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ADDRESS

By

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SURGEON GENERAL

OF THE

U.S. PUBLIC HEALTH SERVICE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED TO FIRST-YEAR MEDICAL STUDENTS

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

I'M DELIGHTED TO JOIN YOU THIS AFTERNOON TO TALK ABOUT ONE OF MY FAVORITE SUBJECTS: THE U.S. PUBLIC HEALTH SERVICE.

I MUST CONFESS THAT 10 YEARS AGO I WOULD NOT HAVE LISTED THE P.H.S. AS A FAVORITE TOPIC. LIKE MOST AMERICANS, I HAD HEARD OF THE PUBLIC HEALTH SERVICE AND TOOK FOR GRANTED THAT -- WHATEVER IT WAS -- IT WAS JUST FINE.

BUT ONCE I BECAME SURGEON GENERAL I NATURALLY BEGAN TO LEARN QUITE A BIT ABOUT BOTH THE HISTORY AND THE CURRENT WORK OF THE P.H.S.

I DON'T SUPPOSE YOU ARE TOO DIFFERENT FROM WHAT I USED TO BE, B.S.G. THAT IS, "BEFORE SURGEON GENERAL." THEREFORE, I'D LIKE TO GIVE YOU A LITTLE SNAPSHOT OF THE ORGANIZATION NOW ... TELL A LITTLE ABOUT ITS MISSION ... SKETCH OUT ITS PRESENT ORGANIZATION ... MENTION ITS PAST ... AND OFFER AN EDUCATED GUESS OR TWO ABOUT ITS FUTURE.

FIRST, YOU OUGHT TO KNOW THAT THE "U.S. PUBLIC HEALTH SERVICE" IS NOT A SINGLE MONOLITHIC ORGANIZATION. RATHER, IT'S MORE LIKE A "FEDERATION" OF 7 HIGHLY INDIVIDUAL AGENCIES, EACH WITH ITS OWN SPECIAL EXPERTISE, CONSTITUENCIES, SPHERE OF INFLUENCE, AND RECORD OF ACHIEVEMENTS ON BEHALF OF THE PUBLIC HEALTH OF OUR COUNTRY.

YOU SHOULD KNOW THAT THE LINE OF AUTHORITY BEGINS WITH THE ASSISTANT SECRETARY FOR HEALTH, OR THE "ASH." THIS INDIVIDUAL IS NOMINALLY THE CHIEF HEALTH ADVISOR TO THE SECRETARY OF HEALTH AND HUMAN SERVICES. THEREFORE, IN OUR CABINET FORM OF GOVERNMENT, THE "ASH" IS OUR COUNTRY'S HIGHEST RANKING HEALTH OFFICER.

ALTHOUGH HE OR SHE MAY BE THE HIGHEST RANKING HEALTH OFFICER WITH LINE AUTHORITY OVER THE U.S. PUBLIC HEALTH SERVICE, THE "ASH" IN REALITY EXERCISES COMMAND MORE BY CONSENSUS AND COLLEGIALITY THAN BY EXECUTIVE FIAT.

IT'S A SOMEWHAT THANKLESS JOB, SINCE TO THE AVERAGE AMERICAN THE TITLE OF "ASSISTANT SECRETARY OF HEALTH" IS HARDLY A HOUSEHOLD PHRASE.

BUT IF YOU ASK PEOPLE WHO THE SURGEON GENERAL IS, THEY COME UP WITH ALL KINDS OF ANSWERS -- INCLUDING MY NAME. THE TITLE OF "SURGEON GENERAL" HAS A HISTORY THAT AMERICANS SEEM TO RECOGNIZE.

THEY ALSO SEE THE POSITION AS BEING PRIMARILY PROFESSIONAL, WHILE THEY SEE THE "ASH" -- LIKE ALL OTHER ASSISTANT SECRETARIES THROUGHOUT THE EXECUTIVE BRANCH -- AS ESSENTIALLY POLITICAL.

AND, WITHOUT MAKING JUDGMENTS OF ANY KIND, I THINK THAT'S MORE OR LESS HOW THINGS DO, IN FACT, SHAKE OUT.

AS THE TOP LINE OFFICER IN PUBLIC HEALTH AND AS A POLITICAL OFFICER OF THE ADMINISTRATION, THE "ASH" GETS INVOLVED IN THE DAY-TO-DAY PROBLEMS OF BUDGET AND LEGISLATION AND PERSONNEL.

ON THE OTHER HAND, THE SURGEON GENERAL -- BY TRADITION AND USUALLY BY TEMPERAMENT, ALSO --- IS MORE LIKELY TO BE SPENDING HIS TIME INFORMING AND EDUCATING THE HEALTH PROFESSIONS AND THE GENERAL PUBLIC ABOUT ONE OR ANOTHER PUBLIC HEALTH ISSUE.

