

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

IT IS WITH A SENSE OF GRATITUDE THAT I COME BEFORE YOU TODAY. GRATITUDE FIRST TO THE PRESIDENT FOR NOMINATING ME TO THE POSITION OF SURGEON GENERAL OF THE U.S. PUBLIC HEALTH SERVICE AND GRATITUDE TO MEMBERS OF THIS COMMITTEE FOR THE GRACIOUS MANNER IN WHICH THEY RECEIVED ME. I WOULD LIKE TO ACKNOWLEDGE THE CLOSE COOPERATION BETWEEN THE PRESENT SECRETARY OF HEALTH AND HUMAN SERVICES AND THE DISTINGUISHED RANKING MINORITY MEMBER OF THIS COMMITTEE AND THEIR CONSIDERABLE CONTRIBUTIONS TO <sup>Improving</sup> THE HEALTH OF THE <sup>people of this</sup> NATION. MY SPECIAL APPRECIATION GOES TO YOU, MR. CHAIRMAN, FOR YOUR CONCERN THROUGHOUT THE PAST SEVERAL MONTHS FOR THE IMPORTANCE AND THE VALUE TO THE AMERICAN PEOPLE OF THE POST OF SURGEON GENERAL. IT IS IN THAT SAME SPIRIT THAT I AM HERE THIS MORNING AS THE NOMINEE FOR THE POSITION OF SURGEON GENERAL.

*Words  
mentioned*

MR. CHAIRMAN, THERE HAVE BEEN A DOZEN MEN WHO HAVE HELD THE POSITION OF SURGEON GENERAL, SINCE THAT TITLE WAS AUTHORIZED IN 1875. IF THIS COMMITTEE SHOULD RECOMMEND TO THE SENATE THAT I BE APPROVED, THEN IT WILL BE MY GOOD FORTUNE TO ~~BE THE THIRTEENTH~~ <sup>Succeed these eminent men of medicine</sup> ~~IN LINE~~. BUT I UNDERSTAND THAT THIS IS NOT A DECISION THE COMMITTEE OR THE SENATE WILL MAKE ON BEHALF OF C. EVERETT KOOP. IT IS A DECISION MADE ON BEHALF OF THE PEOPLE OF THE UNITED STATES AND THEIR UNIQUE PUBLIC HEALTH SERVICE. IT IS MY HOPE THAT IN THE NEXT FEW MINUTES I MAY INDICATE TO YOU THE KINDS OF PROFESSIONAL AND PERSONAL STRENGTHS I WOULD BRING TO ~~THE TASK~~ <sup>THIS position</sup> SO THAT, IF CONFIRMED, I MAY ADD MY CONTRIBUTION TO THOSE MADE BY MY DISTINGUISHED ~~TWELVE~~ PREDECESSORS.

~~IN GENERAL TERMS, MR. CHAIRMAN, ~~THE~~ SURGEON GENERAL~~ <sup>The twelve men who have held the position of</sup> ~~thus far~~ HAS BEEN ABLE TO FUNCTION <sup>effectively each shared</sup> BECAUSE ~~HE~~ <sup>HAS HAD</sup> THREE KINDS OF EXPERIENCES VITAL TO SUCCESS IN THAT POSITION: FIRST, A <sup>Professional</sup> ~~PARTICULAR SPECIALTY~~ <sup>career</sup> IN MEDICINE THROUGH WHICH HE HAS LEARNED THE SPECIFIC PROBLEMS OF AN INDIVIDUAL ENCOUNTERING HIS OR HER ENVIRONMENT.

~~BEEN~~ MY ~~POST-TRAINING~~ PROFESSIONAL CAREER <sup>Began at age</sup> WHEN I WAS

29 AS THE SIXTH SURGEON IN THE UNITED STATES TO CONFINE HIS SURGICAL PRACTICE EXCLUSIVELY TO THE CARE OF CHILDREN.

~~THIS~~ <sup>In addition to applying my surgical skills to improve the health of the individual child</sup>

~~MEANT THAT~~ I HELPED FOUND SOCIETIES PERTINENT TO PEDIATRIC SURGERY, AND ESTABLISHED LIAISON WITH OTHER DISTINGUISHED BODIES SUCH AS THE AMERICAN ACADEMY OF PEDIATRICS AND THE AMERICAN COLLEGE OF SURGEONS.

