

Two months ago, this Committee began a series of hearings on how to make government effective again. These hearings ask why federal agencies that were once admired as the finest in the world, like the Food and Drug Administration, are failing to meet the public's expectations. And they seek to understand how we can restore these troubled agencies to models of excellence that will help our nation meet the challenges ahead. Today's hearing will examine the Office of the Surgeon General in the Department of Health and Human Services. The Surgeon General is the "doctor to the nation" — a uniquely trusted figure who brings the best available science on matters of public health directly to the American people. This position is unique among government agencies, not only in the United States, but among health agencies worldwide.

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-Chairman Waxman

The ability of the Surgeon General to improve the health of the nation is vividly illustrated by the impact of the landmark 1964 report, *Smoking and Health*. For the first time, the American people had a credible, science-based report from the government that spelled out the causal relationship between smoking and lung cancer.

Over the years, the Office of Surgeon General has produced highly influential reports and calls to action on topics ranging from AIDS prevention, to obesity, to mental health. Like the 1964 smoking report, the Surgeon General's work has shaped the nation's understanding of public health.

But what we will learn today is that this essential part of our government is in crisis. Political interference is compromising the independence of the Office of the Surgeon General. On key public health issues, the Surgeon General has been muzzled. The Surgeon General's greatest resource — his or her ability to speak honestly and credibly to the nation about public health — is in grave jeopardy.

Dr. Richard Carmona, the most recent Surgeon General, will tell us that on issue after issue, he was blocked from speaking out and prevented from using the best medical science to educate the American public.

In his words, “the job of Surgeon General is to be ‘the doctor of the nation’ — not ‘the doctor of a political party.’” Yet Dr. Carmona will tell us that he was “astounded” by the degree of “partisanship” and “political manipulation” he experienced. And he will describe how — and I quote — “anything that doesn’t fit into the political appointees’ ideological, theological, or political agenda is ignored, marginalized, or simply buried.”

Politics and science will always intersect in government, and Dr. Carmona is not the only Surgeon General to face political interference.

Dr. C. Everett Koop, who was Surgeon General during the Reagan Administration, was told not to speak on the subject of AIDS, which was regarded as a “gay disease.” He courageously resisted this pressure.

Dr. David Satcher served as Surgeon General under President Clinton. He too faced political interference. His efforts to release a report on the benefits of needle exchange programs were blocked, an action that President Clinton has since called a mistake. And when he wanted to release a report promoting the use of condoms and other responsible sexual behaviors, he was told to submit his report for publication in a medical journal rather than release it as another Surgeon General’s report.

But as we will hear this morning, political interference with the work of the Surgeon General appears to have reached a new level in this Administration.

We will hear how reports were blocked, speeches were censored, and travel restricted.

We will also hear how the Surgeon General had to resist repeated efforts to enlist his office to advance partisan political agendas.

The public expects that a Surgeon General will be immune from political pressure and be allowed to express his or her professional views based on the best available science. But when the science-based views of a Surgeon General like Dr. Carmona are marginalized and ignored, that essential independence is lost.

Good oversight should serve two purposes. It should expose problems in how our government operates and it should point the way toward reform. Today, we will learn about how political interference is undermining the Office of the Surgeon General. But we will also hear the recommendations of Drs. Koop, Satcher, and Carmona for restoring the independence and effectiveness of the Office of the Surgeon General. We need to pay as much attention to their prescription for reform as we do to their diagnosis of ills.

The position of Surgeon General is a revered post in our government. Fixing what's wrong and making the office work again should be a bipartisan priority.

In two days, the Senate Committee on Health, Education, Labor and Pensions, will take up the nomination of Dr. James Holsinger, Jr., to the position of Surgeon General. Today's hearing does not concern this nomination or Dr. Holsinger's credentials. But I am hopeful that the testimony we receive today will be of value to Congress and the American people as we consider the challenges facing the next Surgeon General, whoever he or she may be.

We are fortunate to have a distinguished panel of three former Surgeons General with us today, and I look forward to their testimony.