THUS FAR, DURING MY TERM OF OFFICE, WHICH BEGAN IN NOVEMBER OF 1981, I'VE BEEN MORE OR LESS THE "POINT MAN" ON THE FOLLOWING ISSUES:

- * SMOKING. THIS WAS WAITING FOR ME WHEN I ARRIVED. THE SURGEON GENERAL -- BY LAW -- IS SUPPOSED TO REPORT TO THE CONGRESS AND THE NATION EACH YEAR ON THE RELATIONSHIP BETWEEN SMOKING AND HEALTH AND, IF NEED BE, MAKE RECOMMENDATIONS AS TO WHAT THE COUNTRY OUGHT TO DO NEXT.

BETWEEN 1964, WHEN THE FIRST SMOKING REPORT WAS ISSUED, AND 1981, FOUR SURGEONS GENERAL PRODUCED 13 REPORTS TO THE CONGRESS. DURING MY WATCH I'VE PRODUCED 6 ... THE LAST ONE APPEARING JUST LAST MONTH. IT DOCUMENTED THE ADDICTIVE NATURE OF NICOTINE. PERSONALLY, I THINK THIS LAST REPORT MAY BE THE MOST IMPORTANT ONE SINCE SURGEON GENERAL LUTHER TERRY RELEASED THE FIRST HISTORY-MAKING REPORT IN 1964.

I'VE BEEN INTENSELY AND CONTINUOUSLY INVOLVED IN THIS TOPIC FOR 7 YEARS. HOWEVER, IN 1984 I THINK I MADE MY STRONGEST CONTRIBUTION WHEN I CALLED FOR THE UNITED STATES TO BECOME A "SMOKE-FREE SOCIETY BY THE YEAR 2000." AND WE JUST MIGHT DO THAT, TOO.

* ANOTHER ISSUE INVOLVES THE HANDICAPPED. I'VE BEEN THE PRINCIPLE PUBLIC HEALTH SPOKESPERSON DEALING WITH THIS ISSUE ... ESPECIALLY HANDICAPPED CHILDREN. FOR A COUPLE OF YEARS I WAS ON THE FRONT-LINE TRYING TO GET BETTER PROTECTION FOR DISABLED NEONATES, AN ISSUE SET OFF BY "BABY DOE." THIS WAS A LITTLE BOY WHO WAS BORN WITH DOWN SYNDROME AND ESOPHAGEAL ATRESIA. ON THE THEN-LEGAL INSTRUCTIONS OF HIS PARENTS "BABY DOE" WAS ALLOWED TO DIE ... A WEEK AFTER HE WAS BORN. WE NOW HAVE THE LAW TO MAKE SURE SUCH A TRAGEDY NEVER HAPPENS AGAIN.

* I HAVE ALSO BEEN A PUBLIC HEALTH ADVOCATE FOR THE ELDERLY. FRANKLY, I SEE THE "BABY DOE" ISSUE RE-SURFACING IN THE GUISE OF "GRANNY DOE," AND I WORRY ABOUT THE WAY AMERICANS WILL RESPOND.

* AND FOR THE PAST NEARLY TWO YEARS I'VE BEEN DEEPLY INVOLVED IN TELLING THE AMERICAN PEOPLE THE FACTS ABOUT AIDS. I AM ALSO TRYING TO PREPARE THEM FOR THE DAY WHEN THEY WILL HAVE TO MAKE SOME TRULY DIFFICULT DECISIONS REGARDING THE ALLOCATION OF RESOURCES THAT WE'LL NEED TO KEEP UP THE FIGHT AGAINST THIS LETHAL DISEASE.

THIS IS WHAT I DO. BUT WHERE DOES THE SURGEON GENERAL FIT?

I'M AN EMPLOYEE OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ... 140,000 STRONG. OF THAT NUMBER, ABOUT 40,000 ARE PUBLIC HEALTH SERVICE EMPLOYEES. OF THAT NUMBER, ABOUT 5,890 ARE IN THE UNIFORMED COMMISSIONED OFFICERS CORPS.

I AM ONE OF THE LATTER. AS SURGEON GENERAL, I AM THE HIGHEST-RANKING ACTIVE DUTY OFFICER IN THE UNIFORMED COMMISSIONED CORPS OF THE U.S. PUBLIC HEALTH SERVICE. AND JUST WHAT IS IT THAT WE DO?

