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ADDRESS

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U.S. PUBLIC HEALTH SERVICE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED AT THE ANNUAL MEETING OF THE
U.S. PUBLIC HEALTH SERVICE PROFESSIONAL ASSOCIATION

NEW ORLEANS, LOUISIANA

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

YES, I AM THE SURGEON GENERAL, THE HIGHEST RANKING OFFICER IN THE U.S. PUBLIC HEALTH SERVICE. BUT I COUNT IT A GREAT HONOR FOR ME TO BE HERE WITH YOU AT THE ANNUAL MEETING OF OUR OWN PROFESSIONAL ASSOCIATION.

THIS WILL BE MY EIGHTH AND LAST OPPORTUNITY TO SHARE AN ANNUAL MEETING WITH YOU IN THE UNIFORM OF THE PUBLIC HEALTH SERVICE. AND I AM A LITTLE SADDENED BY THAT FACT BECAUSE -- DESPITE THE TIGHT SCHEDULES AND THE CONFUSION AND THE HECTIC PACE -- THESE ANNUAL GET-TOGETHERS HAVE BEEN VERY ENJOYABLE AND VERY INSTRUCTIVE.

BACK IN 1981, I NEEDED THE INSTRUCTION BECAUSE I MUST ADMIT THAT I WAS LIKE MOST AMERICANS ... IGNORANT OF THE WORK AND THE WORTH OF THE U.S. PUBLIC HEALTH SERVICE.

BUT -- TO PARAPHRASE MR. ELBERT HUBBARD -- "EVERY DAY IN EVERY WAY, I GOT TO KNOW YOU BETTER AND BETTER." AND THE FIRST MEETING I ATTENDED -- IN 1981, EVEN BEFORE I WAS CONFIRMED BY THE SENATE -- HELPED BRING INTO FOCUS THE WHOLE PICTURE OF WHO YOU ARE AND WHAT YOU DO.

AND FROM THEN ON I BECAME A "BELIEVER." I CAME TO BELIEVE IN THE MEN AND WOMEN OF THE P.H.S. AND THE IMPORTANT THINGS YOU DO FOR THE PEOPLE OF AMERICA.

YOU ARE EXPERIENCED PROFESSIONALS WHO KNOW THE SCIENCE AND TECHNOLOGY OF WHAT YOU DO ... WHO UNDERSTAND THE POLITICS AND THE MANAGEMENT AND THE ECONOMICS OF WHAT YOU DO ... YET, YOU'RE ABLE TO FEEL -- AND TO SHOW -- COMPASSION FOR THE PEOPLE YOU SERVE.

JUST A FEW WEEKS AGO, ON THE 4TH OF JANUARY, WE CELEBRATED THE FIRST CENTURY OF THE COMMISSIONED CORPS. AND IN ONLY 9 YEARS WE'LL CELEBRATE THE SECOND CENTURY OF THE PUBLIC HEALTH SERVICE ITSELF.

WE STARTED WITH A RATHER SIMPLE MISSION, AT LEAST BY PRESENT-DAY STANDARDS. THE MARINE HOSPITAL SERVICE -- AS WE WERE THEN KNOWN, BACK IN 1798 -- 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 ALSO POISED TO ASSUME A GREATER LEADERSHIP ROLE IN PUBLIC HEALTH IN THE NEW UNITED STATES OF AMERICA. AND TRULY THERE WAS MUCH TO DO.

THE COUNTRYSIDE WAS ALREADY DOTTED WITH THE GRAVES OF SETTLERS KILLED NOT SO MUCH BY INDIANS -- OR EVEN BY OTHER SETTLERS -- BUT BY YELLOW FEVER AND DIPHTHERIA AND SMALLPOX ... BY PNEUMONIA, CHOLERA, AND MEASLES ... BY SYPHILIS ... AND BY MALNUTRITION AND STARVATION.