<sup>In order to more broadly address the health of all children.</sup>

I FOUNDED THE FIRST AND ONLY JOURNAL OF PEDIATRIC SURGERY IN ENGLISH. ~~AND~~ WAS EDITOR-IN-CHIEF OF THAT JOURNAL FOR TWELVE YEARS IN ADDITION TO MY OTHER DUTIES.

THIRTY-FIVE YEARS AGO THE SURGICAL MORTALITY OF CHILDREN

WAS ABYSMAL, PARTICULARLY THAT OF INFANTS AND ESPECIALLY THE

<sup>In the words of the past Surgeon General "the health of a nation can be</sup>

NEWBORN. I BELIEVE I CONTRIBUTED SIGNIFICANTLY TO THE ~~REDUCTION~~

<sup>no better than the health of</sup>

<sup>improvement of child health in our country</sup>

~~OF INFANT MORTALITY~~: FIRST, BY ASSESSING THE NEED FOR IMPROVEMENT

<sup>its children"</sup>

IN PEDIATRIC ANESTHESIA AND PROVIDING LEADERSHIP (AS WELL AS

<sup>In this regard</sup>

PARTICIPATION) FOR THE ESTABLISHMENT OF THE SPECIALTY OF

PEDIATRIC ANESTHESIOLOGY; SECONDLY, BY DIRECT CONTRIBUTION TO THE BASIC KNOWLEDGE OF SURGICAL TECHNIQUES AS WELL AS PRE- AND POST-OPERATIVE CARE; THEN, BY ESTABLISHING WITH A GRANT FROM THE CHILDREN'S BUREAU THE FIRST NEONATAL INTENSIVE CARE UNIT IN THE COUNTRY; AND FOURTH, BY CONTRIBUTING TECHNICAL CHANGES TO THE MOST WIDELY USED INCUBATOR FOR PREMATURE INFANTS SO THAT SURGICAL PATIENTS COULD BE CARED FOR IN THAT ~~THE~~-ENVIRONMENT.

AT THE UNIVERSITY OF PENNSYLVANIA AND THE CHILDREN'S HOSPITAL OF PHILADELPHIA, SURGEONS HAD TO EARN THEIR LIVING ON A FEE-FOR-SERVICE BASIS. SO I HAD A LONG AND CONCENTRATED EXPERIENCE IN THE MARKET PLACE.

WHEN I LEFT MY SURGICAL LIFE IN THE SPRING OF THIS YEAR, I HAD BEEN PRACTICING THE SPECIALTY OF PEDIATRIC SURGERY LONGER THAN ANYONE ELSE. *In this country.*

*The* *Second* *attribute vital to the effectiveness of*  
 THE SURGEON GENERAL ~~MUST HAVE SOME~~ EXPERIENCE IN DEALING  
 WITH THE <sup>Broad</sup> HEALTH NEEDS OF A CROSS-SECTION OF AMERICAN SOCIETY,

*omit  
 does  
 not  
 flow*

<sup>Both</sup>  
~~SOMETIMES~~ AS A PHYSICIAN <sup>with</sup> ~~IN~~ HANDS-ON PRACTICE, AND ~~SOMETIMES~~ AS  
 ADMINISTRATOR OF A MEDICAL OR PUBLIC HEALTH ORGANIZATION. IN  
 1946 I ASSUMED THE RESPONSIBILITIES OF SURGEON-IN-CHIEF OF THE  
 FIRST AND OLDEST CHILDREN'S HOSPITAL IN THE COUNTRY, THE CHILDREN'S  
 HOSPITAL OF PHILADELPHIA. ~~I DID NOT RECEIVE THE TITLE, HOWEVER,~~

~~UNTIL 1948.~~ AT THE SAME TIME I BEGAN THE LONG CLIMB UP THE  
 ACADEMIC LADDER IN THE UNIVERSITY OF PENNSYLVANIA, -- STARTING  
 AS INSTRUCTOR IN SURGERY AND REACHING THE POSITION OF PROFESSOR  
 OF PEDIATRIC SURGERY IN 1959. I WAS APPOINTED PROFESSOR OF  
 PEDIATRICS IN 1975.