I WON'T GO INTO A GREAT LONG LIST AT THIS TIME BECAUSE I STILL HAVE A LOT OF THINGS TO COVER. BUT LET ME TOUCH ON A FEW SPECIAL ASSIGNMENTS:

* AS A UNIFORMED SERVICE, WE ARE AVAILABLE FOR SPECIAL HEALTH ASSIGNMENTS ANYWHERE IN THE WORLD, WHEREVER THERE'S A PUBLIC HEALTH EMERGENCY AND WE'RE ASKED TO COME IN AND HELP. FOR EXAMPLE, HERE IN THE U.S. ...

WE STAFF THE HOSPITALS AND CLINICS OF THE INDIAN HEALTH SERVICE ...

WE PROVIDE CONTRACT HEALTH CARE FOR THE U.S. COAST
GUARD AND THE FEDERAL PRISON SYSTEM ...

OUR MEDICAL OFFICERS WERE FIRST ON THE SCENE AT THE
LOVE CANAL AND TIMES BEACH ENVIRONMENTAL
EMERGENCIES ...

AND WE PROVIDE PRIMARY HEALTH CARE FOR THOUSANDS OF
FAMILIES IN RURAL AND INNER CITY GHETTOS, MIGRANT
LABOR CAMPS, IN COAL MINING COUNTRY, AND ON THE
SEACOASTS AND WATERWAYS OF AMERICA.

WE ALSO SERVE OUTSIDE THE BORDERS OF THE UNITED STATES, ON
REQUEST.

FOR EXAMPLE ...

WE'VE BEEN IN THE MIDDLE EAST AND CENTRAL AMERICA ... WE'VE BEEN IN SUB-SAHARA AFRICA AND BHOPAL, INDIA... WE'VE BEEN IN ETHIOPIA, SPAIN, AND SOUTHEAST ASIA ... WE'VE SCREENED REFUGEES ON THE WAY TO THIS COUNTRY ... AND WE PLAYED A LEADING ROLE IN THE SUCCESSFUL CAMPAIGN TO RID THE HUMAN RACE OF SMALLPOX.

AND NOW COMMISSIONED OFFICERS OF THE U.S. PUBLIC HEALTH SERVICE -- IN N.I.H. ACROSS THE STREET, AT C.D.C. IN ATLANTA, AND IN KINSHASA, ZAIRE -- ARE AMONG THOSE MAKING MAJOR CONTRIBUTIONS TO THE WORLD'S UNDERSTANDING OF AIDS.

THESE SCRAPS OF INFORMATION MAY SOUND A BIT RANDOM, BUT ACTUALLY THEY ARE ALL PART OF THE OVERALL MISSION OF ONE OR ANOTHER OF THE 7 P.H.S. COMPONENTS. LET ME BRIEFLY RUN THROUGH THEM FOR YOU NOW.

I'LL TAKE THEM ALPHABETICALLY, BEGINNING WITH THE ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION.

I THINK THE TITLE TELLS THE STORY. THIS AGENCY HAS THREE INSTITUTES -- OF MENTAL HEALTH, OF DRUG ABUSE, AND OF ALCOHOLISM AND ALCOHOL ABUSE. THE COMBINED A.D.A.M.H.A. BUDGET FOR THE CURRENT FISCAL YEAR IS \$1.3 BILLION.

A.D.A.M.H.A. CARRIES OUT RESEARCH AND PUBLIC EDUCATION PROGRAMS. HALF ITS BUDGET, HOWEVER, IS IN THE FORM OF "BLOCK GRANTS" TO THE STATES. THESE GRANTS HELP SUPPORT COMMUNITY MENTAL HEALTH CLINICS AND DRUG ABUSE AND ALCOHOLISM TREATMENT CENTERS.

NEXT ARE THE CENTERS FOR DISEASE CONTROL, OR C.D.C. THE CENTERS ARE HEADQUARTERED IN ATLANTA, GEORGIA. AS THE NAME IMPLIES, C.D.C.'S PRIMARY MISSION IS TO CONTROL OR PREVENT COMMUNICABLE OR VECTOR-BORNE DISEASES: MEASLES, MUMPS, SYPHILIS, T.B., AND SO ON.

C.D.C. ALSO CARRIES OUT RESEARCH AND SURVEILLANCE OF A RANGE OF CHRONIC, ENVIRONMENTAL, AND OCCUPATIONAL DISEASES AND CONDITIONS: DIABETES, BIRTH DEFECTS, WORKPLACE INJURIES, MALNUTRITION, ETC. THE OFFICE ON SMOKING AND HEALTH, WHICH PRODUCES THE ANNUAL REPORT OF THE SURGEON GENERAL, IS ALSO PART OF C.D.C.

