

TABLE OF CONTENTS

OPENING REMARKS MADE BY FORMER U.S. SURGEON GENERALS BEFORE THE COMMITTEE ON LABOR AND HUMAN RESOURCES:

- I. M. JOCELYN ELDERS
- II. C. EVERETT KOOP
- III. JULIUS B. RICHMOND

REMARKS MADE BY CLARENCE THOMAS BEFORE THE SENATE JUDICIARY COMMITTEE:

- IV. OPENING REMARKS (I)
- V. OPENING REMARKS (II)

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

M. JOCELYN ELDERS

Divider Title: _____

NOMINATION

HEARING
OF THE
COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE
ONE HUNDRED THIRD CONGRESS
FIRST SESSION

ON
M. JOYCELYN ELDERS, OF ARKANSAS, TO BE MEDICAL DIRECTOR IN
THE REGULAR CORPS OF THE PUBLIC HEALTH SERVICE, AND TO BE
SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE

JULY 23, 1993

Printed for the use of the Committee on Labor and Human Resources



S 541-74

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1993

81-364 CC

For sale by the U.S. Government Printing Office
Superintendent of Documents, Congressional Sales Office, Washington, DC 20402
ISBN 0-16-044670-8

COMMITTEE ON LABOR AND HUMAN RESOURCES

EDWARD M. KENNEDY, Massachusetts, Chairman

CLAIBORNE PELL, Rhode Island
HOWARD M. METZENBAUM, Ohio
CHRISTOPHER J. DODD, Connecticut
PAUL SIMON, Illinois
TOM HARKIN, Iowa
BARBARA A. MIKULSKI, Maryland
JEFF BINGAMAN, New Mexico
PAUL D. WELLSTONE, Minnesota
HARRIS W. WOFFORD, Pennsylvania

NANCY LONDON KASSEBAUM, Kansas
JAMES M. JEFFORDS, Vermont
DAN COATS, Indiana
JUDD GREGG, New Hampshire
STROM THURMOND, South Carolina
ORRIN G. HATCH, Utah
DAVE DURENBERGER, Minnesota

NICK LITTLEFIELD, Staff Director and Chief Counsel
SUSAN K. HATTAN, Minority Staff Director

NOMINATION

FRIDAY, JULY 23, 1993

U.S. SENATE,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The committee met, pursuant to notice, at 9:35 a.m., in room SD-430, Dirksen Senate Office Building, Senator Edward M. Kennedy (chairman of the committee) presiding.

Present: Senators Kennedy, Pell, Metzenbaum, Dodd, Simon, Mikulski, Bingaman, Wellstone, Wofford, Kassebaum, Jeffords, Coats, Gregg, and Durenberger.

OPENING STATEMENT OF SENATOR KENNEDY

The CHAIRMAN. The committee will come to order.

Welcome, Dr. Elders. We are delighted to have you here this morning.

I want to explain both to the nominee and to the members of the committee what the current situation is. We had scheduled this hearing a week ago so that we might have the opportunity to consider the nomination of Dr. Elders for the position of Surgeon General. Matters were then raised by members of the committee for additional information, and we thought that was entirely appropriate, and Dr. Elders thought it was appropriate—certainly there was information from the Comptroller of the Currency, technical information that we should have.

We had rescheduled that hearing for today. During the period of the past week, Dr. Elders has been attacked, I think viciously, and she has been prepared to come here and respond to all questions—not in a closed session as some have requested, but in an open session.

I have been notified by the Majority Leader just a few moments ago that there is an objection to this committee meeting beyond the hour of 10. That has been filed. Under the Senate rules, for those who are not familiar with them, there is the opportunity for any single member of the Senate to object to a committee meeting once the Senate has been in session for 2 hours, and we will have been in session for 2 hours by 10 this morning.

That objection has been filed, so until the Senate recesses we will not have the opportunity after 10 to permit Dr. Elders to respond to many of the allegations, charges, distortions, misrepresentations and character assassinations that have been directed at her.

These charges have been made by members of the Republican Party—not by my distinguished ranking member, Senator Kassebaum, who has been nothing but cooperative and helpful to us in

gaining information and who has been positive in every possible way. But the objection has been filed.