JMT

~~ALONG THE WAY~~ I BECAME RESPONSIBLE FOR HALF OF THE BEDS IN  
 THE CHILDREN'S HOSPITAL, WAS DIRECTOR OF ONE OF THE MOST SOUGHT-  
 AFTER PEDIATRIC SURGICAL TRAINING PROGRAMS IN NORTH AMERICA,  
 DREW TOGETHER AS A PARTNERSHIP A MOST COMPREHENSIVE GROUP OF  
 SURGICAL SPECIALISTS FOR CHILDREN, AND WAS FOR FIVE TERMS, THE  
 PRESIDENT OF THE MEDICAL STAFF OF THE CHILDREN'S HOSPITAL OF  
 PHILADELPHIA. THESE ENDEAVORS WERE NOT ONLY ASSOCIATED WITH THE

PRACTICE OF CLINICAL SURGERY, BUT REQUIRED ADMINISTRATION OF THE EIGHT SURGICAL DIVISIONS IN THE DEPARTMENT OF SURGERY, THE TRAINING PROGRAM, THE RESEARCH EFFORT, THE LIAISON BETWEEN HOSPITAL AND UNIVERSITY AND THE ADMINISTRATION AND LEADERSHIP OF THE SURGICAL PARTNERSHIP.

*Fundo meu talley,*

*addresses the*

PUBLIC HEALTH, ~~IN ONE SENSE~~, IS THE DELIVERY OF HEALTH CARE

*needs*

~~TO SEGMENTS~~ OF THE POPULATION ~~RATHER THAN~~ INDIVIDUALS. PERHAPS

BECAUSE OF THE NEWNESS OF MY SPECIALTY, PERHAPS BECAUSE OF THE

*My concern for individual patients has generated an*

TIME IN WHICH I BEGAN, ~~OR PERHAPS BECAUSE OF MY~~ OVERRIDING

*one of this nation's most valuable resources - children. As such during my career*

CONCERN FOR ~~CHILDREN~~. I ORGANIZED OR PARTICIPATED IN A NUMBER OF

*have*

PUBLIC HEALTH INITIATIVES FOR CHILDREN ~~WHO IN A SENSE REPRESENT~~

~~A MICROCOSM OF OUR LARGER SOCIETY.~~

IN WORKING WITH THE AMERICAN ACADEMY OF PEDIATRICS I PLAYED A ROLE IN FIRST OBTAINING CALIBRATION OF THE MACHINERY AND FINALLY ELIMINATING ALTOGETHER THE DANGEROUS PRACTICE OF X-RAYING THE FEET OF CHILDREN TO ASCERTAIN THE PROPER FITTING OF THEIR

SHOES. WHILE A MEMBER OF THE ACCIDENT PREVENTION COMMITTEE OF THE SAME ACADEMY WE BROUGHT ABOUT A COURT ORDER TO REMOVE ATTRACTIVE COLORING AND MINT FLAVORING FROM CORROSIVE OVEN CLEANERS WHICH CHILDREN ASSUMED TO BE CANDY, SUFFERING BURNS OF THE ESOPHAGUS AFTER INGESTION AND LIFELONG PROBLEMS OF STRICTURE FORMATION.

MY FIRST EXPERIENCE WITH EPIDEMIOLOGY CAME DURING WORLD WAR II. ~~AND AFTER~~ *when hepatitis was an all to common condition.* DR. JOSEPH STOKES WAS ASSIGNED THE TASK OF STUDYING HEPATITIS DURING THE ALLIED INVASION OF ITALY. I WAS THE SURGICAL CONSULTANT TO A HEPATITIS UNIT. ~~AND~~ *This work lead to the* FIRST ~~DESCRIBED~~ *description.* ~~of~~ THE PASSAGE OF HEPATITIS VIRUS ACROSS THE PLACENTA TO THE FETUS WITHOUT AFFECTING THE PREGNANT FEMALE.

