

Excerpts relating to the Office of the Surgeon General and PHS Commissioned Corps from The Institute of Medicine Report “HHS in the 21st Century: Charting a New Course for a Healthier America”

Summary, Recommendation 2, p 8; Chapter 3 Foster Adaptability and Alignment, p. 53

c. The secretary should ensure *a more prominent and powerful role* for the surgeon general, who, in addition to leading the Commissioned Corps, should be a *strong advocate for the health of the American people* and work actively to *educate Americans on important health issues*. The secretary should work with the President and Congress to *establish a process for identifying surgeon general candidates* for Presidential appointment *that gives high priority to qualifications and leadership*, and Congress is strongly urged to consider a *longer term* for this office.

Limit the Number of People Reporting to the Secretary, p.58

Currently, 30 official positions report directly to the secretary (HHS, 2008). These positions are as powerfully endowed as the administrator of the Centers for Medicare and Medicaid Services, which is responsible for 85 percent of all HHS expenditures, and as narrowly focused as the director of the Center for Faith-Based and Community Initiatives. The surgeon general is not among those who report directly to the secretary and possibly should be....

...Alternatively, the department’s major health-related line functions, including key agency heads (such as NIH, FDA, CDC, CMS) and the surgeon general, could report directly to the secretary, while other agency heads and staff functions could report to a single subordinate, such as the deputy secretary.

AN EMPOWERED SURGEON GENERAL, p. 61

Americans have learned to look to, and trust, the U.S. surgeon general for impartial, scientifically valid information about health risks and health improvement:

- In 1964 Surgeon General Luther L. Terry issued the landmark report declaring smoking hazardous to health.
- In the 1970s Surgeon General Julius B. Richmond advanced childhood immunizations and many other health promotion and disease prevention measures.
- In the 1980s Surgeon General C. Everett Koop, living up to his iconic status as a “straight talker,” demanded greater attention to

HIV/AIDS.

- In the 1990s Surgeon General David Satcher advocated action to provide mental health parity, reduce health disparities, and end discrimination based on sexual orientation, and reinvigorated the campaign to control tobacco.

Since the Office of Surgeon General was established in 1871, only 17 individuals have held the office on a permanent (not “acting”) basis. The surgeon general holds the three-star rank of vice-admiral, reports to the ASH, and serves a four-year term, which can be renewed for a second term. Since the expiration of Richard Carmona’s four-year term in July 2006, the United States has not had a permanent surgeon general.

The surgeon general also oversees the operation of the 6,000 public health professionals in the Commissioned Corps of the Public Health Service, who serve in full-time capacities in agencies and programs throughout the federal government. Commissioned Corps members are available around the clock to meet public health emergencies anywhere in the United States and, sometimes, the world. Because of the emergency nature of these assignments, the surgeon general must have a smoothly operating management structure and good communication with the ASH, the assistant secretary for preparedness and response, and other HHS agencies involved in emergency response, in order to enable rapid mobilization.¹

The President appoints the surgeon general, subject to Senate confirmation, and on occasion these appointments have proved controversial. Surgeon General Joycelyn Elders held an expansive view of sex education, which made her a lightning rod for criticism and led to her exit from office (Elders, 1996). After Surgeon General Richard Carmona left office, he accused the administration of silencing him on embryonic stem cell research, abstinence-only sex education, contraception, climate change, prison health, and mental health, and discouraging him from supporting the Special Olympics (Harris, 2007).

In July 2007 testimony before the House Committee on Oversight and Government Reform, former Surgeon General C. Everett Koop said that, when working on his report on HIV/AIDS and a subsequent mailer, he and the secretary had to maintain strict secrecy throughout the process. If they had “followed protocol and had every word scrutinized by the secretary’s secretariat,” he said, “these reports, because of their nature and plain speaking, would not have seen the light of day” (Koop, 2007). Although the nation’s senior health advocate should speak with discretion, the surgeon general should be free to openly discuss important health topics and educate the public on evidence-based prevention and health promotion strategies.

To ensure the independence of this uniquely trusted office—and the politically unfettered advocacy for improved health of the American people—the surgeon general should not be subject to an appointment process

*influenced by partisan pressures.*² Alternatives to help guarantee the surgeon general's independent voice include the following:

- Establishing the custom that a prestigious committee oriented to science and health would identify and review candidates and recommend a panel of three or four highly qualified candidates, from which the President could choose (similar to the appointment process for the under secretary for health in the Department of Veterans Affairs; the process, specified in law [38 USC §305], also stipulates that the appointment should be “without regard to political affiliation or activity.”),
 - Establishing a tradition that such a committee would authoritatively evaluate the President's choice of a prospective surgeon general's credentials before the appointment is sent to the Senate, or
 - Securing bipartisanship support prior to an appointment, for example, by consultation with the chair and ranking member of the Senate Committee on Health, Education, Labor, and Pensions.
- These types of processes would respond to most of the reforms recommended by a recent National Academies committee as ways to ensure the best science and technology appointments for government by addressing the need to attract the best leadership; make appointments speedily; provide continuity; improve the process by which candidates are nominated, cleared, and confirmed; and broaden the pool of potential candidates (NRC, 2008). Such processes could be equally well employed in filling other top departmental positions, such as those discussed in the next section.

¹ In recent years, the surgeon general has deployed these well-trained individuals to respond to the terrorist attacks of 9/11 and to natural disasters, including Hurricanes Katrina and Rita and the Indian Ocean tsunami, where they provided medical and public health services and humanitarian assistance.

² The role of the surgeon general has been taken up by some members of the 110th Congress, including proposed legislation that would strengthen the role of the surgeon general as America's health advocate (the Surgeon General Restoration Authority Act [S.1777] and the Surgeon General Independence Act [H.R. 3447]).

Appearing in several places, the following:

f. The secretary, in collaboration with the surgeon general, should present Congress and the public with *an annual “State of the Nation's Health” report* that describes progress toward achieving the vision for the nation's health and the department's key health goals.