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REMARKS

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U.S. PUBLIC HEALTH SERVICE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED AT THE 100TH ANNIVERSARY OF THE P.H.S.

COMMISSIONED CORPS

JANUARY 4, 1989

WASHINGTON, D.C.

(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

YES, I AM THE SURGEON GENERAL ... BUT IT IS STILL AN HONOR FOR ME TO BE HERE WITH YOU TO CELEBRATE THE CENTENNIAL OF THE COMMISSIONED CORPS OF THE U.S. PUBLIC HEALTH SERVICE.

I WAS RATHER IGNORANT ABOUT THE CORPS WHEN I CAME TO WASHINGTON NEARLY 8 YEARS AGO. BUT I WASN'T HERE FOR VERY LONG, BEFORE I BEGAN TO LEARN A GREAT DEAL ABOUT THE MEN AND WOMEN OF THE CORPS AND THE IMPORTANT THINGS THEY WERE DOING FOR THE PEOPLE OF AMERICA.

YOU ARE AN EXPERIENCED ... AND EXPERT ... GROUP OF PEOPLE.
YOU ARE PROFESSIONALS, BUT YOU ARE NOT WHAT I WOULD CALL
"TECHNOCRATS OF HEALTH." YOU'RE BIG ENOUGH TO FEEL -- AND TO
SHOW -- COMPASSION FOR THE PEOPLE YOU SERVE. THE P.H.S.
COMMISSIONED CORPS IS ONE UNIFORMED SERVICE THAT DOES NOT DO ITS
JOB "BY THE NUMBERS."

TODAY -- AND THIS WEEK -- WE MARK THE DATE, A HUNDRED YEARS
AGO, WHEN PRESIDENT GROVER CLEVELAND SIGNED INTO LAW SOMETHING
CALLED "AN ACT TO ESTABLISH THE COMMISSIONED CORPS OF THE MARINE
HOSPITAL SERVICE."

THAT NEW LAW PLACED THE MARINE HOSPITAL SERVICE ON A FORMAL CAREER FOOTING WITH THE ARMY AND THE NAVY.

FROM THAT POINT FORWARD, THE PRESIDENT OF THE UNITED STATES HAD THE AUTHORITY TO MAKE APPOINTMENTS TO THE "MARINE HOSPITAL SERVICE," ENTRANCE TO THE SERVICE AND PROMOTION WITHIN THE SERVICE WERE TO BE BY MERIT EXAMINATION, AND THE SURGEON GENERAL COULD SAY HOW THE UNIQUE UNIFORM OF THE SERVICE COULD BE USED.

IN 1889, THE MARINE HOSPITAL SERVICE -- THE PREDECESSOR OF TODAY'S U.S. PUBLIC HEALTH SERVICE -- WAS DEVOTED ALMOST EXCLUSIVELY TO PROVIDING HEALTH AND MEDICAL CARE TO THE OCEAN-GOING MERCHANT MARINE AND TO THOSE WHO SAILED THE INLAND RIVERS AND CANALS.

BUT THE SERVICE WAS POISED TO ASSUME A GREATER LEADERSHIP
ROLE IN PUBLIC HEALTH. AND THERE WAS MUCH TO DO.

- * STATE AND LOCAL HEALTH DEPARTMENTS WERE STILL A RARITY.
- * THE WORLD WAS ONLY ON THE BRINK OF THE BACTERIOLOGICAL
REVOLUTION. THAT FULL ADVENTURE WAS STILL TO COME.
- * AND THE CONCEPTS OF DISEASE CONTROL AND PREVENTION
WERE JUST EVOLVING, THANKS TO ROBERT KOCH AND LOUIS PASTEUR.

WITH THE HELP OF THIS NEW LEGISLATION, THE SERVICE ENTERED
THE 20TH CENTURY AS A LEADING FORCE FOR HEALTH. THE SCIENTISTS
OF THE NEWLY STRENGTHENED UNIFORMED HEALTH SERVICE COULD BE
QUICKLY ASSIGNED TO WRESTLE WITH PUBLIC HEALTH PROBLEMS WHEREVER
THEY EXISTED.

