

RESOLUTION

Subject: U.S. Surgeon General: Letter to Transition Team

Introduced by: Ann Marie Dunlap, M.D., Philip Dray, M.D., Councilors, District 6

WHEREAS, in response to a November 2008 open invitation of the Obama-Biden Transition Team for input into the reform of the health care system, the Region V Regional Health Administrator held a community forum with leaders of health and medicine in Chicago entitled “A Conversation on Prevention”; and

WHEREAS, at this forum, the fragility of the public health infrastructure supporting its two- pronged mission of primary prevention and direction of preventive services was discussed as being at much at risk as are the infrastructures of our economic, energy, transportation, and housing systems; and

WHEREAS, as representatives of public health entities, we wrote a letter to the Transition Team stating our concern that the public health infrastructure has suffered from decades of inattention and neglect as well as the lack of trained professionals at many city, county, state and federal levels and that scarce public health resources have been diverted into public medical care delivery systems because of the absence of a universal system of medical coverage; and

WHEREAS, we requested that the nominees for the position of U.S. Surgeon General, the operational head of the United States Public Health Service and the leading spokesperson on matters of public health in the federal government, be chosen based on criteria of having significant public health experience and authority; and

WHEREAS, a recent examination of the history of the U.S. Surgeon General has demonstrated a unique connection to the Chicago Medical Society in that the first two Surgeon Generals who contributed to the evolution of the U.S. Public Health Service from the Marine Hospital Service and contributed “monumentally” to the definition of public health preventive services were Chicago physicians (John Maynard Woodworth, M.D. (1871-1879) and John B. Hamilton, M.D., (1879-1891); and

WHEREAS, further review of the history of the U.S. Surgeon General shows monumental achievements in combating environmental and communicable disease challenges and, in addition, the history reveals the following:

- (a) In 1969, when reorganization of the Department of Health, Education, and Welfare had transferred the leadership of the Public Health Service to the Assistant Secretary for Health and Scientific Affairs and threatened the survival of the U.S. Public Health Services Corps and the position of the Surgeon General, an overwhelming argument for the separation of public health concerns from that of medical care delivery systems was made with survival of the Corps and the Surgeon General position.

- (b) However, in 1978, the direction of neighborhood health centers was placed under the jurisdiction of the U.S. Public Health Service and although these centers did primary preventive services, they also supplied primary and secondary medical care to urban and rural communities who lacked access to such care through private systems. This was the beginning of large scale diversion of public health funds into medical care delivery systems.
- (c) In 1981, U.S. Surgeon General Edward N. Brandt, M.D., attempted to make AIDS a primary focus of his tenure but was frustrated by the Reagan administration's efforts to cut costs.
- (d) In 1998 and in an update in 2002, the Institute of Medicine published The Future of Public Health in which it proposed that public health programs be efficient and effective enough to deal not only with the topics of today, but also with those of the future and that the roles of public health functions be properly divided at county, state, and federal government levels.
- (e) In 2006, U.S. Surgeon General Richard Carmona released the landmark "Surgeon General's Report on the Health Effects of Secondhand Smoke" and, after his resignation, he testified before Congress that the Bush Administration had tried for years to "water down" his finding on the dangers of secondhand smoke and had pressured him not to testify in the tobacco industry's racketeering trial.
- (f) On July 10, 2007, Carmona, along with former Surgeons General C. Everett Koop and David Satcher, testified before the U.S. House Committee on Oversight and Government Reform about political and ideological interference with the Surgeon General's mission. Specifically, Carmona accused the Bush Administration of preventing him from speaking out on the public health effects of global warming because the Administration's political stance conflicted with scientific and medical opinion.
- (g) In July 2007, in response to the U.S. Surgeons Generals' testimony, U.S. Senator Edward Kennedy introduced S.1777 ("A bill to amend Title II of the Public Health Service Act to restore integrity to the Office of the Surgeon General") and U.S. Representative Henry Waxman introduced H.R.3477 ("A bill to amend the Public Health Service Act to ensure the independence of the Surgeon General). S.1777 insists that the Institute of Medicine submit a list of ten qualified nominees for the position of Surgeon General to the Secretary of Health and Human Services and the President. H.R.3477 insists that the U.S. Public Health Commissioned Corps submit a list of six nominees for the position of Surgeon General to the Secretary and the President. Both pieces of legislation insist that the Surgeon General position be given to an individual with extensive public health experience and authority and that this authority not be abridged by inappropriate political influences. Therefore, be it

RESOLVED, that the Executive Committee of the Chicago Medical Society review the above cited history and documents and, in keeping with allegiance to the memory and accomplishments of the first two Surgeon Generals, that they write a letter to President Barack Obama stating support for the selection of a U.S. Surgeon General with extensive public health experience and authority with the names of candidates requested from the U.S. Public Health Commissioned Corps and the Institute of Medicine and with

assurance that the Surgeon General's authority not be abridged by inappropriate political influences; and further be it

RESOLVED, that the CMS leadership ask the Illinois State Medical Society executive leadership join with it in writing such a letter to President Barack Obama..