IN THE LATE 1940's SOLID CANCERS IN CHILDREN WERE NOT APPRECIATED FOR THE PUBLIC HEALTH PROBLEM THEY PRESENTED. I NOT ONLY PROVIDED SOME OF THE INNOVATIVE MEASURES STILL USED TO

TREAT CANCERS IN CHILDREN BUT WORKED WITH CANCER COMMITTEES AND  
 CANCER REGISTRIES OF APPROPRIATE BODIES TO IMPRESS UPON THE  
 PROFESSION AND PARENTS ALIKE THAT CANCER WAS KILLING MORE  
 CHILDREN THAN WAS COMMONLY APPRECIATED. TODAY, IT IS KNOWN  
 THAT CANCER KILLS MORE CHILDREN THAN ANY OTHER CAUSE EXCEPT  
 ACCIDENTS AND <sup>while</sup> CONSIDERABLE ADVANCES HAVE BEEN MADE IN CHILDREN'S  
 CANCER CENTERS ~~FUNDED BY OUR OWN NATIONAL CANCER INSTITUTE.~~

IT WAS WHILE DELIVERING BABIES IN HOMES IN HARLEM THAT I  
 FIRST BECAME AWARE OF THE PROBLEMS OF HEALTH CARE FOR THE  
 UNDERSERVED. THIS INTEREST SAW FURTHER EXPRESSION IN THE  
 INTERFACE OF PRIVATE AND PUBLIC CARE FOR THE UNDERSERVED FOR THE  
 29 YEARS I WORKED AT THE CHILDREN'S HOSPITAL OF PHILADELPHIA WHILE  
 IT WAS IN THE MIDST OF THE BLACK GHETTO OF PHILADELPHIA BEFORE  
 MOVING TO A UNIVERSITY LOCATION.

*Third a successful*  
~~THE~~ SURGEON GENERAL MUST HAVE SOME PERSONAL EXPERIENCE IN  
*the health affairs of*  
 OTHER NATIONS AND SOCIETIES AS WELL SINCE WE ARE ALL PART OF THE

HUMAN FAMILY, AND THE HEALTH NEEDS OF OTHER SOCIETIES TELL US MUCH ABOUT OUR OWN HEALTH NEEDS. ALSO, WE ARE FREQUENTLY ASKED TO CONTRIBUTED TO THE ALLEVIATION OF DISEASE ELSEWHERE AS WELL AS COMMUNICATING ADVANCES IN HEALTH CARE THROUGHOUT THE WORLD. THE PUBLIC HEALTH SERVICE HAS A REMARKABLE RECORD FOR DOING SO -- NOT THE LEAST OF WHICH WAS ITS LEADERSHIP IN ELIMINATING SMALLPOX AS A DISEASE OF MANKIND.

MY INTEREST IN INTERNATIONAL PUBLIC HEALTH GOES BACK TO 1960 WHEN I WENT ON AN EXTENSIVE ASSIGNMENT AROUND AFRICA AS A MEMBER OF THE BOARD OF THE MEDICAL ASSISTANCE PROGRAMS, INC. I WAS ASSIGNED THE TASK BY THE U.S. STATE DEPARTMENT OF CONVINCING THE MINISTRY OF HEALTH OF GHANA AND THE THEN PRESIDENT NKRUMA THAT AN AMERICAN TYPE MEDICAL SCHOOL HAD MORE TO OFFER THAT COUNTRY THAN THE THREE PROPOSALS MADE BY THE SOVIET BLOC. I SUCCEEDED AND IN ADDITION WORKED WITH THE COLLEGE OF PHYSICIANS OF PHILADELPHIA TO STAFF THE SCHOOL IN GHANA FOR THE NEXT FIVE YEARS. THIS WAS A LEGAL NECESSITY UNTIL WE TURNED THE SCHOOL OVER TO A NATIONAL FACULTY IN GHANA.