* THE SERVICE HAS MET MANY CHALLENGES IN IMMIGRATION AND QUARANTINE ...

* IN RESEARCH, ESPECIALLY BASIC BIOMEDICAL AND BIOBEHAVIORAL RESEARCH ...

* IN DISEASE SURVEILLANCE ...

* AND IN THE GROWING AREA OF HEALTH SERVICES TO AMERICAN SAILORS, THE COAST GUARD, FEDERAL PRISONERS, AMERICAN INDIANS AND NATIVE AMERICANS, AND ALL THE NATION'S UNDERSERVED POPULATIONS ... ITS URBAN AND RURAL POOR, ITS AGED, ITS DISADVANTAGED MINORITIES, ITS HANDICAPPED, AND ITS CHILDREN.

WE RECEIVED THOSE CHALLENGES ALONG WITH THE NEW LAW, BACK IN 1889. AND WE HAVE RETAINED THE SPIRIT AND THE ADVENTURE OF BOTH. AND THAT HAS BEEN RECOUNTED BY MY COLLEAGUES AND PREDECESSORS ALREADY.

SO I WILL JUMP TO ANOTHER LANDMARK YEAR FOR THE CORPS -- THE YEAR 1987.

IT WAS IN APRIL OF 1987 WHEN HEALTH AND HUMAN SERVICES SECRETARY, DR. OTIS R. BOWEN, REDELEGATED THE PERSONNEL AUTHORITIES FOR THE COMMISSIONED CORPS TO THE SURGEON GENERAL. AT THE SAME TIME, SECRETARY BOWEN ASKED ME TO UNDERTAKE A REVITALIZATION OF THE COMMISSIONED CORPS.

I WAS STILL FAIRLY NEW TO THE CORPS -- 6 YEARS, THAT'S ALL -- BUT I WAS ALREADY QUITE FAMILIAR WITH ITS RECENT TROUBLED HISTORY.

THERE HAD BEEN SEVERAL ATTEMPTS TO CHANGE OR TO ABOLISH THE CORPS.

AT THE SAME TIME, IN THE 1960s AND THE 1970s, THERE WAS A GREAT DEAL OF REORGANIZATION IN THE EXECUTIVE BRANCH, INCLUDING THE TRANSFER OF MUCH OF OUR ENVIRONMENTAL HEALTH EXPERTISE TO THE DEPARTMENT OF THE INTERIOR AND TO THE NEW ENVIRONMENTAL PROTECTION AGENCY.

SHORTLY AFTER I ARRIVED IN WASHINGTON, IN MARCH 1981, I WITNESSED THE DISMANTLING OF THE P.H.S. HOSPITAL SYSTEM AND THE CONCURRENT REDUCTION IN THE STRENGTH OF THE P.H.S. OFFICER CORPS.

IT WAS A PERIOD OF SOME TURMOIL, AS MANY OF YOU WILL SURELY RECALL. IT WAS A TIME WHEN THE CORPS CAME UNDER VERY CLOSE SCRUTINY, BOTH BY ITS HARSHTEST CRITICS AND ITS STRONGEST DEFENDERS.

BUT I'D ALSO HAVE TO SAY, ON REFLECTION AND ON BALANCE, THAT THAT DIFFICULT PERIOD WAS A NECESSARY AND VERY HELPFUL PERIOD FOR US AS WELL.

WE LEARNED THAT WE HAD TO FACE UP TO A FEW THINGS AND SET SOME OTHER THINGS STRAIGHT.

