronting our nation and the world. [lines 1148-1153]</p>	<p>Since October 2002, HHS has been significantly involved in the reconstruction of the health sector of Afghanistan. HHS signed a Memorandum of Understanding with the Afghan Ministry of Health in October 2002, and soon afterwards, initiated at Rabia Balkhi Women's Hospital (RBH), a maternal and child health training program, in partnership with the U.S. Department of Defense (DoD). OGHA receives a \$6 million appropriation from Congress to support HHS activities in Afghanistan. With these funds, OGHA provides support to a non-governmental organization to provide training and continuing education to hospital staff, with the goal of updating the knowledge and skills of healthcare professionals and ancillary and support staff to enable the staff of this facility to eventually support a residency training program in obstetrics and gynecology. In partnership with DoD, USAID, the U.S. Embassy and other international partners, HHS also works to address a range of challenges in hospital management, which inhibit U.S. efforts to improve the quality of health care in Afghanistan. OGHA has assigned a Health Attaché to the U.S. Embassy in Kabul. [page 18]</p>
<b>Iraq</b>	
<b>Dr. Carmona's Draft</b>	<b>Dr. Steiger's Draft</b>
<p>Topic not addressed</p>	<p>The U.S. Government has been directly involved in the reconstruction of Iraq's health sector. President Bush, through the Secretary of Health and Human Services, directed the Office of Global Health Affairs to participate in the planning for reconstruction of the health sector in Iraq prior to the liberation of Iraq. During the liberation of Iraq, the United States readily committed HHS resources helping the Iraqis rebuild their health care system. The Department of Health and Human Services</p>

	<p>sent some of its finest to join the Coalition Provisional Authority's health team, which directly assisted the dedicated Iraqi doctors to reopen hospitals and clinics across the country and to plan for a future health care system to meet the needs of the Iraqi people. Five dedicated HHS health professionals served in Iraq under the CPA, including one who served as Chief Medical Officer. In February 2004, former Secretary Thompson visited Iraq, bringing with him the heads of the National Cancer Institute, the National Institute of Allergy and Infectious Diseases, and the Substance Abuse and Mental Health Administration, and the Deputy Assistant Secretary of Health. [pages 17-18]</p>
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**Disaster Relief**

<b>Dr. Carmona's Draft</b>	<b>Dr. Steiger's Draft</b>
<p>An alert and informed public will help in safeguarding families and communities and in lending a hand elsewhere. Some concepts are familiar, such as the provision of aid during humanitarian disasters. Working with the great international health agencies will help us plan and work effectively with other nations and regions of the world. [lines 1236-1340]</p>	<p>In February 2005 President Bush announced that he sought \$950 million as part of the supplemental request to support the rehabilitation and reconstruction of areas devastated by the Indian Ocean Tsunami and to cover the costs of the U.S. government's relief efforts to date...The President expressed the United States' deep and ongoing commitment to the tsunami victims. The United States was working to help these nations before the tsunami struck, and we remain committed to helping those affected by this terrible disaster recover and rebuild....To date, the United States has committed \$350 million in emergency relief assistance — which will be replenished in the supplemental to enable the United States to respond to future emergencies. This is in addition to operational costs incurred by the Department of Defense. Relief resources have been focused on emergency food assistance, provision of relief supplies, shelter, water and sanitation, health, education, cash for work, livelihoods recovery, psychological and social support, protecting women and children from human-trafficking, logistics and coordination, and debris clean-up. [page 19]</p>

### Number of Times Certain Terms Appear in the Text

<u>Term</u>	<u>Carmona</u>	<u>Steiger</u>
“Malnutrition”	5	0
“Obesity”	10	2
“Literacy”	10	0
“Tobacco”	16	2
“Pollution”	8	0
“Condom”	2	0
“Environment”	13	2
“Injuries”	<u>20</u>	<u>1</u>
<b>Subtotal</b>	<b>84</b>	<b>7</b>
“President”	2	9
“Bush”	1	5
“U.S. Government”	1	8
“Dept. of Defense”	0	4
“Dept. of Health and Human Services”	3	7
“OGHA”	<u>0</u>	<u>3</u>
<b>Subtotal</b>	<b>7</b>	<b>36</b>
“United States”	37	34