YOU HAVE ALREADY HEARD OF MY LONG-TIME INTEREST IN HEALTH CARE FOR CHILDREN IN POLAND. NOT MENTIONED WAS MY TEACHING OF PEDIATRIC SURGERY IN THE U.K., FRANCE, SPAIN, <sup>ITALY GERMANY SWED DEN</sup> THE PHILIPPINES, <sup>GREECE</sup> TAIWAN, JAPAN, AND HONG KONG. <sup>IRAN TAIWAN</sup>

ABOUT A DECADE AGO AT THE REQUEST OF THE MINISTRY OF HEALTH OF THE DOMINICAN REPUBLIC, I ASSESSED THEIR NEED DURING AN EPIDEMIC OF DIARRHEA IN THAT COUNTRY AND SET UP NINE HYDRATION STATIONS WITH THE HAPPY OUTCOME THAT THE MORTALITY DROPPED RADICALLY.

A LONG-TIME INTEREST IN THE TARASCAN INDIANS IN CENTRAL MEXICO, LARGELY WITH OUT MEDICAL CARE WHEN I FIRST MET THEM, HAS ENABLED ME TO SET UP SEVERAL SMALL CLINICS FOR SYMPTOMATIC TREATMENT TO WHICH WE ADDED THE PREVENTIVE MEASURES OF ADDED PROTEIN NUTRITION AND VITAMINS AND ON OCCASION FAMILY PLANNING.

THE PROGRAM THAT I AM MOST PLEASED WITH IS THAT KNOWN AS THE MAP READER'S DIGEST INTERNATIONAL FELLOWSHIP. NINE YEARS AGO I

OBTAINED A GRANT FROM DEWITT WALLACE OF THE READER'S DIGEST IN ORDER TO SEND MEDICAL STUDENTS IN THEIR THIRD AND FOURTH YEARS TO LESSER DEVELOPED COUNTRIES IN PRIMITIVE HEALTH SETTINGS. I HAVE ACTED AS CHAIRMAN OF THE SELECTION COMMITTEE FOR THESE FELLOWSHIPS AND TO DATE WE HAVE AWARDED 790 FELLOWSHIPS TO MEDICAL STUDENTS IN THE UNITED STATES AND CANADA. JUST ABOUT 10% OF THE STUDENTS WE HAVE SENT ABROAD ACKNOWLEDGED THAT BECAUSE OF THE EXPERIENCE THEY CHANGED THEIR CAREER PLANS AND SWITCHED TO PUBLIC HEALTH. ABOUT 100 OF THE STUDENTS EITHER HAVE GRADUATED FROM, ARE ENROLLED IN, OR PLAN TO GO TO A SCHOOL OF PUBLIC HEALTH.

*In summary Mr Chairman and members of this committee*  
I BELIEVE, MY ROLE AS A CLINICIAN HAS ENABLED ME TO SEE THE

PROBLEMS OF LARGER SEGMENTS OF OUR POPULATION. I THINK THE CLINICAL AND ADMINISTRATIVE EXPERIENCE I HAVE RECOUNTED TO YOU INDICATES THAT I HAVE BEEN ABLE TO ASSESS ~~4~~ PUBLIC HEALTH PROBLEMS ~~WHICH I CAN~~

~~ONE~~ <sup>AND</sup> ADDRESS <sup>them</sup> ~~IT~~ EITHER BY ACTIVE PERSONAL PARTICIPATION AND/OR

TEAM LEADERSHIP TO BRING A SATISFACTORY CONCLUSION TO A PUBLIC HEALTH ENDEAVOR. I THINK, THEREFORE, THAT THE EXTENSIVE EXPERIENCE I HAVE HAD AS A CLINICAL SURGEON ENHANCES THE SKILLS THAT I BRING TO THE POST OF SURGEON GENERAL.

ONE ROLE OF THE SURGEON GENERAL IS USUALLY INVISIBLE TO THE GENERAL PUBLIC; THE LEADERSHIP OF THE <sup>US PHS</sup> COMMISSIONED CORPS. I THINK THE COMMISSIONED CORPS OF THE PUBLIC HEALTH SERVICE IS ONE OF THE ORGANIZATIONS OF WHICH THIS COUNTRY HAS THE RIGHT TO BE MOST PROUD.