For the purposes of the members of this committee, I want to indicate that whenever the Senate adjourns today—whenever it is—this committee is going to be back in session, and we are going to stay here all afternoon, we will stay here during the evening, and we will come back tomorrow if necessary and stay as long as necessary on Saturday. Over the time I have been in the U.S. Senate, that has happened at other times. It happened with the Americans with Disabilities Act, when we met until 2 in the morning.

When you have an individual as distinguished as Dr. Elders, who has been honored by the President of the United States by nominating her to a position of enormous importance to the American people, when public health issues cry out for attention and leadership, to have a parliamentary procedure used to deny the full opportunity for this committee to hold its examination of the wide range of public policy issues involved and of the charges which have been levelled against Dr. Elders—and when Dr. Elders is denied the opportunity to present her case to the public—I think it is a shame for this institution to have that kind of policy. But it does exist, and quite frankly, we are going to deal with it in the only way that we know how, and that is with fairness to the nominee.

So I would suggest to all of my colleagues on this committee that they cancel whatever plans they might have had through the afternoon, through the evening and through tomorrow, because that is the way that we are going to proceed on this committee. I am not going to be part of an effort to put this over for another day or for another week, to permit scurrilous accusations to be made against this nominee without an opportunity for her to respond.

So I will yield to my friend and colleague Senator Kassebaum for whatever comments she would like to make, and then prior to the time that we have the vote, which I understand will be in 10 or 15 minutes, we would usually recognize our colleagues who are here to present the nominee—

Senator KASSEBAUM. Mr. Chairman, if I may suggest, I would like to forego my opening comments so that we could hear from our colleagues who are here to make introductory statements.

The CHAIRMAN. That's an excellent suggestion.

Senator COATS. Mr. Chairman.

The CHAIRMAN. Senator Coats.

Senator COATS. Mr. Chairman, just to respond very, very briefly, I too think it is important that this hearing go forward, and I see no reason personally to delay this hearing. Just for personal reasons, I would just as soon go forward this morning, but I will change my plans and be here because I think Dr. Elders deserves her day in court—this isn't really court—but deserves her day in the confirmation hearing.

But I think also it is fair to say that anyone who is nominated to a post as important as this, there ought to be a full and fair and objective, thorough discussion of issues that have been raised mostly by the media and not members of the Republican Party; questions that have been raised by outside groups as any outside group raises questions about any nominee whether it is Republicans or

Democrats, or liberals or conservatives, or left or right. We would not be doing our duty if we did not thoroughly deal with questions that have a legitimate relationship to the position that any nominee is seeking. I think Dr. Elders would ask no less than the opportunity to address the questions that have been raised.

Are all those questions fair? I don't know. Dr. Elders will have an opportunity to State her position on that. But they are legitimate questions that the public has, and I think we have an obligation to explore those, and I intend to ask Dr. Elders a number of those questions.

I don't know why it is necessary to delay the hearing. I do know there has been concern which I have raised relative to some of the financial records, because that goes to a question that has been debated in the media. We were not able to secure all the necessary financial documents from Dr. Elders relative to our examination of that. I suggested that perhaps because she obviously has a right not to disclose that—I think it would be helpful if she would, but she has a right not to—

The CHAIRMAN. Well, does the Senator have a question?

Senator COATS. Yes, this is all leading up to a question.

The CHAIRMAN. I want the record to show that the ranking minority member Senator Kassebaum urged that Dr. Elders be given an opportunity to make a presentation, and that there are Senators who are in the situation where on television they are raising questions, and under the Senate rules, Dr. Elders won't even have an opportunity to make a presentation.

Senator COATS. Well, I regret that, Mr. Chairman—

The CHAIRMAN. I regret it, too.

Senator COATS. —and I am not the one who raised that objection. But I also object to the chairman saying that except for Senator Kassebaum, Republicans have some conspiracy going here to trash Dr. Elders. That is not true at all.

The CHAIRMAN. I didn't say—

Senator COATS. You said the Republican Party has made vicious, scurrilous accusations against Dr. Elders, and that is not true. There is no partisan conspiracy to do that.

The CHAIRMAN. I said that the Republican Party member objected—

Senator COATS. You didn't say that.

The CHAIRMAN. Well, I'll say it right now.

Senator COATS. I appreciate it.

The CHAIRMAN. It was very interesting. I am now violating my own rule, but I'll take 1 minute. The member who objected called me last night in my office at quarter of nine. He said he had some additional questions. I said come on by—we had had a full day of debate on national service, but come on by. He was on his way to an engagement, some other previous engagement.

