This was apparently an orientation lecture for the First Year Class of the Uniformed Services University of Health Sciences, and I had joined the other Surgeons General of the Armed Forces who preceded me in speaking. I pointed out that I was not one who came up through the ranks, but was a Presidential Appointee and came in at the top. Unlike the other Surgeons General, I noted, my job was subject to the dirtiest side of politics, in spite of the fact that when I was confirmed, I said that my job would be as apolitical as I could make it. I attempted to give an idea of the mission of the Public Health Service and the way that it is organized to carry out that mission. I wanted to talk about how we functioned at the time of the lecture, but also how we did things in earlier days and a few educated guesses as to what the Public Health Service might look like and how it might function in the future.

I pointed out some things obvious to the “Command”, but not to the new students. The Public Health Service is a federation of five individual agencies, each with its own special brand of expertise, its own constituencies, and its own unique record of contributions to public health in this country. The Public Health Service is a non-combatant uniformed service with a proud tradition going back to 1798.

I also pointed out a huge laundry list of things that the Public Health Service did and was uniquely qualified to do, such as: medical excellence and its record as a caring and compassionate organization, our national commitment to provide quality health care to the poor and disadvantaged, the work of our Commissioned Officers in the health centers of the inner city, the rural ghettos, migrant labor camps, coal mining country, and the seacoast and waterways of America.

I mentioned the Indian Health Service and the thirty-year’s record we have of staffing hospitals, clinics, and health stations serving more than 200 Indian tribes and Alaskan Native villages and some of the results thereof.

I then topped off with the function of the agencies: Alcohol, Drug Abuse, Mental Health Administration (ADAMHA), Centers for Disease Control (CDC), Food and Drug Administration (FDA), Health Resource and Service Administration (HRSA), The National Institutes of Health (NIH) with its eleven individual Institutes supporting 16,000 extramural research projects and 2,000 intramural projects each year, and finally the Office of Assistant Secretary of Health (OASH).

I closed with another list of what the Surgeon General himself does in his appointed role.

Alaskan Natives
"Block Grants"
Cancer
Categorical health grant program
Cuban and Haitian refugees
Decrease in infant mortality
Disease prevention, health promotion
Elimination of Smallpox
Epidemic of mass hysteria on the West Bank of the Jordan
Genetic codes
Heart disease
Human Immunology
Indian tribes
Monoclonal hybridoma technology
Protection against the exportation of highly Infectious Diseases
Protection of seacoast waterways
Stroke
Support of all the Public Health Service Agencies

Hill Burton Program
Indian Health Service
Nobel Laureates
World Health Assembly arena