This lecture being an update refers to a lecture I gave about a year before to the same group. Because it is an update, the lecture gives a brief idea of the mission of the Public Health Service and a sense of the way that it is organized to carry out that mission. It then talks of how we function today, how we did some of the things in prior days, and finally, a few educated guesses as to how the PHS might look and function in the future.

As to mission, I talked about the “Federation” of Five Different agencies, the role of the Assistance Secretary of Health, the role of the Surgeon General as the government’s principal communicator, mentioning “Baby Doe” and “Katie Beckett” issues as examples. The Commissioned Corps of the Public Health Service is also mentioned as well as its Epidemiologic efforts in places like the west bank of the Jordan, where they concluded that a so-called epidemic was nothing more than a mass psychological phenomenon. The eradication of smallpox in the rest of the world, and the preventive efforts in ports of embarkation in southeast Asia to screen folks leaving with new and highly infectious, contagious diseases are further examples.

I attempted to cover in brief order the unique qualification of the Public Health Service for doing such tasks as those mentioned above, while at the same time being concerned about health in the inner-city, in ghettos, in rural migrant labor camps, in coal mining counties, and on the seacoast and waterways of America through our role as health providers to the Coast Guard.

In high-lighting the work we do with the Indian Health service, I went into some detail with a reduction of infant mortality rate for Native Americans from 62.7 to 13.2 per thousand newborns, an 80% decrease and I used that as segue into the latest provisional infant mortality report for the nation now down to 11.0. I concluded this portion of the lecture with a rundown on AIDS.

There followed a summary of the work of the major agencies of Public Health Service: the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), the Centers for Disease Control (CDC), the Food and Drug Administration (FDA), the Health Service and Resources Administration (HSRA), and finally the National Institutes of Health (NIH). In each case, the current activities and budget were briefly mentioned.

Because it is so little talked about, I went into some detail about the Office of the Assistant Secretary of Health (OASH) and its $1.5 billion budget tying it into the four block grants that President Reagan put in place in the Public Health Service, and I mentioned historically that when Mr. Reagan came on board, the Executive Branch was
funding and operating 534 categorical grant made programs and 74 of those were in the Public Health Service.

In a look to the future, I said that it was over simplification, but nevertheless, some health agencies may get reduced funding, but some health functions will receive more money and then innumerate some of the reasons such as, unlocking the genetic code, identifying the fundamental mechanisms of human immunology, developing monoclonal hybridome technology, and of course, keeping up the battle against heart disease, cancer, and stroke.

I closed with the prediction of the rise of prevention of disease combined with health promotion to replace the older concept of treating problems after they have occurred.