So I said, all right, send your staff by; I'll stay here, and we'll work through the evening. He said, I don't know whether I can find my staff. I said, I'll have my staff stay here; they know where they can reach me. I am available all evening.

At 11:30, a member of the staff called my staff and said we have some additional questions, and we want to put you on notice, and the Senator put me on notice that he was going to object. And he

is a member of the Republican Party, and he is a member of the Republican Policy Committee.

Now, if you want anything more, Senator, I would be glad to get into it. I would hope that we would give Dr. Elders in the few moments that remain an opportunity which she has been denied so far to be able to face this committee and face the U.S. Senate and make what comments she wishes to make.

So if there is no—

Senator COATS. Mr. Chairman, I promise you I won't take more than 15 seconds to reply.

It sounds to me like your complaint is with a member of the Republican Party and not with the Republican members of this committee. To my knowledge, there isn't a Republican member of this committee who has objected to this hearing going forward this morning.

The CHAIRMAN. Listen, Dan, I have been around here a long time, and you might believe that—but unless anyone else would like to—

Senator COATS. Well, Mr. Chairman, I absolutely believe that, and I think the record should not reflect otherwise.

Senator MIKULSKI. Mr. Chairman, could we hear from our distinguished African American scholar and, for once, begin to treat women in Senate hearings with respect and dignity? Could we proceed? [Applause.]

The CHAIRMAN. I would just point out for the record that in the time that I have been on this committee I have not seen denial of an opportunity to hear a nominee under Republican or Democrat Presidents alike until now.

I would recognize Senator Boren, Senator Hatfield, Senator Moseley-Braun and Representative Lambert for 1 minute each; is that okay?

Senator BOREN. Could we come back and make our introductions later? Wouldn't that be more appropriate?

The CHAIRMAN. I think it would be, if that's agreeable with you. I'd like to try to give Dr. Elders a moment, and then when we reconvene at the end of the session, give you an opportunity. I think it would be very useful for the members to hear what our distinguished colleagues feel about it.

We are operating with about 10 minutes to go—

Senator HATFIELD. Mr. Chairman, may I comment?

The CHAIRMAN. Yes.

Senator HATFIELD. Mr. Chairman, I will not be pressured on time, and I believe with the honor I have here this morning that I am not able to perform that in 1 minute. Therefore, I would be happy to return at some later time during the day.

I am a Republican, and I am proud to be here as a Republican and as an American to have the high honor of introducing Dr. Elders. I was honored when she called me to ask me to fill in on this situation because of Senator Pryor and Senator Bumpers having to attend the funeral of Mr. Foster in Arkansas. But I just do not think this important introduction can be handled in 1 minute, so I would like to ask to be excused and return at a time when I have the proper time.

The CHAIRMAN. The Senator is absolutely correct, and we would be honored to hear your introduction later when we reconvene.

Senator Boren.

Senator BOREN. Mr. Chairman, I feel the same way. Again, I was very appreciative that Dr. Elders asked me to appear this morning, and since Senator Pryor and Senator Bumpers were not able to be here, I also bring a statement from Senator Pryor that I think is eloquent testimony from one from her home State that should be heard by members of this committee, and I hope to have an opportunity to add my own comments of support to that statement.

So I would be very willing. I think this is a very important matter, and I would be very willing to return at any time of the day or night, with pride to be here, to help present Dr. Elders to this committee.

So I also would like to have the opportunity to return later and make introductory remarks.

The CHAIRMAN. Senator Moseley-Braun.

Senator MOSELEY-BRAUN. Thank you very much, Mr. Chairman.

I am not standing in for either Senator Bumpers or Senator Pryor. I am here for me, and I am here because of my tremendous respect for Dr. Elders.

I too look forward to the opportunity to make an introduction, to contribute whatever I can contribute to this hearing, and I hope we can go forward quickly, smoothly, thoroughly, and that this fine woman be given the opportunity to be heard and voted out of this committee.

The CHAIRMAN. Thank you.

Representative Lambert, we are delighted to have you here.

Ms. LAMBERT. Mr. Chairman, it is with a great deal of pleasure and a great deal of pride that I have walked across the front of the Capitol to come over here in support of a dear friend of mine and someone who has produced tremendous results in my district in eastern Arkansas.

