



Public Health Leadership Needs to be Strengthened to Secure the Nation's Health

More than 50 federal offices are involved in protecting communities from health risks. But no one federal agency or public health official is in charge. In mid-February 2002, after four years of working to improve public health, the nation's 16th "top doctor," Dr. David Satcher, stepped down as Surgeon General. The upcoming nomination hearing for his replacement for the Office of Surgeon General offers an opportunity to strengthen the authority of the office and begin addressing the gap in public health leadership.

Many Federal Agencies Are Involved in Public Health:

Consider the number of agencies ensuring the safety of the nation's food supply. The U.S. Department of Agriculture, the Food and Drug Administration and the Environmental Protection Agency all have a hand in safe-guarding our food. In addition, the Centers for Disease Control and Prevention (CDC) works with local and state health departments to investigate severe food-borne illnesses.

Another example of multi-agency responsibility is the varying roles of agencies to fight the asthma epidemic affecting 1 in 5 families in this country. The National Institutes of Health spearheads research on this and other diseases, but it is up to CDC to translate that research into practices for the public that will prevent or reduce illnesses.

In addition to the serious ongoing challenges these federal offices face to defend the public's health, the new threat from nuclear, biological, and chemical terrorism has made this coordination and the need for greater public health leadership more important than ever.

The September 11 attacks and the anthrax threats illustrated dramatically the gap in the leadership in protecting public health. The public wasn't sure who was in charge. Television interviews and news conferences featured many different spokespersons, often giving contradictory answers to important questions regarding the health crises. The confusion in the immediate aftermath and the weeks that followed showed a leadership gap in the effective defense of America's health. The gap was already there, but the terrorist threats showed why it's important to fix it. It must be addressed now as a matter of national security.

Nomination Process Should Spur Debate on Strengthening the Office

The Surgeon General is nominated by the President and approved by the Senate. For the last four decades, the strength of the Surgeon General has been chipped away through reorganizations of the U.S. Department of Health and Human Services and a politicizing of the Senate confirmation process. Today, the nation's top doctor functions primarily as a public spokesperson. While using the "bully pulpit" to improve public health can be effective, the Surgeon General also can and should be coordinating the many ongoing federal efforts to secure the nation's public health. The Surgeon General can provide both the medical and public health expertise we need.

Who is the Surgeon General?

More than 100 years ago, the position of Surgeon General was created to supervise the hospital system for the country's merchant marines. The role of the Surgeon General evolved quickly to protecting the health of the entire nation, using the best public-health science to prevent disease and promote health nationwide.

The Surgeon General is an integral public health leader because he or she provides a science-based, independent voice for improving health. The Surgeon General has the tradition of speaking directly to the American people about very personal, serious health concerns. Along with those duties, the Surgeon General should also have more authority to broadly coordinate efforts to defend the health and safety of our communities.

How Have the Doctors' Orders Improved Health?

Several previous Surgeons General have provided national leadership to protect the public from disease, even when there was public or political opposition.

- In 1964, Dr. Luther L. Terry issued the first Surgeon General report connecting smoking to disease, a landmark public health position that helped significantly reduce tobacco use in the United States.
- In the 1980s, Dr. C. Everett Koop mailed a booklet on AIDS prevention to every household in America, educating Americans for the first time on how best to protect themselves from the disease.
- More recently, Dr. David Satcher focused on reducing racial disparities in health, especially in at-risk communities. His work raised public awareness of the health disparities for minorities, and is beginning to change the way medical care is delivered.

These efforts are all critical milestones in changing health policy and eventually improving the public's health. But today's range of health threats requires an even stronger Office of the Surgeon General.

Let the Surgeon General Lead

What is missing is true public health leadership to coordinate federal, state, and local preparedness efforts. The Office of the Surgeon General has no authority over federal public health agencies and has a minimal budget of \$3 million. The Surgeon General office needs the budget, the capacity, and the authority to provide the necessary public health leadership. The Surgeon General also should be the single voice giving the public information on how to decrease risk on a range of health and medical issues, from dealing with emerging threats from environmental and other public health risks to preventing chronic diseases like asthma and diabetes.

Addressing the Leadership Gap

Better coordination and leadership will improve the nation's public health preparedness and strengthen the entire public health system to help prevent chronic diseases, which account for 7 out of 10 deaths in America.

Ways to Fix the Gaps:

- **Convene key decision makers of other federal agencies to coordinate activities that protect public health.** When responsibilities for protecting the public health fall to several different agencies, those efforts should be coordinated. For example, the Surgeon General could implement and coordinate exercises among multiple agencies involved in emergency responses to bioterrorism or the more traditional concerns of food safety to ensure that gaps and conflicts are identified. This would not only improve rapid response capacity but also improve ongoing oversight and protection of the public health activities.
- **Coordinate the activities of the U.S. Department of Health and Human Services agencies, such as CDC, FDA and NIH.** The many offices within HHS have differing roles and responsibilities for protecting public health but there needs to be a streamlined process for sharing information and activities. The Surgeon General's role within HHS could be revived to resemble previous authority given the office decades ago under both Republican and Democratic Administrations.

Now more than ever, we need to fill the public health leadership gap. One of the best ways to start filling that gap is to make the Surgeon General a real General.

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The Trust for America's Health is a national non-profit organization whose mission is to protect the health and safety of all communities, especially those most at risk of environmental and other public health threats. For more information on this and other issues, visit www.healthyamericans.org.