IN 1776 THOMAS JEFFERSON WROTE OUR DECLARATION OF INDEPENDENCE, THE AMERICAN CHARTER FOR POLITICAL AND SOCIAL FREEDOM. IN 1813 PRESIDENT JEFFERSON SIGNED INTO LAW THE "ACT TO ENCOURAGE VACCINATION," THE PUBLIC HEALTH CHARTER THAT WOULD EVENTUALLY FREE AMERICANS FROM MOST CONTAGIOUS DISEASES. IT WAS ALSO THE FIRST SWEEPING ACT OF PREVENTIVE PUBLIC HEALTH BY THE NEW U.S. GOVERNMENT.

* MEANWHILE, AMERICANS WERE EXPLORING AND SETTLING THE VAST EXPANSES OF OUR WEST. AND THAT WAS FAR FROM EASY.

THE AVERAGE PIONEER FAMILY HAD BETWEEN 5 AND 7 CHILDREN ... BUT ONLY 3 OR 4 WERE EXPECTED TO LIVE. AND MATERNAL MORTALITY WAS ALMOST AS BAD. CLEARLY, FROM THE VERY FIRST DAYS OF OUR NATIONHOOD, WE HAD MATERNAL AND CHILD HEALTH HIGH ON OUR AGENDA FOR ACTION.

* THE PRACTICE OF MEDICINE -- AND THE MANUFACTURE OF THE MEDICINES IN COMMERCE -- WERE CARRIED ON IN THE UNITED STATES AS THEY WERE IN EUROPE: THAT IS, WITHOUT STANDARDS OF ANY KIND, FURTHER ENDANGERING THE AMERICAN PEOPLE.

* STATE AND LOCAL HEALTH DEPARTMENTS WERE A RARITY UNTIL WELL INTO THE 19TH CENTURY. WHERE THEY EXISTED, THEY WERE MAINLY CONCERNED WITH THE PURITY OF THE DRINKING WATER SUPPLIES AND WHERE TO BURY THE DEAD.

WE WERE A "FEDERAL" REPUBLIC ... TRUE ... BUT THE SORTING OUT OF PUBLIC HEALTH RESPONSIBILITIES AMONG ALL THREE LEVELS OF GOVERNMENT -- FEDERAL, STATE, AND LOCAL -- HAD YET TO BE DONE. AND, AS MANY OF YOU WELL KNOW, THAT PARTICULAR JOB HAS PREOCCUPIED AMERICANS RIGHT UP TO THE PRESENT DAY.

* AND THE WORLD WAS JUST ON THE BRINK OF AN INCREDIBLE REVOLUTION IN BIOMEDICAL RESEARCH, BEGINNING WITH THE WORK OF ROBERT KOCH AND LOUIS PASTEUR. THAT GREAT ADVENTURE STILL CONTINUES, OF COURSE, WITH THE HELP -- PRIMARILY, BUT NOT EXCLUSIVELY -- OF N.I.H., C.D.C., ADAMHA, AND THE F.D.A.

AND THROUGHOUT THESE TWO CENTURIES OF GREAT PROGRESS, THE U.S. PUBLIC HEALTH SERVICE HAS CONTINUED TO PROVIDE VITAL HEALTH AND MEDICAL CARE TO OUR COUNTRY'S UNDERSERVED POPULATIONS ... ITS URBAN AND RURAL POOR, ITS AGED, ITS DISADVANTAGED MINORITIES, ITS HANDICAPPED, AND ITS CHILDREN.

WE RECEIVED THOSE CHALLENGES WITH EVERY NEW PIECE OF LEGISLATION. AND WE'VE KEPT FAITH WITH OUR HISTORY, AS WELL AS WITH THE LAW.

BUT IT HAS NOT ALWAYS BEEN AN EASY TIME FOR THE PUBLIC HEALTH SERVICE OR ITS COMMISSIONED CORPS. THERE HAD BEEN SEVERAL ATTEMPTS -- AT BOTH ENDS OF PENNSYLVANIA AVENUE -- TO CHANGE THE MISSION OF THE PUBLIC HEALTH SERVICE AND TO CHANGE OR TO ABOLISH THE COMMISSIONED CORPS.

BUT THIS KIND OF THING WAS HAPPENING GENERALLY IN GOVERNMENT AT THAT TIME.

MANY OF YOU WERE IN THE P.H.S. I'M SURE IN THE 1960s AND THE 1970s, DURING THE REORGANIZATIONS 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.

