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

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

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

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

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

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

<u>First, the President of the United States</u>. Mr. Reagan was pressed to fire me every day. You will recall that most of his cabinet believed that would be appropriate because of my description of the manner of transmission of HIV, and the belief among some at the time that those who had AIDS deserved what they got. But Mr. Reagan was a loyal man. He said he had

appointed the best physician he could find to be Surgeon General. He also said he would not interfere with an appointee's assignment. If he had not been the kind of person he was, I would not be here today.

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

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

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

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

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

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

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

The Surgeon General must be independent, impartial, and nonpartisan, to say nothing about competent, innovative, and able to teach. If I had been impeded in my duties as Surgeon

General for political reasons as some of my successors were, these are some of the things that would never have happened:

- 8 reports to Congress on smoking & health including the relationship between smoking and cancer, heart disease, and chronic obstructive lung disease, might not have been published.
- The knowledge of the addiction of tobacco because of it's nicotine content might have been suppressed.
- The killing effect of side stream smoke might have been ignored.
- We might still have smoking on airplanes.
- We might not have "no smoking" policies in airports, restaurants, bars and most indoor places.
- The reality of the toll of drunk driving and the change of many local laws to reduce driving under the influence, would be unaddressed.
- Changes in Title V of the Social Security Act entitling special needs children to coordinated, comprehensive, family-centered, community-based care might not have happened.
- Assurance during the Tylenol scare would have been missing – leading to panic and possibly market upheaval.
- Revision of the health agreements with the People's Republic of China, the Soviet Union, and Kuwait might not have occurred.
- The health hazards of spit tobacco may have gone unrecognized for additional years.
- The only publication of the federal government on nutrition might not have been written.
- And many more that time does not permit to tell

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

How can we insure that this happens?

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

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

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

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

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

Mr. Chairman, you went from one of my severest critics to become one of my trusted supporters. I thank you for that and the excellent job you have done to improve the health of the American people. Please continue to exercise oversight of the Office of the Surgeon General and the Commissioned Corps of the Public Health Service, so they can continue to do their vital work.