I will devote the day, the evening. I do come from the other body, and it is good to see that you all conduct in similar fashion and that similar obstacles happen on this side. But I am here, I am available, and I would like to spend a little more than 1 minute in support of this tremendous person who has done so very much for the State of Arkansas. So I am available all day, and into the evening.

The CHAIRMAN. Wonderful. Thank you very much.

Senator Kassebaum.

Senator KASSEBAUM. Mr. Chairman, if we are not going to proceed, I was trying to expedite the procedure so there could be opportunity. But there now remain only 10 minutes, and I assume everybody is going to come back.

I would like to make two points. There are two Republicans on this committee, Senator Durenberger and Senator Jeffords, who have announced support for Dr. Elders. I think it is very misleading to categorize the Republicans as being in objection to Dr. Elders.

I was one who, along with you, Senator Kennedy, asked for the financial records to be reviewed by the FBI that are held in con-

fidence by the Office of the Comptroller of the Currency. I think this is important, and I discussed it with Dr. Elders.

It is, as you have said, Mr. Chairman, obviously a rule of the Senate that anyone can raise an objection on the floor of the Senate to holding a committee meeting 2 hours past the call of the Senate. And that has been honored in every committee. So I think we should not get into finger-pointing at this point.

I would like to say to my good friend Senator Mikulski that neither do I think it is a disservice to women. I think that we in our committees really always have these opportunities, and we frequently get into these controversies. I believe Dr. Koop's nomination was held up for 9 months, so it really should not be taken for more than it is. And while we might have wished we could have proceeded ahead, we will at a later time.

The CHAIRMAN. I appreciate what the Senator says, but when we are notified by the chairman of the Republican Policy Committee at quarter of 10 at night of his intent to object, without his being willing to come down and express what kind of concerns those are, and evidently, the Republican leader is not prepared to be sufficiently persuasive to have that kind of an objection recalled, I'll let the record stand for itself.

Dr. Elders, please proceed.

STATEMENT OF DR. M. JOYCELYN ELDERS, NOMINATED TO BE MEDICAL DIRECTOR IN THE REGULAR CORPS IN THE PUBLIC HEALTH SERVICE AND SURGEON GENERAL IN THE PUBLIC HEALTH SERVICE

Dr. ELDERS. Thank you, Senator Kennedy, Senator Kassebaum, and members of the Senate Labor and Human Resources Committee. It is a great honor to appear before you today as President Clinton's nominee for the position of Surgeon General.

I want to thank you for taking time from your busy schedules to meet with me during the past few weeks. I appreciate and look forward to a continuing relationship.

Before proceeding further, I realize you have a problem with time, but I would like to take just a few minutes to thank my dear husband, Oliver Elders, my brother, Reverend Chester Jones, my friends, and all of our coworkers, and all of those, many of whom are here today—

The CHAIRMAN. Would you like to introduce them, Dr. Elders?

Dr. ELDERS. That's fine, Senator. I realize we are out of time.

The CHAIRMAN. No; just introduce them. We're all right. We always have time for members of the family.

Dr. ELDERS. All right. My husband, Oliver Elders. [Applause.] My brother, Reverend Chester Jones, his wife, and his mother-in-law. [Applause.] And the person who has probably really done the most for Joycelyn Elders the past 5½ years at work, Ms. Willie Mitchum, my secretary, who keeps me on schedule. [Applause.] And the chairman of our board of health, Dr. Miller. [Applause.]

The CHAIRMAN. All right. Senate rules discourage applause, but we appreciate it very much.

Dr. ELDERS. Thank you, Senator, for that opportunity.

I thank them for the support they have given me for years, but particularly the last few months and especially the last few days.

Many say that I am a lightning rod—that is the pin you see me wearing today—but please, know that my thunder is behind me.

I appear before you today at a time when our entire Nation is facing great challenges in health care. More than 37 million Americans have no health insurance. AIDS, violence, teen pregnancy, a drug-resistant strain of tuberculosis, low immunization rates all indicate we have not done a very good job of protecting our Nation's health.

We must focus on prevention to heal our Nation. Prevention requires education. We cannot educate people who are not healthy, and we can't keep them healthy if they aren't educated. I have some personal and professional understandings of these challenges, and I would like to share them with you.