WE LEARNED, FOR EXAMPLE, THAT WE HAD BETTER FACE THE FACT THAT OUR RECRUITMENT EFFORTS WERE NOT BRINGING INTO THE COMMISSIONED CORPS THE MINORITIES AND THE WOMEN WE NEEDED. AND WE VERY MUCH NEEDED THEM, IF WE WANTED A COMMISSIONED CORPS THAT WOULD BE TRULY SENSITIVE TO THE HEALTH CHALLENGES OF THE REST OF THIS CENTURY -- AND THOSE OF THE NEXT.

THE CORPS WAS PREDOMINANTLY -- EVEN OVERWHELMINGLY -- WHITE AND MALE. AND THAT WASN'T GOOD ENOUGH ANYMORE.

NEXT, WE WERE IN REAL DANGER OF LOSING SIGHT OF THE IDEA OF THE CORPS ITSELF. MANY MEMBERS OF THE CORPS WERE STRONG, IMPORTANT MEMBERS OF P.H.S. AGENCIES AND CONSIDERED THEMSELVES TO BE -- FIRST AND FOREMOST -- EMPLOYEES OF THOSE AGENCIES. THAT'S WHERE THEIR LOYALTIES WERE.

THAT WAS UNDERSTANDABLE, CONSIDERING THE GROWTH OF THE PUBLIC HEALTH MISSION IN THE DECADES FOLLOWING THE SECOND WORLD WAR. IT WAS UNDERSTANDABLE ... BUT IT WAS NOT ACCEPTABLE.

THE UNITED STATES NEEDED A MOBILE, ALERT ORGANIZATION DEDICATED TO SAFEGUARDING THE HEALTH OF THE AMERICAN PEOPLE. THE COMMISSIONED CORPS OF THE U.S. PUBLIC HEALTH SERVICE IS SUPPOSED TO BE THAT KIND OF ORGANIZATION.

THEREFORE, WE EITHER HAD TO RE-CLAIM THE CORPS WE ALREADY HAD ... OR WE HAD TO INVENT A NEW ONE. WE WISELY DECIDED TO RE-CLAIM THE ONE WE HAD. AND I'M GLAD WE DID.

BUT THE RECLAMATION PROCESS WAS NOT SO EASY. WE HAD TO DEAL WITH A VARIETY OF MANAGEMENT PROBLEMS ... WE NEEDED TO CONFRONT THE ISSUE OF CAREER DEVELOPMENT FOR OFFICERS ... AND WE NEEDED TO RE-ESTABLISH AND RE-DEFINE THE CONCEPT OF THE EMERGENCY MOBILIZATION AND DEPLOYMENT OF CORPS PERSONNEL.

THESE THINGS HAVE BEEN DONE.

FOR EXAMPLE, THE MANAGEMENT OF THE CORPS HAS BEEN IMPROVED ... THE CAREER SYSTEM HAS BEEN STRENGTHENED, WITH NEW CAREER TRACKS FOR OFFICERS ... WE HAVE BETTER RELATIONS BETWEEN THE CORPS AND THE INDIVIDUAL AGENCIES OF THE U.S. PUBLIC HEALTH SERVICE, AND THE AGENCIES WERE VERY HELPFUL DURING OUR REVIEW AND REVISION OF THE BILLET SYSTEM ... AND WE HAVE A NUMBER OF ENLARGED AND ENHANCED CO-STEP INITIATIVES.

THE STATISTICS OF THE PAST YEAR ARE ALSO GENERALLY EXTRAORDINARY AND ENCOURAGING.

ALTHOUGH I HATE TO BURDEN YOU WITH STATISTICS, THERE ARE A COUPLE THAT ARE NEVERTHELESS WORTH MENTIONING AT THIS PARTICULAR OCCASION.

FOR EXAMPLE, WE HAVE INCREASED THE STRENGTH OF THE COMMISSIONED CORPS BY 1.5 PERCENT.

WE HAVE INCREASED MINORITY AND FEMALE COMMISSIONS BY 14.6 AND 8.1 PERCENT RESPECTIVELY.

