

COMPARISON OF ROLES OF ASSISTANT SECRETARY FOR HEALTH AND SURGEON GENERAL

Prior to 1968	1968 - 1971 Assistant Secretary for Health and Scientific Affairs and SG*		1976	1977	1982
<p style="text-align: center;"><u>SG</u></p> <ul style="list-style-type: none"> o Line responsibilities over all PHS agencies. Control of all personnel and budget. o Statutory responsibilities of the SG, e.g., transport of hazardous substances; joint travel regulations. <hr/> <p>SG was the professional spokesman on health matters. The best minds in the PHS provided the scientific and background information to the SG who had the respect of Congress, Government and public.</p>	<p style="text-align: center;"><u>ASH</u></p> <ul style="list-style-type: none"> o Special Assistant to the Secretary (Health and Medical Affairs) appointed by President. Review the health and medical programs of the Department and advise the Secretary. Rank and pay comparable to Assistant Secretary. o Line responsibility over agencies. <hr/> <p>SGs position began to erode when Dr. Egeberg was ASH and Dr. Steinfeld the SG.</p>	<p style="text-align: center;"><u>SG</u></p> <ul style="list-style-type: none"> o Retained some statutory responsibilities, e.g., transport of hazardous substances; joint travel regulations. o High level policy advisor to ASH on health policy, program, legislative, planning and evaluation proposals and professional personnel issues. o Represents ASH at Departmental, interdepartmental, national and international meetings. o Designates PHS professionals to serve as PHS representatives, e.g., Association of Military Surgeons of the U.S. (AMSUS); American Board of Cardiology. 	<p style="text-align: center;"><u>Acting SG Appointed. Office of SG Informally Recreated.</u></p> <ul style="list-style-type: none"> o Stronger input into policy and management issues. o Responsible for review of health professional personnel issues. <hr/> <p>Office of SG was not established since ASH-SG were the same person and SG statutory authorities were delegated to the Deputy SG within the Office of the Deputy SG.</p> <p>Dr. Ted Cooper, ASH began to use Dr. Ehrlich as Acting SG. He thought that the ASH should make political decisions but the health spokesman should be the SG. For example, in the swine flu episode there was no one spokesman who had legitimacy in the eyes of the health professions or the public.</p>	<p style="text-align: center;"><u>ASH - SG**</u> <u>Delegations to Deputy SG</u></p> <ul style="list-style-type: none"> o Ex officio member Board of Regents Uniformed Services University of the Health Sciences (USUHS) o Principal liaison for operations with USUHS Medical School. o Ex officio member Board of Regents Armed Forces Institute of Pathology and National Library of Medicine. o Delegate to AMA House of Delegates. o PHS representative AMA Section, Council on Federal and Military Medicine. o PHS member Executive Board Association of Military Surgeons of the U.S.(AMSUS). o Oversight of the Public Health Employee Assistance Program (PHEAP). o Professional focus for Chief Professional Officers (11 category disciplines). o Chief Advisor to ASH-SG health professional personnel issues and personnel policy actions. o Responsibility for Commissioned Corps Awards recommended by Boards. o Delegation of Commissioned Corps medical standards and determine final action regarding medically related personnel actions. o Oversight of bilateral agreement with 20 countries. <hr/> <p>Dr. Richmond began to use the SG title more and more as time went on as he recognized its credibility with the health professions and the public.</p>	<p style="text-align: center;"><u>ASH*</u></p> <ul style="list-style-type: none"> o Line authority over PHS agencies: <ul style="list-style-type: none"> - Control of PHS budget - Supervises PHS Agency Heads o Directs OASH Operating Division Heads in their myriad responsibilities and appoints task forces to advise ASH in action leading to policy. o Directs activities of all Deputy Assistant Secretaries of Health to assure uniform interpretation and implementation of policies. <hr/> <p>The Deputy Assistant Secretary for Health-SG has uncertain and indefinite assignments.</p>

* Two Individuals
** One Individual

The Public Health Service needs (and has not had in the minds of many health professionals) a spokesman on health matters who has the confidence of the profession and the public. That spokesman should be the Surgeon General.

Particularly at this time of uncertainty with the budget constraints, the professional societies' perception of the administration has slipped considerably since inauguration. The Surgeon General should strengthen the dialogue between Federal and State governments and between the Federal government and professional societies and the private sector. (Where I have done this I think I have succeeded because I am a clinician from the market place with academic credentials.)

The RIF has done to the PHS what budget constraints have done to the public, - generated uncertainty, shifted personnel into positions where the mission of the PHS is not fully understood and has left some bitterness. The SG could attempt to pull the PHS together inside. I think that I could succeed to some extent because I am perceived as a White House appointee (with more clout than I have) and the degrading publicity I received from the media while awaiting confirmation is perceived by those workers as something we have in common as kindred spirits.