First, I am the oldest of eight children. I had never seen a physician prior to my first year in college. One of my earliest experiences concerning the lack of health care was my 4-year-old brother, who had a ruptured appendix and was taken to the doctor more than 10 miles away on the back of a mule. His abdomen was lanced, a drain placed, and he was sent home.

I have heard my mother scream during difficult child deliveries without any medical help. I have seen bright young people all over this country in an ocean surrounded by the sharks of drugs, alcohol, homicide, suicide, AIDS and teen pregnancy, while we argue over whose values we are going to teach.

Second, I know about taking advantage of opportunity. The United Methodist Church helped me reach the first rung of the ladder that enabled me to be here today by providing me a scholarship to Philander Smith College at age 15. After college, I enlisted in the service. I attended medical school on the GI bill and, after completing medical training became a board-certified pediatric endocrinologist. I know the importance of providing opportunities for our children today.

My experience has led me to know first-hand many of the programs administered by the Public Health Service and other Federal agencies. I have been a provider of many of the services supported by public health programs, both as a physician in public health clinics and at the University of Arkansas School of Medicine.

Fourth, I have been a teacher and a professor on the University of Arkansas faculty for more than 20 years.

During my medical career, I was a National Institutes of Health career development awardee. I served on NIH study sections, advisory committees for both the NIH and the FDA, and as a consultant to many of the advisory committees for many of the programs provided by the Public Health Service.

I am an experienced researcher, having authored many publications on hormonal growth disorders in children. I appreciate the need for scientific facts to back up conclusions.

For the past 5½ years, I have been an administrator at the State level as director of the Arkansas Department of Health. Last year, I was honored by my fellow health directors when they elected me president of the Association of State and Territorial Health Officers, after serving as secretary of the Association and a member of the executive committee.

Finally, Senators, I am a coalition builder. While I was the director of the Arkansas Department of Health, I used my time recruiting the help of churches, schools, civic organizations, judges, businesses, and local communities to help me meet the needs of our youth. I realized that we in public health could not do the job alone. We needed to cooperate, communicate, collaborate, and form partnerships if we wanted to take care of the problems we had.

We needed to use all of the resources available in our community. Our United Methodist bishop had a statement that I frequently borrowed from. He said it's like dancing with a bear. When you are dancing with a bear, you can't get tired and sit down. You have to wait until the bear gets tired, and then you sit down.

I do not believe that we can dictate from above what local communities need to do to solve all of our public health problems we are encountering today. We must empower each community to help design its own solutions.

As a result of my background, education, training and experience, I have become a strong advocate for programs that will strengthen families, reduce risky behaviors, improve health, and enable children to become healthy, educated, motivated, and to have hope for the future.

The CHAIRMAN. Dr. Elders, it is 10 a.m. and there has been an objection filed under the Senate rules; it is my intention to continue long enough to allow you to complete your statement. The only penalty, as I understand it, is that the chairman is liable for the cost of the transcript, which I will be willing to do.

Senator MIKULSKI. We'll all pitch in. I'll have a bake sale.

The CHAIRMAN. So we'll allow you to complete your opening statement and then recess.

Senator COATS. I think that's appropriate, Mr. Chairman.

The CHAIRMAN. It would be a disservice not to hear Dr. Elders out.

Dr. ELDERS. Thank you, Mr. Chairman.

Far too many of our children are becoming members of what we now call the "5-H Club"—every night in America, millions of children go to bed hungry. Thirty-seven million of our Americans are helpless; a third of those are children. Out of the thousands of people who are homeless, a third of those are children. Too many are hugless, with nobody to love them; many of them are hopeless, with nowhere to go and no way to get there.

I would like now to explain what I am about, but before I do that, I would like to address some of the issues about me that have been raised in the past few days.

On the Social Security, it has been paid. My husband had power of attorney for his mother, and he handled her affairs.

As to the salary issue, until last week, I had been taking vacation days, which I earned, and for which I would have been paid anyway, to split my time between here and Arkansas. Once I realized that I needed to be here full-time working on this confirmation hearing and preparing for the office of Surgeon General, I resigned as director of the Arkansas Department of Health.

As to the bank, any loans I received were well below the maximum limit; they were approved as required, and made at the going rate of interest and have all been paid.

I will be happy to discuss these and other issues in greater detail at the close of my statement.