WE HAVE INCREASED THE MOBILITY OF OFFICERS WITHIN POSITIONS BY 21 PERCENT AND GEOGRAPHIC MOBILITY IS UP BY 13 PERCENT.

WE HAVE INCREASED LEADERSHIP PROMOTIONS, INCLUDING A 25-PERCENT INCREASE IN FLAG OFFICER PROMOTIONS.

AND WE'VE INCREASED THE PUBLIC VISIBILITY OF THE CORPS AND ITS ESPRIT.

FOR THESE AND FOR MANY OTHER ACCOMPLISHMENTS, WE HAVE SURPRISED AND PLEASED OUR CRITICS.

FOR EXMAPLE, I NEVER IMAGINED THAT I WOULD EVER READ A PARAGRAPH, SUCH AS THE ONE I AM ABOUT TO READ NOW. I'M SURE THAT MANY OFFICERS IN THIS AUDIENCE FEEL THE SAME WAY ... THAT THESE SENTIMENTS ARE NOTHING SHORT OF EXTRAORDINARY.

THE WORDS ARE FROM NOTES TAKEN BY DEPARTMENT REPRESENTATIVES DURING A RECENT MEETING WITH PERSONNEL FROM O.M.B. THE OCCASION WAS AN O.M.B. PASS-BACK IN THE COURSE OF THE 1991 BUDGET DEVELOPMENT PROCESS. THE NOTES SAY...

QUOTE -- "O.M.B CONGRATULATED THE PUBLIC HEALTH SERVICE COMMISSIONED CORPS AND THE OFFICE OF THE SURGEON GENERAL FOR THE PROGRESS MADE THUS FAR IN IMPLEMENTING THE SURGEON GENERAL'S REVITALIZATION INITIATIVE.

"O.M.B. EXPRESSED ITS CONTINUING SUPPORT FOR THE INITIATIVE AND URGED US TO CONTINUE TOWARDS FULL IMPLEMENTATION OF REVITALIZATION. O.M.B. SPECIFICALLY POINTED OUT THE QUALITY OF THE COMMISSIONED CORPS NEWSLETTER, HOW IT HAS ENHANCED THEIR UNDERSTANDING OF THE MANY CHANGES OCCURRING IN THE CORPS, AND THEIR APPRECIATION FOR REGULARLY RECEIVING THE NEWSLETTER." -- CLOSED QUOTE.

SO WE PLEASED O.M.B. -- NO SMALL FEAT IN ITSELF. BUT WE ALSO PLEASED SEVERAL OF OUR GREATEST CRITICS OVER THE YEARS, THAT IS, OUR SISTER UNIFORMED SERVICES.

NOW, THAT'S A BRIEF SNAPSHOT, SO TO SPEAK, OF WHERE WE'VE BEEN AND WHAT WE'VE ACCOMPLISHED IN THE PAST YEAR OR SO. IT'S IMPORTANT ... BUT AT THIS TIME, I'D LIKE TO FOCUS MORE ON WHERE WE'RE GOING ... THAT IS, WHAT'S AHEAD FOR THE CORPS AND FOR THE U.S. PUBLIC HEALTH SERVICE GENERALLY, BOTH UNIFORMED AND NON-UNIFORMED CIVIL SERVICE PERSONNEL.

BUT FIRST, A DISCLAIMER. THIS LITTLE BIT OF CRYSTAL-BALL GAZING IS DONE WITHIN THE CONTEXT OF A SOCIETY WHOSE ASPIRATIONS ARE BEGINNING TO RUN WELL AHEAD OF ITS RESOURCES. HAVING SAID THAT, I WILL NEVERTHELESS CONTINUE.

LET ME BEGIN WITH SOMETHING FAMILIAR: HEALTH PROMOTION AND DISEASE PREVENTION.

I'M SURE YOU ARE ALL FAMILIAR WITH THE DOCUMENT HEALTHY PEOPLE PRODUCED IN 1979 BY THE U.S. PUBLIC HEALTH SERVICE, UNDER THE LEADERSHIP OF MY PREDECESSOR AND FRIEND, DR. JULIUS RICHMOND.