THE NATIONAL CENTER FOR HEALTH STATISTICS IS THE NEWEST OF THE C.D.C. "CENTERS." THIS IS THE ACKNOWLEDGED NATIONAL REPOSITORY OF DATA REGARDING MORTALITY AND MORBIDITY, ILLNESS AND DISABILITY, HEALTH STATUS, NUTRITIONAL STATUS, MARRIAGE AND DIVORCE, AND HEALTH CARE COSTS IN OUR SOCIETY.

THIS FISCAL YEAR, C.D.C HAD JUST OVER A HALF-BILLION DOLLARS TO DO ALL THAT WORK. BUT IT ALSO HAD ANOTHER \$400 MILLION TO SUPPORT ITS WORK AS THE GOVERNMENT'S LEAD AGENCY IN THE FIGHT AGAINST AIDS. THE AIDS BROCHURE BEING MAILED TO 107 MILLION AMERICAN HOUSEHOLDS THIS MONTH AND NEXT IS A C.D.C. PROJECT, FOR EXAMPLE.

THE FOOD AND DRUG ADMINISTRATION -- OR THE F.D.A. -- HAS BEEN, FOR MOST OF ITS 82 YEARS, ONE OF THE MOST WIDELY PUBLICIZED, DEEPLY RESPECTED, AND ROUNDLY HATED AGENCIES OF THE FEDERAL GOVERNMENT.

THE TWO WATCHWORDS OF ITS LAW -- SAFETY AND EFFICACY -- MAKE THE F.D.A. THE MARKETPLACE ARBITER OF PUBLIC HEALTH FOR HUMAN AND VETERINARY DRUGS, VACCINES, MEDICAL DEVICES, PROCESSED FOODS AND FOOD SUPPLEMENTS, HEALTH SUPPLIES, AND RADIOLOGICAL GEAR.

THE F.D.A.'s BUDGET IS UNDER A HALF-BILLION DOLLARS A YEAR, BUT ITS ACTIONS AFFECT A HALF TRILLION DOLLARS WORTH OF GOODS AND SERVICES MOVING IN INTERSTATE COMMERCE.

NEXT IS THE HEALTH RESOURCES AND SERVICES ADMINISTRATION, OR "HRSA."

"HRSA" IS AN AMALGAM OF A DOZEN OR SO PUBLIC HEALTH PROGRAMS, FROM THE HUGE HALF-BILLION-DOLLAR BLOCK GRANT PROGRAM FOR MATERNAL AND CHILD HEALTH TO THE SMALL 3-MILLION-DOLLAR PROGRAM TO SUPPORT BLACK LUNG CLINICS.

A NUMBER OF "HRSA" PROGRAMS PROVIDE ESSENTIAL PRIMARY HEALTH CARE SERVICES TO UNDERSERVED AND DISADVANTAGED POPULATIONS, SUCH AS MIGRANT WORKERS AND THE HOMELESS.

A SECOND MAJOR GROUPING IS COMPRISED OF GRANT AND LOAN PROGRAMS TO STRENGTHEN THOSE CRITICAL HEALTH PROFESSIONS SHOWING SERIOUS PERSONNEL SHORTAGES. THESE INCLUDE FAMILY MEDICINE, GERIATRIC HEALTH CARE, AND PROFESSIONAL NURSING.

"HRSA" HAS ALSO BEEN THE HOME BASE FOR THE NATIONAL HEALTH SERVICE CORPS. AND, BEGINNING NEXT YEAR, THIS AGENCY WILL BE ASSEMBLING THE "HEALTH CARE QUALITY IMPROVEMENT DATA BANK," A NATIONAL NETWORK THAT WILL COLLECT INFORMATION REGARDING MEDICAL MALPRACTICE CLAIMS AND DISCIPLINARY ACTIONS TAKEN AGAINST HEALTH PROFESSIONALS BY STATE LICENSING AUTHORITIES.

ALL TOGETHER THE "HRSA" PROGRAMS ARE SUPPORTED BY A BUDGET OF CLOSE TO \$1.4 BILLION THIS FISCAL YEAR.

THE NEWEST FREE-STANDING AGENCY OF THE PUBLIC HEALTH SERVICE IS THE INDIAN HEALTH SERVICE.

THE I.H.S. PROVIDES A BILLION DOLLARS' WORTH OF HEALTH CARE TO OVER A MILLION NATIVE AMERICANS AND ALASKAN NATIVES THROUGH A COMBINED DELIVERY SYSTEM OF 51 HOSPITALS, 135 HEALTH CENTERS, 529 SMALLER HEALTH STATIONS AND SATELLITE CLINICS, 33 URBAN HEALTH PROJECTS, AND 7 SCHOOL HEALTH CENTERS. I AM PLEASED TO SAY THAT THE I.H.S. FACILITIES WERE THE FIRST FEDERAL FACILITIES TO BECOME "SMOKE-FREE."