I BELIEVE IN THE EXISTENCE OF A COMMISSIONED CORPS, FLEXIBLE AND AVAILABLE ON 24 HOUR NOTICE, <sup>I BELIEVE</sup> IN THE SIGNIFICANCE OF ITS MISSION, AND IN THE USE OF THE CORPS FOR NATIONAL HEALTH EMERGENCIES AND OTHER SPECIAL EFFORTS SUCH AS THE SCREENING OF REFUGEES. THREE MILE ISLAND, MT. ST. HELENS, ETC. SINCE I HAVE BEEN IN WASHINGTON AS DEPUTY ASSISTANT SECRETARY FOR HEALTH I HAVE VISITED PUBLIC HEALTH FACILITIES, ~~THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES~~, AND MEETINGS OF OFFICERS OF THE COMMISSIONED CORPS. I AM

COMMITTED TO ~~AN ADVOCACY~~<sup>EFFECTIVE</sup> LEADERSHIP OF THE COMMISSIONED CORPS  
AND TO KEEPING YOU AND THE COUNTRY INFORMED OF THE VALUABLE  
SERVICES IT PERFORMS ON YOUR BEHALF.

<sup>Assuring the</sup> HEALTH <sup>of our people</sup> ~~IS~~ HAS BECOME VERY <sup>complex</sup> ~~COMPLICATED~~ OF LATE. ~~YES~~ THIS

IS A TIME WHEN PEOPLE <sup>need</sup> ~~ARE~~ A GROWING SOPHISTICATED IN REFERENCE  
TO THE <sup>Health</sup> ~~MEDICAL~~ ADVICE THEY WANT AND MAY NOT ALWAYS RECEIVE.

~~PEOPLE NOW SHOP FOR THE BEST DOCTOR, SEEK SECOND AND THIRD OPINIONS,~~

~~AND~~ THEREFORE IT IS, I BELIEVE, A TIME WHEN THIS ROLE OF THE SURGEON  
GENERAL MUST BE TENDED WITH GREAT CARE. I WANT TO STRESS TO YOU MY

OVERRIDING COMMITMENT TO PROVIDE STRAIGHTFORWARD, HELPFUL INFORMATION  
TO THE GENERAL PUBLIC. <sup>regarding the prevention of disease and promotion of</sup> THIS FUNCTION OF THE SURGEON GENERAL MUST BE <sup>health</sup>  
<sup>diligently</sup> CARRIED OUT <sup>^</sup> ON THE BASIS OF GOOD SCIENCE.

IF I MAY, MR. CHAIRMAN, I WOULD LIKE TO PRESENT TO THIS COMMITTEE  
FOR THE RECORD A DESCRIPTION OF <sup>a current effort of this type namely-</sup> THE ~~HEALTHY~~ "HEALTHY MOTHERS"  
INFORMATION <sup>Program</sup> ~~PROGRAM~~. YOU WILL NOTE THAT MANY OF THE MESSAGES ARE  
FROM THE SURGEON GENERAL OF THE UNITED STATES.

ONE OF THE MECHANISMS THAT MAKES GOVERNMENT WORK IS  
 ACCESS BY GROUPS <sup>with a variety of perspectives</sup> AS ~~VARIED AS THE CHILDREN'S LIVER FOUNDATION,~~  
~~A STATE MEDICAL SOCIETY, AND SENIOR CITIZENS~~ <sup>AND</sup> ~~AS A DELEGATION~~  
~~REPRESENTING A GROUP OF DISABLED CITIZENS.~~ INDIVIDUALS IN  
 GOVERNMENT MAKE THEIR CONTRIBUTIONS MOST EASILY AND PERHAPS  
 MOST EFFECTIVELY IF THEY ARE WILLING, TO ACCEPT AND WILLING TO  
 UNDERSTAND THE <sup>WIDE</sup> ~~NEW~~ VARIETY OF CONSTITUENTS. IN THE SIX MONTHS  
 THAT I HAVE FUNCTIONED AS DEPUTY ASSISTANT SECRETARY FOR HEALTH,  
 AS DURING MY WHOLE PROFESSIONAL LIFE I HAVE BEEN OPEN TO AND  
 ABLE TO EXCHANGE VIEWS WITH A VARIETY OF INTERESTS.