SINCE THEN WE'VE PUBLISHED THE 1990 OBJECTIVES AND WE'RE NOW IN THE PROCESS OF FORMULATING THE OBJECTIVES FOR THE YEAR 2000. I'M DELIGHTED WITH THE WAY THE NATION HAS TAKEN UP MANY OF THESE OBJECTIVES AND I HOPE THE PROCESS CONTINUES.

BUT THERE ARE TWO ASPECTS OF THE PROCESS THAT NEED ATTENTION. THE FIRST RELATES TO DATA.

IF YOU'VE BEEN FOLLOWING THE PROCESS AT ALL, YOU KNOW THAT SOME OBJECTIVES CANNOT BE MET BECAUSE WE STILL HAVE NO BASELINE DATA TO GET US STARTED ON THOSE PARTICULAR HEALTH ISSUES.

THIS HAS BEEN THE CASE WITH MEASURING AVERAGE DAILY SODIUM INGESTION, FOR EXAMPLE, OR FOR DETERMINING THE PREVALENCE OF FETAL ALCOHOL SYNDROME.

ANOTHER AREA IS THAT OF PUBLIC AWARENESS. WITHOUT A GOOD SENSE OF WHAT THE PUBLIC KNOWS AND DOESN'T KNOW, WE CANNOT INTELLIGENTLY EVALUATE OUR PUBLIC EDUCATION EFFORTS.

IN ANY CASE, THERE IS A GAP BETWEEN OUR GOALS, AS WE EXPRESS THEM IN RHETORIC, AND OUR GOALS, AS WE EXPRESS THEM IN HARD DATA. RIGHT NOW, I'M AFRAID WE MAY BE RELYING TOO MUCH ON RHETORIC. AND THAT'S JUST NOT GOOD ENOUGH.

OUR LACK OF A STRONG DATA BASE ACROSS THE BOARD IS NOT A NEW PROBLEM AND I CERTAINLY DON'T PRETEND THAT I DISCOVERED IT.

I RAISE IT NOW, HOWEVER, BECAUSE THE LACK OF A FIRM DATA BASE ACROSS-THE-BOARD IMPEDES OUR ABILITY TO MAKE PROGRESS AGAINST A VARIETY OF CONDITIONS, AND ALSO IS A BARRIER TO OUR MAKING THE MOST COMPELLING CASE TO THE AMERICAN PEOPLE IN REGARD TO PREVENTION AND HEALTH PROMOTION.

I BELIEVE THE EMPHASIS THAT BEGAN IN 1979 WITH THE PUBLICATION OF HEALTHY PEOPLE WAS ABSOLUTELY RIGHT. AND WE'VE GOT TO MAINTAIN HEALTH PROMOTION AND DISEASE PREVENTION AS A TOP PRIORITY FOR THE FORESEEABLE FUTURE.

I DON'T BELIEVE WE COULD DO ANYTHING THAT WOULD BETTER SERVE THE HEALTH INTERESTS OF THE AMERICAN PEOPLE. BUT TO DO OUR VERY BEST, WE NEED GOOD -- VERY GOOD -- DATA.

NOW, LET ME MOVE ON TO AGENDA ITEM NUMBER TWO: INTERNATIONAL HEALTH.

FORTUNATELY FOR THE COUNTRY AND FOR THE WORLD, EACH AGENCY OF THE U.S. PUBLIC HEALTH SERVICE HAS ITS OWN INTERNATIONAL PROGRAM AND SO WE'RE ABLE TO MAKE A GREAT DEAL OF PROGRESS IN BILATERAL AND MULTILATERAL ARRANGEMENTS AROUND THE WORLD.

