

Why We Can't Eliminate the Surgeon General's Job

While Michael Tanner's interest in streamlining government is commendable, his op-ed piece in the June 19th edition of *The Baltimore Sun* ["Can't we eliminate surgeon general's job?"] is long on bombast but woefully misguided in terms of facts.

Let's start with the origins of the Office of the Surgeon General and the Public Health Service. Mr. Tanner states "the office was originally established in the 19th Century to ensure medical care for the Navy." Wrong. Actually, the Public Health Service (PHS) traces its origins to 1798 when President John Adams signed into law an "Act for the Relief of Sick and Disabled Seamen." These were merchant seaman, not Navy Sailors. The 1798 law was established to protect the maritime commerce of the fledgling United States. It is true that for a time, until the Navy created its own system of hospitals that the PHS did provide assistance to the U.S. Navy.

Mr. Tanner asserts that the Surgeon General "does oversee the Public Health Service." That is also in error. President Lyndon Johnson removed the Surgeon General from his position heading the Public Health Service in 1966. The authority to lead what remains of the old Public Health Service now rests with either the Assistant Secretary for Health, or the Secretary of Health and Human Services himself. The fact is, the PHS as such, which conquered smallpox, tuberculosis, polio, and a host of other deadly diseases no longer really exists as an organizational entity.

What we have today is a public health *system* and the Department of Health and Human Services has already taken over the functions of the old PHS. Today's public health system is stove piped, overly complex, and needlessly internally bureaucratic. But oh-so politically correct.

Mr. Tanner can name two past Surgeons General, and one Acting Surgeon General. There have been 17 surgeons general. Many commentators feel that Dr. M. Joycelyn Elders went a bit overboard with her comments on what constitutes appropriate sex education in school, but she also advocated for universal health care coverage and comprehensive health education in schools. Tanner fails to mention she paid a high price for her overzealous remarks and was removed from that office by President Clinton.

Mr. Tanner appears to pass off Dr. C. Everett Koop as some sort of uniformed media star. He fails to mention Dr. Koop's many significant contributions to our health – which continue to reverberate today. Perhaps Mr. Tanner can recall Dr. Koop's name because of the huge impact he had and continues to have on all of us today. Read a cigarette pack lately?

And what about the uniform that Dr. Koop chose to wear? It is, indeed, strikingly similar to Navy officer uniforms and recalls the maritime heritage of the Public Health Service. Remember those "sick and disabled seamen"? But why should we have public health officers in any uniform? Well, for the same reason we put other protectors of our security in uniform – Soldiers, Sailors, Marines, Airmen, police, firefighters. The

uniform provides visibility; instills public confidence; is the mark of a professional – not a politician; and signifies leadership and competence in the field. Dr. Koop and subsequent Surgeons General understood the power and authority conveyed by the uniform and wore it proudly as do the 6,000 officers of the PHS Commissioned Corps today.

The current Acting Surgeon General and Deputy Surgeon General, Rear Admiral (Dr.) Kenneth Moritsugu, is a 36 year career officer of the PHS Commissioned Corps which he now heads. He is a leading expert on correctional health, organ transplants and many other critical public health issues and has had broad influence on key public health matters throughout his long and distinguished career. Check out his bio. As to the low profile, that is a matter of perception. Acting Surgeon General Moritsugu recently released “The Surgeon General’s Call to Action To Prevent and Reduce Underage Drinking”, a powerful statement about one of the most serious societal and public health problems in America today. Alcohol is the most widely used substance of abuse among America’s youth and underage alcohol consumption has enormous health and safety consequences that demand the Nation’s attention and committed efforts to solve. That doesn’t appear to be the act of someone keeping a low profile.

“The surgeon general doesn’t do very much” writes Tanner. Wrong again. Note the call to prevent underage drinking example above. Furthermore, Acting Surgeon General Moritsugu’s immediate predecessor, 17th Surgeon General Richard Carmona issued a much heralded report on the dangers of second hand smoke. It is no coincidence that Marriott hotels went non-smoking only weeks later, followed soon thereafter by other leading hotel chains and communities - Baltimore for one.