WE WERE PASSING THROUGH, THEN, A PERIOD OF SOME TURMOIL. IT WAS A TIME WHEN THE CORPS CAME UNDER VERY CLOSE SCRUTINY, BOTH BY ITS HARSHTEST CRITICS AND BY ITS STRONGEST DEFENDERS.

BUT I'D ALSO HAVE TO SAY, ON REFLECTION AND ON BALANCE, THAT THAT DIFFICULT PERIOD PROVED TO BE BOTH NECESSARY AND HELPFUL FOR US.

THEN, IN APRIL OF 1987, 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.

THE HARDEST PART WAS SETTING THE AGENDA FOR REVITALIZATION. OF ALL THE SUGGESTIONS BEING DISCUSSED BOTH INSIDE AND OUTSIDE THE P.H.S., WHICH ONES HAD TO BE DONE RIGHT AWAY? THAT WAS THE KEY QUESTION.

WE DECIDED, FOR EXAMPLE, THAT OUR RECRUITMENT EFFORTS HAD A GLARING WEAKNESS. THE CORPS WAS PREDOMINANTLY -- EVEN OVERWHELMINGLY -- WHITE AND MALE. AND THAT WASN'T GOOD ENOUGH ANYMORE.

WE WERE JUST 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.

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. HENCE, THEY WERE INCLINED TO CONSIDER 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 STILL NEEDED A MOBILE, ALERT ORGANIZATION DEDICATED TO SAFEGUARDING THE HEALTH OF THE AMERICAN PEOPLE ... WHEREVER IT WAS IN DANGER.

AND 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.

I BELIEVE 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, ALL OF WHOM WERE VERY HELPFUL DURING OUR REVIEW AND REVISION OF THE BILLET SYSTEM ... AND WE HAVE A NUMBER OF ENLARGED AND ENHANCED CO-STEP INITIATIVES.

WE INCREASED THE STRENGTH OF THE COMMISSIONED CORPS BY 1.5 PERCENT. AND AT THE SAME TIME WE 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 EXAMPLE, 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 OF YOU 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 U.S. PUBLIC HEALTH SERVICE GENERALLY AND FOR THE CORPS IN PARTICULAR?

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

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.

THERE ARE, HOWEVER, SOME ASPECTS OF THE PROCESS THAT NEED OUR SPECIAL ATTENTION. ONE IS THE BUSINESS OF DATA.

SOME OBJECTIVES CANNOT BE MET -- TECHNICALLY SPEAKING -- BECAUSE WE HAVE NO BASELINE DATA TO WORK FROM. SOMETIMES THIS IS A FAULT OF OUR DATA-GATHERING PROCESSES AND SOMETIMES IT'S MERELY A REFLECTION OF THE STATE OF OUR SCIENTIFIC KNOWLEDGE.

BUT WHATEVER THE REASON, WE NEED TO FOCUS MORE OF OUR ATTENTION ON THE ISSUE OF DATA, BECAUSE OUR WEAKNESS THERE IS A SPECIAL HANDICAP UPON THE ENTIRE OBJECTIVE-SETTING PROCESS.

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.

THIS KIND OF INFORMATION IS BASIC FOR OUR EFFORTS AGAINST AIDS ... AGAINST DRUGS ... AGAINST TEEN-AGE PREGNANCY ... AND SO ON. IT IS EQUALLY VITAL IN OUR OVERALL EFFORTS TO PREVENT DISEASE AND PROMOTE HEALTH. PUBLIC AWARENESS IS, AFTER ALL, THE STARTING-POINT FOR PUBLIC ACTION AND PUBLIC PROTECTION.

I BELIEVE THE EMPHASIS ON HEALTH PROMOTION AND DISEASE PREVENTION THAT BEGAN IN 1979 WITH THE PUBLICATION OF HEALTHY PEOPLE WAS ABSOLUTELY RIGHT. IT IS UNQUESTIONABLY THE PRIORITY DIRECTION WE MUST FOLLOW FOR THE FORESEEABLE FUTURE.