I THINK SOME OF THE THINGS THAT C.D.C. HAS ACCOMPLISHED ... SOME OF THE RESEARCH SUPPORTED BY N.I.H. ... THE COOPERATIVE WORK OF THE F.D.A. ... OUR WHOLE INTERNATIONAL EFFORT IN THE MATTER OF AIDS ... AND SO ON. ALL THESE ACTIVITIES HAVE MADE US EXTRAORDINARILY CREDIBLE IN THE COMMUNITY OF NATIONS.

AND MOST RECENTLY, WE MADE AN IMPORTANT CONTRIBUTION TO THE WORLDWIDE HUMANITARIAN EFFORT ON BEHALF OF THE EARTHQUAKE VICTIMS IN ARMENIA. NINE OF OUR COMMISSIONED OFFICERS HAVE BEEN WORKING IN SHIFTS AROUND THE CLOCK TO FACILITATE THE EXPORT OF DRUGS AND DEVICES TO ARMENIA.

OURS IS AN IMPORTANT PIECE OF THE TOTAL MOSAIC OF HUMANITARIAN AID. IT ALWAYS IS, WHETHER IT'S AN EARTHQUAKE IN ARMENIA, DIARRHEA IN AFRICA, CONTAMINATED OLIVE OIL IN SPAIN, OR BLAST VICTIMS IN BHOPAL.

THOSE P.H.S. EFFORTS HAVE BEEN VERY IMPORTANT NOT ONLY FOR THE INDIVIDUALS AND THE NATIONS INVOLVED, BUT FOR THE CAUSE OF PEACE AS WELL.

I REALLY BELIEVE THAT. AND I'VE TALKED WITH MANY, MANY OF THE TOP HEALTH LEADERS OF THE WORLD IN GENEVA AT THE ANNUAL WORLD HEALTH ASSEMBLY AND DURING MANY OTHER TRIPS TO EUROPE, ASIA, AND THE MIDDLE EAST. THESE PEOPLE ALL SAY THE SAME THING: "P.H.S., WE LOVE YOU."

YET, MY IMPRESSION IS THAT OUR P.H.S. INTERNATIONAL CONTRIBUTION APPEARS ALMOST AS AN AFTERTHOUGHT.

BUT WE CAN'T CONTINUE TO LURCH FROM ONE MAJOR DISASTER TO ANOTHER -- PROVIDE ASSISTANCE VIRTUALLY AD HOC -- AND SAY WE HAVE A "POLICY." WE ALL KNOW BETTER THAN THAT. HENCE, I BELIEVE WE NEED TO FOCUS ON OUR CONTRIBUTION TO WORLD HEALTH AND TRY TO MAKE IT A STRONGER, MORE COHERENT, AND MORE RELIABLE COMPONENT OF THIS COUNTRY'S OVERALL NATIONAL HEALTH POLICY.

A THIRD AGENDA ITEM RELATES TO SEVERAL ISSUES I'VE DEALT WITH OVER THE PAST 7 YEARS. IT HAS TO DO WITH MONEY AND WITH DEMOGRAPHY.

LET'S BEGIN WITH THAT POPULATION GROUP WE CALL "CHILDREN."
IT INCLUDES NOT ONLY NEONATES BUT ALSO ADOLESCENTS THROUGH TO AGE
18.

FOR 200 HUNDRED YEARS THIS AGE GROUP HAS DOMINATED AMERICAN
HEALTH AND WELFARE PLANNING.

BUT THAT'S CHANGING. EACH YEAR, THE PROPORTION OF AMERICANS
WHO ARE UNDER AGE 18 IS SHRINKING, WHILE THE PROPORTION OF THOSE
WHO ARE OVER 65 IS GROWING.

BY THE YEAR 2000 -- ONLY 11 YEARS FROM NOW -- THESE TWO POPULATION GROUPS WILL BE VIRTUALLY IN BALANCE. BUT BY THE YEAR 2010, THE BALANCE WILL GO THE OTHER WAY: FEWER AMERICANS WILL BE UNDER THE AGE OF 18, COMPARED TO THOSE WHO WILL BE OVER THE AGE OF 65.