THE SYSTEM IS NOT AS MONOLITHIC AS THE NUMBERS MAY IMPLY, HOWEVER. IT IS ACTUALLY A COMBINATION OF DIRECT HEALTH CARE DELIVERED BY THE I.H.S., A TRIBAL HEALTH CARE DELIVERY SYSTEM ADMINISTERED BY THE TRIBES THEMSELVES UNDER I.H.S. CONTRACTS, AND A NETWORK OF NON-TRIBAL CONTRACT HEALTH SERVICES AS WELL.

AS YOU MIGHT EXPECT, THE I.H.S. HAS THE LARGEST NUMBER OF COMMISSIONED CORPS PHYSICIANS, NURSES, PHARMACISTS, DENTISTS, SANITARIANS, AND OTHERS ON ACTIVE DUTY.

THE 6TH P.H.S. AGENCY -- AND THE ONE WITH THE LARGEST APPROPRIATION -- IS THE NATIONAL INSTITUTES OF HEALTH, HEAD-QUARTERED RIGHT ACROSS THE STREET. WITH LESS THAN A THIRD OF THE TOTAL P.H.S. WORKFORCE, N.I.H. SPENDS OVER HALF THE P.H.S. BUDGET: \$6.2 BILLION IN THE CURRENT FISCAL YEAR.

NOW BEGINNING ITS SECOND CENTURY OF EXEMPLARY SERVICE TO SCIENCE, N.I.H. INVESTS MOST OF ITS BUDGET -- ABOUT 60 CENTS OF EVERY DOLLAR -- IN MORE THAN 19,000 EXTRA-MURAL, INVESTIGATOR-INITIATED RESEARCH PROJECTS. THE '89 BUDGET REQUEST WOULD PUSH THAT TOTAL TO MORE THAN 20,000 SUCH PROJECTS. IT WOULD BE THE LARGEST NUMBER IN N.I.H. HISTORY.

IT ALSO HAS A ROBUST INTRA-MURAL RESEARCH PROGRAM RUN BY SOME OF THE INTERNATIONAL SUPERSTARS OF BIOMEDICAL RESEARCH.

ONCE YOU START TALKING ABOUT N.I.H., IT'S DIFFICULT TO STOP BECAUSE THERE IS SO MUCH TO SAY ABOUT IT.

HOWEVER, SINCE N.I.H. IS SO CLOSE BY, I'LL ASSUME YOU KNOW MANY THINGS ABOUT IT AND, THEREFORE, I'LL MOVE ON TO THE 7TH AND FINAL ORGANIZATION WITHIN THE U.S. PUBLIC HEALTH SERVICE: THE OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH, OR "OASH."

ORDINARILY, THE TOP ADMINISTRATIVE OFFICES IN GOVERNMENT ARE JUST THAT -- ADMINISTRATIVE, WITH VERY LITTLE PROGRAMMATIC RESPONSIBILITIES. BUT THE PUBLIC HEALTH SERVICE HAS SEVERAL PROGRAM ACTIVITIES THAT ARE -- TO USE THE JARGON OF THE DAY -- "CROSS-CUTTING": THAT IS, THEY ARE ACTIVITIES THAT AFFECT, OR ARE AFFECTED BY, A NUMBER OF OTHER P.H.S. PROGRAMS.

THE MASSIVE BATTLE AGAINST AIDS IS ONE SUCH PROGRAM. IT IS CENTRALLY COORDINATED WITHIN "OASH." IN FISCAL 1989, THE FULL \$1.3 BILLION-DOLLAR APPROPRIATION FOR AIDS WILL BE GIVEN TO "OASH," TO PARCEL OUT TO THE OTHER P.H.S. AGENCIES FOR ALL THEIR AIDS-RELATED ACTIVITIES ... CLINICAL RESEARCH, VACCINE DEVELOPMENT, PUBLIC EDUCATION, AND SO ON.

OTHER, SIMILAR "OASH" PROGRAMS THAT INVOLVE SEVERAL P.H.S. AGENCIES INCLUDE HEALTH PROMOTION AND DISEASE PREVENTION, FAMILY PLANNING, ADOLESCENT FAMILY LIFE, MINORITY HEALTH, PHYSICAL FITNESS, HEALTH SERVICES RESEARCH, AND THE ASSESSMENT OF NEW HEALTH CARE TECHNOLOGIES.