IN CLOSING, MR. CHAIRMAN, LET ME MENTION TWO INITIATIVES IN  
 ADDITION TO THE <sup>LEADERSHIP</sup> ~~LEADERSHIP~~ OF THE COMMISSION CORPS THAT I WOULD  
 LIKE TO DIRECT ~~A MAJOR PORTION OF~~ MY ATTENTION TO.

I HAVE BEEN ASKED TO OVERSEE A NUMBER OF BILATERAL HEALTH  
 AGREEMENTS BETWEEN THE UNITED STATES AND FOREIGN COUNTRIES. I  
 FEEL VERY COMFORTABLE IN THIS ROLE, KNOWING THE HEALTH LEADERS

OF MANY OF THE COUNTRIES INVOLVED AND HAVING FUNCTIONED IN A NUMBER OF SUCH CIRCUMSTANCES IN THE PAST SEVERAL MONTHS.

I AM FULLY AWARE, MR. CHAIRMAN, ~~THAT NEITHER THE PUBLIC HEALTH SERVICE NOR THE SURGEON GENERAL HAS ANY DIRECT RESPONSIBILITY FOR FEDERAL PROGRAMS THAT ASSIST THE DISABLED AND THE AGED.~~ <sup>That</sup> ~~HOWEVER,~~ IT HAS ALWAYS BEEN THE ROLE OF THE SURGEON GENERAL TO PROVIDE APPROPRIATE SUPPORT AND COUNCIL TO ANY GROUP PROVIDING QUALITY HEALTH AND MEDICAL SERVICES TO PERSONS IN NEED. *Two such groups in need are the disabled and the aged* IN ADDITION, I BELIEVE THAT THE ABILITY OF OUR SOCIETY TO PROVIDE ESSENTIAL HEALTH CARE FOR THE DISABLED AND THE AGED DOES NOT DEPEND UPON ANY ONE GOVERNMENT AGENCY, FEDERAL, STATE OR LOCAL. IT DEPENDS UPON THE UNDERSTANDING AND THE WILLINGNESS OF ALL AMERICANS TO TAKE UP THE CHALLENGE, IN OUR FAMILIES, OUR COMMUNITIES, OUR SCHOOLS, OUR VARIOUS VOLUNTARY AND PROFESSIONAL ORGANIZATIONS.

I HAVE BEEN DEEPLY INVOLVED IN THE INTERNATIONAL YEAR OF THE DISABLED PERSON, HAVE LEARNED A GREAT DEAL AND, I HOPE, CONTRIBUTED

SOMETHING TO THE AMERICAN EFFORT. I DO NOT INTEND TO HAVE THAT INTEREST END IN DECEMBER: IT MUST CONTINUE. SIMILARLY, I ~~WANT TO BE~~

TO BE A PART OF THE AMERICAN DELEGATION TO VIENNA FOR THE INTERNATIONAL CONFERENCE ON THE AGING IN 1982, BRINGING MUCH MATERIAL DEVELOPED BY OUR OWN EXPERTS DURING THE WHITE HOUSE CONFERENCE ON AGING TO BE HELD THIS DECEMBER.

Mr. Chairman IT IS MY HOPE TO TRANSLATE THESE EXPERIENCES INTO INFORMATION THAT WILL HELP ALL HEALTH PROFESSIONALS -- AND THE PUBLIC GENERALLY -- IN DEALING WITH <sup>health promotion and disease prevention throughout</sup> ~~DISABILITIES AND WITH THE AGING PROCESS, WITH~~ <sup>the</sup> ~~THE DISABLED AND THE AGED.~~ <sup>life</sup> THIS WILL NOT BE AN EASY TASK -- BUT <sup>Continuum</sup> IT IS THE RIGHT ONE FOR THE SURGEON GENERAL OF THE UNITED STATES PUBLIC HEALTH SERVICE. IF I AM TO BE THAT PERSON, THEN THAT TASK HAS TO BE MINE AND YOU CAN BE ASSURED OF MY EFFORT TO CARRY IT OUT EFFECTIVELY.