OUR AMERICAN DEMOGRAPHICS ARE IN TRANSITION. AND, THEREFORE, SO IS OUR HEALTH PLANNING AND RESOURCE ALLOCATION. YET, THE HEALTH NEEDS OF THE PEOPLE IN BOTH POPULATION GROUPS ARE JUST AS COMPELLING AS EVER.

HENCE, WE'LL HAVE TO WORK HARD TO MAINTAIN -- MUCH LESS INCREASE -- PUBLIC SUPPORT FOR CHILD HEALTH PROGRAMS IN THE 1990s AND BEYOND.

YET, IT WOULD BE WRONG FOR US TO FIGHT FOR THIS SUPPORT AI THE EXPENSE OF OTHER POPULATION GROUPS -- ESPECIALLY THE ELDERLY. RATHER, WE MUST SPEAK OUT SO THAT CHILDREN ARE PROVIDED WITH AT LEAST -- AND NOT LESS THAN -- THEIR PROPORTIONATELY FAIR SHARE OF OUR COUNTRY'S HEALTH RESOURCES.

BUT THERE'S ANOTHER TWIST TO THIS DEMOGRAPHIC REALITY.

THE LARGEST SINGLE GROUP OF POOR PEOPLE IN THE UNITED STATES IS MADE UP OF CHILDREN ... 12 MILLION OF THEM ... OR ABOUT 1 OF EVERY 4 AMERICANS UNDER THE AGE OF 18.

MORE ACCURATELY, THEY ARE THE CHILDREN OF POOR FAMILIES ... PARTICULARLY FAMILIES WITHOUT ACCESS TO HEALTH CARE. WHILE THE AGED POOR MAY HAVE ACCESS TO HEALTH CARE VIA MEDICARE AND MEDICAID, CHILDREN WHO ARE POOR MAY -- OR MAY NOT -- HAVE ACCESS TO ANY KIND OF CARE.

THE MESSAGE HERE IS THAT WE CANNOT SAY WE ARE CONCERNED ABOUT CHILD HEALTH IF WE SHOW NO CONCERN FOR THE ISSUE OF ACCESS TO HEALTH CARE. IN TODAY'S WORLD, THESE TWO ISSUES ARE NOW TIGHTLY INTERWOVEN. AND IN TOMORROW'S WORLD ... THEY WILL BE TIGHTER STILL.

IN AN ERA OF DWINDLING RESOURCES, WE MUST BE AWARE OF THESE DEMOGRAPHIC REALITIES AND RESPOND CREATIVELY TO THEM. WE MUST MAKE SURE THAT EACH POPULATION GROUP GETS ITS FAIR SHARE OF AVAILABLE RESOURCES AND, INDEED, HAS ACCESS TO THOSE RESOURCES ... BUT NOT AT THE EXPENSE OF ANY OTHER GROUP.

CAN WE DO THAT? I SAY THAT WE CAN ... BECAUSE WE MUST.

MY THIRD AND LAST ITEM HAS TO DO WITH THE EVOLUTION OF THE RELATIONSHIP BETWEEN PUBLIC HEALTH AT THE FEDERAL LEVEL AND PUBLIC HEALTH AT THE STATE AND LOCAL LEVELS OF GOVERNMENT.

FIRST OF ALL, I BELIEVE THAT THE PUBLIC HEALTH LANDSCAPE HAS CHANGED SIGNIFICANTLY OVER THE PAST 8 YEARS AND THAT THE CHANGE IS PERMANENT. THERE IS SUCH A THING AS A "NEW FEDERALISM." AS A RESULT OF THIS "NEW FEDERALISM," THE PUBLIC HEALTH "CENTER OF GRAVITY" HAS SHIFTED AWAY FROM WASHINGTON AND TOWARD THE STATES AND LOCALITIES.