THESE PROGRAMS -- PLUS THE AIDS EFFORT AND THE ROUTINE P.H.S. OVERHEAD COSTS -- ADD UP TO AN "OASH" BUDGET OF \$1.2 BILLION THIS YEAR AND \$1.6 BILLION ESTIMATED FOR NEXT YEAR.

THAT IS BASICALLY WHO WE ARE AND WHAT WE ARE. NOW, WHAT ARE WE TRYING TO BE?

LET ME ANSWER THAT, FIRST, IN BRIEF GENERAL TERMS FOR THE U.S. PUBLIC HEALTH SERVICE AND, SECOND, IN MORE SPECIFIC TERMS FOR THE P.H.S COMMISSIONED CORPS ITSELF.

AS FAR AS THE P.H.S. IN GENERAL IS CONCERNED, I THINK WE'RE EVOLVING INTO AN ORGANIZATION WITH THREE MAIN PARTS TO ITS MISSION:

- * FIRST, THE PUBLIC HEALTH SERVICE IS THIS NATION'S PRIMARY INSTRUMENT FOR CARRYING OUT LONG-TERM, RESOURCE-INTENSIVE, BIOMEDICAL AND BEHAVIORAL RESEARCH. THIS HAS BEEN OUR GREATEST STRENGTH SO FAR AND IT HAS BEEN OUR GREATEST CONTRIBUTION. I AM SURE IT WILL CONTINUE TO BE JUST THAT.

- * SECOND, THE PUBLIC HEALTH SERVICE HAS BEEN SHIFTING THE EMPHASIS OF AMERICAN MEDICINE FROM CURATIVE AND REPARATIVE MEDICINE TO PREVENTIVE AND PROMOTIVE MEDICINE. IN OTHER WORDS, WE'RE GOING AFTER THE MAJOR BEHAVIORAL CAUSES OF MORBIDITY AND MORTALITY, SUCH AS SMOKING, ALCOHOLISM, DIET, AND HIGHWAY TRAUMA.

- * AND THIRD, THE U.S. PUBLIC HEALTH SERVICE HAS A LONG AND PROUD TRADITION OF PROVIDING PRIMARY CARE TO AMERICANS WHO ARE -- FOR WHATEVER REASON -- OUTSIDE THE MAINSTREAM OF HEALTH AND MEDICAL CARE: INDIANS AND ALASKAN NATIVES, MIGRANT WORKERS, THE HOMELESS, AIDS VICTIMS, FEDERAL PRISONERS, AND SO ON.

I BELIEVE THIS IMPORTANT ASPECT OF THE P.H.S. MISSION
WILL NOT ONLY REMAIN BUT MIGHT BE STRENGTHENED IN A
NUMBER OF WAYS.

AND THAT LEADS ME TO MY FINAL REMARKS THIS AFTERNOON. IT
HAS TO DO WITH THE REVITALIZATION OF THE COMMISSIONED CORPS OF
THE U.S. PUBLIC HEALTH SERVICE.

SIX YEARS AFTER MY INITIAL APPOINTMENT AS SURGEON GENERAL -- JUST OVER A YEAR AGO -- I ANNOUNCED A PLAN TO REVITALIZE THE COMMISSIONED CORPS OF THE UNITED STATES PUBLIC HEALTH SERVICE.

I TOOK THIS STEP, IN CONCERT WITH SECRETARY BOWEN AND ASSISTANT SECRETARY WINDOM, BECAUSE I BELIEVED THAT THE COMMISSIONED CORPS OF THE PUBLIC HEALTH SERVICE NEEDED SOME CHANGES TO CONTINUE TO SERVE AS A VITAL FORCE ON BEHALF OF THE NATION.

AT THAT TIME, I ANNOUNCED SEVERAL CHANGES: IMPROVING MECHANISMS TO SUPPORT CAREER TRACKS FOR PHS COMMISSIONED PERSONNEL, FOSTERING THEIR CAREER DEVELOPMENT AND MOBILITY, AND -- FOR THE GOOD OF THE OVERALL CORPS AND ITS OFFICERS -- ENHANCING THE IMAGE OF THE COMMISSIONED CORPS, BOTH IN AND OUT OF OUR UNIFORM.

WE SET UP 13 SPECIAL WORK GROUPS TO GIVE A FRESH LOOK TO MANY ASPECTS OF THE PHS COMMISSIONED CORPS SYSTEM AND ITS ENVIRONMENT.

THESE GROUPS WERE COMPOSED OF 94 OFFICERS FROM ALL AGENCIES. OVER 40 PERCENT CAME FROM THE FIELD. THEY CAME FROM ALL RANKS AND HAD SUBSTANTIAL PARTICIPATION BY WOMEN AND MEMBERS OF MINORITY GROUPS.