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. IN FACT, NINE OF OUR COMMISSIONED OFFICERS WORKED IN AROUND-THE-CLOCK SHIFTS 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 WORLD'S TOP HEALTH LEADERS WHEN THEY HAVE COME TOGETHER 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, I SOMETIMES THINK THAT OUR P.H.S. INTERNATIONAL CONTRIBUTION IS ALMOST AN AFTERTHOUGHT ... SOMETHING THAT IS PART OF ANOTHER AGENCY'S POLICY ... THE STATE DEPARTMENT, FOR EXAMPLE. BUT THAT OUGHT NOT TO BE THE CASE AT ALL.

I BELIEVE WE NEED TO FOCUS ON OUR OWN UNIQUE 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.

IT IS A VERY TIMELY THING TO DO, NOW THAT MORE NATIONS ARE TRYING TO BE MORE RESPONSIVE TO THE HUMAN NEEDS OF THEIR OWN CITIZENS. WE CAN HELP THEM ... AND WE CAN LEARN FROM THEM, TOO.

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

LET'S BEGIN WITH THAT POPULATION GROUP WE CALL "CHILDREN."
IT INCLUDES EVERYONE FROM NEONATES TO 18-YEAR-OLDS.

FOR 200 HUNDRED YEARS THIS POPULATION 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 PUBLIC SUPPORT FOR CHILD HEALTH PROGRAMS IN THE 1990s AND BEYOND.

YET, IT WOULD BE WRONG FOR US TO FIGHT FOR THIS SUPPORT AT 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 FOURTH 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 THE "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. IF OUR EPIDEMIOLOGICAL DATA CAN BE TRUSTED, 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. RESULTS COUNT. OUTCOMES COUNT.

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 NEED 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, HOW WE'RE DOING, AND WHERE WE'RE GOING 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.

I'VE BEEN INDULGING IN SOME CRYSTAL-BALL GAZING FOR THE PAST MINUTES AND I APPRECIATE YOUR TOLERANCE ... ESPECIALLY SINCE EVERYONE'S CRYSTAL BALL IS CLOUDED BY THE FACT THAT OUR ASPIRATIONS FAR EXCEED OUR RESOURCES.

AS THE MONTHS PASS, OUR FISCAL BELTS GET TIGHTER AND TIGHTER.

NEVERTHELESS, REGARDLESS OF THE STATE OF THE BUDGET, I THINK EVERY PUBLIC HEALTH PROFESSIONAL NEEDS TO GIVE SOME THOUGHT TO THESE SEVERAL AREAS I'VE DISCUSSED WITH YOU TODAY: THAT IS ...

... HOW TO DEVELOP A STRONGER DATA BASE FOR HEALTH PROMOTION AND DISEASE PREVENTION ...

... HOW TO GIVE THE PUBLIC HEALTH PROFESSION A STRONG, COHERENT, AND LONG-TERM ROLE TO PLAY IN THE INTERNATIONAL ARENA, ONE NOT DEFINED BY EACH DAY'S EMERGENCY ...

... HOW TO MAKE SURE THAT THE HEALTH NEEDS OF BOTH CHILDREN AND THE ELDERLY ARE FULLY MET, DESPITE THE DEMOGRAPHIC AND POLITICAL SHIFTS THAT ARE ALREADY OCCURRING ...

... AND FINALLY, HOW TO IDENTIFY AND PROPERLY EVALUATE THE
ROLE OF PUBLIC HEALTH UNDER THE TERMS OF THE NEW FEDERAL
PARTNERSHIP OF NATIONAL, STATE, AND LOCAL AUTHORITIES.

IN CLOSING, LET ME SAY "THANK YOU" TO EACH AND EVERY MEMBER
OF THE U.S. PUBLIC HEALTH SERVICE ... "THANK YOU" FROM "CHICK"
KOOP, WHO HAS HAD THE PRIVILEGE OF SERVING AS YOUR SURGEON
GENERAL DURING THESE 8 EVENTFUL YEARS.

AND "THANK YOU" ALSO FROM THE AMERICAN PEOPLE, ON WHOSE
BEHALF I KNOW I SPEAK.

THANK YOU AND GOD BLESS EVERY ONE OF YOU.

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