WE ASSUME THAT THE SHIFT HAS BEEN GOOD FOR THE HEALTH OF ALL AMERICANS AND, IF OUR EPIDEMIOLOGICAL DATA CAN BE TRUSTED, I'D SAY THAT THAT SEEMS TO BE THE CASE.

HOWEVER, AS I INDICATED EARLIER, WE DO NOT YET HAVE A FIRM COMMAND OF DATA ... AND THIS IS ONE AREA WHERE WE ARE IN VERY POOR SHAPE.

THE FACT IS THAT WE DO NOT REALLY KNOW TO WHAT EXTENT THE STATES AND LOCALITIES HAVE SUCCESSFULLY TAKEN OVER RESPONSIBILITY FOR PUBLIC HEALTH PROGRAMS OF EVERY KIND.

WE KNOW ABOUT EXPENDITURES AND PATIENT ENCOUNTERS AND SO ON
... BUT WE DON'T HAVE A GOOD HANDLE ON RESULTS. AND THAT'S WHERE
IT ALL COUNTS.

I BELIEVE OUR FEDERAL ROLE IN THE YEARS AHEAD OUGHT TO BE
HIGHLIGHTED BY A MAJOR NEW EFFORT IN COOPERATIVE DATA COLLECTION
IN ORDER TO BETTER UNDERSTAND THE STRENGTHS AND THE WEAKNESSES OF
THE NEW INTERGOVERNMENTAL RELATIONSHIP IN PUBLIC HEALTH.

THE AMERICAN PEOPLE DESERVE TO KNOW MORE FROM US THAN JUST
OUR GOOD INTENTIONS.

THEREFORE, IT'S TIME WE DEVELOPED A MORE ACCURATE, IN-DEPTH ASSESSMENT OF WHERE WE ARE AND HOW WE'RE DOING IN PUBLIC HEALTH ... NOW THAT PUBLIC HEALTH HAS VIRTUALLY COMPLETED ITS TRANSITION FROM THAT OF A WASHINGTON-CENTERED ACTIVITY TO THAT OF A NOW-AND-FUTURE STATE-CENTERED ACTIVITY.

AS I SAY, MY CRYSTAL-BALL GAZING IS SOMEWHAT CLOUDED BY THE FACT THAT WE ARE GOING TO BE DOING OUR JOBS FOR THE NEXT SEVERAL YEARS WITH OUR FISCAL BELTS GETTING TIGHTER AND TIGHTER.

NEVERTHELESS, I THINK THESE THREE AREAS ARE IMPORTANT FOR ALL OF US IN THE PUBLIC HEALTH ARENA TO THINK ABOUT AND ACT UPON: THAT IS ...

FIRST, THE DEVELOPMENT OF A STRONGER DATA BASE FOR HEALTH PROMOTION AND DISEASE PREVENTION ...

SECOND, THE POTENTIAL FOR A HEIGHTENED INTERGENERATIONAL COMPETITION FOR RESOURCES IN PUBLIC HEALTH ...

AND THIRD, THE NEED TO UNDERSTAND IN GREATER DEPTH HOW THE PUBLIC'S HEALTH IS BEING CARED FOR, UNDER THE NEW PARTNERSHIP OF FEDERAL, STATE, AND LOCAL HEALTH AUTHORITIES.

IN CLOSING, LET ME SAY "THANK YOU" TO EACH AND EVERY MEMBER OF THE COMMISSIONED CORPS ... "THANK YOU" FROM "CHICK" KOOP, WHO HAS HAD THE PRIVILEGE OF SERVING AS YOUR SURGEON GENERAL DURING THESE FINAL YEARS OF THE CORPS' FIRST CENTURY AND THE FIRST FEW MONTHS OF ITS SECOND CENTURY.

AND "THANK YOU" ALSO FROM THE AMERICAN PEOPLE, ON WHOSE BEHALF I KNOW I MAY SPEAK AT SUCH AN OCCASION AS THIS.

THANK YOU AND GOD BLESS EVERY ONE OF YOU.

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