BASED ON THE RECOMMENDATIONS, WE HAVE ALREADY MADE MANY CHANGES AND WILL BE MAKING OTHERS SOON.

HISTORICALLY, OUR PROMOTION BOARDS WERE COMPRISED OF OUR MOST SENIOR PROFESSIONAL OFFICERS -- OUR O-6'S -- IN THE REGULAR CORPS. THIS YEAR'S PROMOTION BOARDS INCLUDE RESERVE CORPS OFFICERS AND SOME OFFICERS BELOW THE O-6 GRADE; AND THEY ARE FOLLOWING NEW CRITERIA. THESE WERE BOTH RECOMMENDATIONS OF A WORK GROUP.

WE HAVE TAKEN SEVERAL STEPS TO CHANGE THE DISTRIBUTION OF JUNIOR AND SENIOR OFFICERS IN THE PHS CORPS.

WE ARE ALSO TAKING STEPS TO BETTER ANTICIPATE THE NEEDS OF CAREER OFFICERS FOR A SUCCESSION OF PROGRESSIVELY RESPONSIBLE POSITIONS -- AND THE NEEDS FOR AGENCIES TO UTILIZE PHS COMMISSIONED OFFICERS, TO HAVE A WAY OF CONSIDERING THEM FOR VACANCIES THEY HAVE OR A PROJECT.

THIS IS CRITICAL BECAUSE THE PUBLIC HEALTH SERVICE AND ITS AGENCIES, FOR A VARIETY OF REASONS, DO NOT DECLARE POSITIONS "UP FRONT" TO BE FOR COMMISSIONED OFFICERS. (VIRTUALLY ALL PHS HEALTH PROFESSIONAL POSITIONS MAY BE FILLED BY EITHER COMMISSIONED OFFICERS OR CIVIL SERVANTS.)

UNLIKE SOME OF OUR SISTER SERVICES, FINAL SELECTIONS OF OFFICERS OR CIVILIANS TO FILL EACH ASSIGNMENT ARE MADE BY THE AGENCY IN WHICH THE ASSIGNMENT EXISTS.

WE ARE ALSO BETTER DEFINING CAREER TRACKS THAT ARE APPROPRIATE TO THE VARIOUS PROFESSIONS REPRESENTED BY PHS OFFICERS. THESE INCLUDE MEDICAL OFFICERS SUCH, AS THOSE EMBARKING ON THIS PROFESSIONAL TRAINING AT THIS TIME; THEY ALSO INCLUDE OTHER HEALTH PROFESSIONALS, SUCH AS DENTISTS, NURSES, PHARMACISTS, ENGINEERS, SANITARIANS, VETERINARIANS, SCIENTISTS, THERAPISTS, DIETITIANS, AND OTHER PUBLIC HEALTH PROFESSIONALS.

THE GOAL OF THESE EFFORTS IS TO PROVIDE PHS OFFICERS AND THE OVERALL PHS CORPS SYSTEM BETTER PROJECTIONS AS WELL AS CURRENT INFORMATION ABOUT THE RANGE OF ASSIGNMENTS, GEOGRAPHIC LOCATIONS, AND OTHER ATTRIBUTES AND THUS BE ABLE TO BETTER ASSIST OUR OFFICERS, THE AGENCIES ALREADY DESCRIBED TO YOU, AND THEIR OVERALL CAREER SYSTEM.

OUR PROFESSIONAL IMAGE RELIES SUBSTANTIALLY ON THE OVERALL QUALITY OF THE OFFICERS. THIS BEGINS WITH OUR CRITERIA FOR COMMISSIONING, JUST AS IT DOES IN THE OTHER UNIFORMED SERVICES. YOUR DEGREE WILL BE, AS IS SAID FREQUENTLY ACROSS THE NATION THIS MONTH, YOUR PROFESSIONAL BEGINNING. WE REQUIRE GRADUATION IN A HEALTH SPECIALTY FROM AN ACCREDITED PROGRAM.

LICENSURE AND PROFESSIONAL CERTIFICATION PROVIDE CRITICAL EXTERNAL VALIDATION OF QUALITY -- AND COMPLEMENT THE ROLE OF GRADUATION FROM AN ACCREDITED ACADEMIC PROGRAM. IN AT LEAST THIS RESPECT, MY EFFORTS TO ENHANCE THE PROFESSIONAL IMAGE AND NATURE OF PHS COMMISSIONED OFFICERS SOMEWHAT PRECEDED THE FORMAL REVITALIZATION PROCESS.