What about the ninth Surgeon General? Dr. Luther Terry authored the landmark report on smoking and health in 1964 which led to the anti-smoking campaign and tobacco industry lawsuits which continue to this day. Not much?

Mr. Tanner appears to dismiss in a cavalier manner the well-documented, scientifically and medically established disease of childhood obesity and the generally accepted need for government to do something about it. He comments that the Constitution does not charge the federal government with “making our kids eat better.” If Mr. Tanner had actually read his copy of the Constitution rather than merely “flipped through” it, perhaps he would have noticed that the Constitution does not establish any federal executive agency. The Preamble to the Constitution, which we all memorized in grade school, does however charge the government to “promote the general welfare.” Perhaps Mr. Tanner forgot that lesson, or missed it while flipping pages.

In addition to the role of public health spokesperson and advocate, the Surgeon General is also the commander of the US Public Health Service Commissioned Corps. These 6,000 uniformed public health professionals serve across the Department of Health and Human Services and the federal government and around the world in special assignments. Their mission is to protect, promote, and advance the health and safety of the Nation. Their selfless-service makes a difference in the health and quality of life of

those Americans living in the most austere and underprivileged areas of this country. Commanding such noble public health heroes surely qualifies as something of merit.

Mr. Tanner is correct that a debate over the importance of the Surgeon General's job would not be new. He fails to point out the obvious, however; and that is that the country has engaged in this debate many times. And the outcome has always been the same. The evidence has consistently and overwhelmingly supported the importance of the role of the Surgeon General as a clear, unbiased voice for medical and public health science – removed from the political morass.

Unfortunately, the trend away from appointing Surgeons General from within the career professional ranks of the PHS Commissioned Corps, which began in the '70s, has confused the role of the Surgeon General at this key juncture of public health and political policy. No knowledgeable person would argue that politics should drive good public health. Sadly, that can happen.

So, do we need a Surgeon General? Do we need a visible, national, empowered advocate for sound public health science? Do we need someone, anyone, to tell John Q. Public what to do when the next influenza pandemic strikes? Will a politician do? What about providing for public health crisis response in the event of another Katrina? Did Mr. Tanner notice that there was no outbreak of disease along the Gulf Coast following the 2005 hurricanes? The Surgeon General-led PHS Commissioned Corps of uniformed health professionals deployed more than 2000 officers - almost half of the total force - to make sure of it.

What about protecting and informing public health following a terror attack with weapons of mass destruction? It might be advantageous to have someone in authority as a clearly recognizable public health leader, with expertise in the field to direct those recovery efforts.

There is a growing body of informed opinion, including former government officials involved in the dismantling of the PHS in earlier years that will argue for a "back to the future" approach where public health leadership is concerned. We need to reinvent the Public Health Service, with a career public health Surgeon General in charge, and jettison the politically driven competition for resources which threatens to undermine our public health today and in the future.

Mr. Tanner's offensive and unnecessary remark comparing the Surgeon General to a "national nanny" is remarkable in that it is the same comment uttered on MSNBC's *Hardball* TV show to host Chris Matthews two years ago by former Senator George Allen, R-VA. Dr. Richard Carmona, Surgeon General at the time, is a former highly decorated Army Special Forces Combat Medic, with two purple hearts, and strong, science-based views on public health issues that did not always fit with the administration's politics. Not exactly a "nanny."

Dr. James Holsinger, President Bush's nominee as the 18th Surgeon General is a retired Army Reserve Major General. Not a "nanny" either. Nor could we use such a word to describe the PHS Commissioned Corps officers currently serving at sea alongside their Navy peers in USNS COMFORT, the hospital ship on a public health diplomacy mission to Latin America; nor the PHS officers serving in Afghanistan, Iraq, Africa, and elsewhere in this troubled world on the frontlines of our public health and national security.

The Nation's public health is the most fundamental component of our national security, and it has never been more threatened from without and within, by both natural and man-made forces. We have never needed a strong non-political Surgeon General more than we do today.

- *Gerard M. Farrell*
Captain, U. S. Navy (Ret.)
Executive Director
Commissioned Officers Association
Of the U.S. Public Health Service, Inc.