WE NOW REQUIRE THAT ALL PHS OFFICERS IN CATEGORIES THAT PROVIDE CLINICAL CARE BE LICENSED OR HAVE OTHER APPROPRIATE PROFESSIONAL CERTIFICATION.

OF THE NEARLY 6,000 COMMISSIONED OFFICERS NOW ON ACTIVE DUTY, THE POLICY APPLIES TO ABOUT 3,900, INCLUDING ALL MEDICAL OFFICERS.

SHORTLY AFTER THE INITIATION OF OUR REVITALIZATION EFFORTS, I HEARD SEVERAL REACTIONS. ONE WAS GENERAL SUPPORT AND APPRECIATION OF WHAT WE WERE DOING AND AN UNDERSTANDING OF WHY IT WAS NEEDED. WHILE THIS SUPPORT WAS NOT -- AND IS STILL NOT UNIVERSAL -- IT WAS BROAD AND DEEP.

AND I BELIEVE THE SUPPORT IS NOW STRONGER THAN EVER.

AS MEMBERS OF A UNIFORMED SERVICE, EACH OFFICER OBLIGATES HIMSELF OR HERSELF TO A POTENTIAL CAREER THAT SPANS MULTIPLE JOBS AND PROBABLY MORE THAN ONE LOCATION. WHILE THIS CHARACTERISTIC WAS, I BELIEVE, GENERALLY WELL UNDERSTOOD BY MOST HEALTH PROFESSIONALS COMMISSIONED IN THE MILITARY SERVICES, THE IDEA WAS NOT PREVIOUSLY WIDELY APPRECIATED IN THE PUBLIC HEALTH SERVICE.

HOWEVER, UNDER REVITALIZATION OUR OFFICERS NOW ARE QUITE AWARE OF THE NEED FOR THEIR OWN MOBILITY TO MEET CHANGING OR IMMEDIATE NEEDS OF THE NATION. IT IS ONE OF THE MAJOR FACTORS THAT DIFFERENTIATES THEM FROM CIVIL SERVANTS.

WE ARE A UNIFORMED SERVICE AND, AS I AM SURE YOU KNOW BY NOW, I EXPECT EACH PHS OFFICER TO OWN AND WEAR PROPER UNIFORMS ON A REGULAR BASIS. AS WITH THE CHARACTERISTIC OF MOBILITY, FOR SOME PHS OFFICERS OUR UNIFORM WAS UNKNOWN. NOT NOW.

TO ME, AND I HOPE TO YOU, THE UNIFORM SYMBOLIZES A PROUD TRADITION OF PROFESSIONAL RESPONSIBILITY AND ACCOMPLISHMENT IN THE FIELD OF HEALTH SERVICE AND SCIENCE.

IF COMPARED TO WHERE WE WERE A YEAR AGO, YOU WOULD SEE A COMMISSIONED CORPS OF GENERALLY SIMILAR SIZE. MORE DETAILED EXAMINATION WOULD SHOW SOME OVERALL GROWTH, PARTICULARLY IN JUNIOR-LEVEL OFFICERS, AND A SLIGHTLY GREATER PROPORTION OF OFFICERS IN THE REGULAR CORPS.

TO ME THE MOST SIGNIFICANT CHANGES DO NOT SHOW UP IN TABLES BUT ARE BEING EXPRESSED AND FELT. THESE ARE THE INTANGIBLES RELATING TO OUR IMPROVED IMAGE AND INCREASED VITALITY.

THIS HAS ALSO BEEN A YEAR OF SIGNIFICANT PROGRESS TO THE OVERALL REVITALIZATION OF THE COMMISSIONED CORPS, ONE THAT HAS SEEN MANY ACCOMPLISHMENTS, BUT THAT STILL LEAVES PLENTY TO BE DONE.

TO MY EYES, THE HEALTH OF THE COMMISSIONED CORPS IS NOW MUCH BETTER THAN IT WAS A YEAR AGO AND IS SHOWING THE CONTINUING BENEFITS OF ITS OWN FITNESS PROGRAM AS WE APPROACH OUR 100TH ANNIVERSARY ON JANUARY 4, 1989.

AS ONE WHO HAS BEEN A TEACHER IN SOME CAPACITY FOR ALL HIS PROFESSIONAL LIFE, IT GIVES ME SINGULAR PLEASURE TO JOIN YOU ON THIS DAY AS YOU FORMALLY EMBARK ON WHAT I HOPE WILL BE A MOST PRODUCTIVE AND CARING CAREER AND TO BE AMONG THOSE PRESENT AS YOU LAUNCH ON A PERIOD OF INTENSE MEDICAL TRAINING AND THEN A CAREER IN OUR NATION'S UNIFORMED SERVICES.

THANK YOU.

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