We all know that children need multiple interventions, Senator. Single strategies will not work. It is like having a leaky bucket with ten holes, and we plug five, so we still have a bucket that is leaking.

I am about early childhood education to help children get a good start in life. Only 18 percent of Medicaid children in Arkansas, the poorest of the poor, have an opportunity to attend Head Start. We know that early childhood education is cost-effective and a preventive measure that reduces the likelihood that such children will end up as dropouts, pushouts, in prison, or as teen parents.

I am about—and have always been about—comprehensive health education programs from kindergarten through 12th grade. Comprehensive health education means age-appropriate health education programs which include information about self-esteem, alcohol and substance abuse, including tobacco; nutrition education and fitness; violence prevention; AIDS and human sexuality. It means being healthy and feeling good about yourself. Comprehensive health education teaches children to take care of themselves. Our children deserve that chance.

We must educate our parents so that they will know how to instill in their children the courage, strength, and perseverance to meet the challenges of growing up. Because we do not want them to do anything wrong, many times parents are unable to give their children sound, solid direction.

I believe we need to teach our young men to be responsible. Children born today need all the help they can get to succeed in this world, including two nurturing parents. They deserve to know and receive support from both parents.

I am about comprehensive school-based or school-linked health services which provide primary preventive health care for children in or near the schools, where they spend most of their time. In Arkansas, it has been our policy that the local community decides if they want a school-based clinic. They decide what they want in their school-based clinics. And if you as a parent do not want your children to use all of the services, or some services, you can select the services that you want your children to use in that clinic.

I believe we must offer our bright young people hope for the future by providing scholarships to those who stay out of trouble and do well in school. It is far cheaper to pay to send them to college than it is to send them to prison.

Finally, I am about improving the quality of life for all Americans. We have improved the quantity or length of life; now we must improve the quality of life by: preventing chronic and infectious diseases; reducing infant mortality; eliminating the serious disparities between minorities; preventing and reducing the toll of injuries and disabilities in our society; preventing violence; improving women's health, and providing care and services for our elderly so they can live in dignity and comfort during their final days.

As Surgeon General, I will be a true advocate for the improvement of health in America, a strong and dedicated leader for the Public Health Service Commissioned Corps, and an effective representative for the Public Health Service.

If confirmed, Senator Pell, I want you to know that I am excited about commanding the Public Health Service Commissioned Corps. That doctor wouldn't be excited about working with over 6,500 highly trained and experienced health professionals? The Commissioned Corps plays such a key role in addressing the public health threats of today, whether they be polio, AIDS, floods, or hurricanes. I commit to you that under my leadership, the Corps will continue to be a vital force in protecting the health of America.

Mr. Chairman and members of this committee, I want to change the way we think about health by putting prevention first. I want to challenge the behaviors and attitudes of Americans by promoting programs and policies which will enable each of us to be responsible for our own health. I want to be the voice and the vision of the poor and the powerless. I want to change concern about social problems that affect health into commitment. And I would like to make every child born in America a planned and wanted child.

Should I be confirmed, I would like to work with each of you and all America to develop an action plan to improve the health of our country. To me, it is not enough just to reform the health care system. We will never have a large enough budget to address all the health care needs of our citizens if we do not start thinking prevention and taking personal responsibility for our health.

I am a hard worker. I am willing to give my time and my talent. We have a great task before us, and I hope you will see fit to make me a part of your team.

I would like to close with an old Greek saying that I use a lot. It says that a society grows great when old men plant trees under whose shade they know they'll never sit. I look forward to working with you to help plant trees for the future generation of America.

Thank you.

[The prepared statement of Dr. Elders follows.]

PREPARED STATEMENT OF DR. M. JOYCELYN ELDERS

Good Morning. Mr. Chairman, Senator Kassebaum and members of the Senate Labor and Human Resources Committee, it is a great honor to appear before you today as President Clinton's nominee for the position of Surgeon General. I want to thank you for taking time from your busy schedules to meet with me during the past few weeks. I appreciate that opportunity and look forward to talking with those of you I have not yet met.

Before proceeding further, I would like to take this opportunity to thank my dear husband, Oliver Elders, and all of my family and friends, many of whom are here today, who have supported me throughout my career, and particularly, for their support during the past 6 months. Many say I am a lightning rod. Please know that they have been my thunder.

I appear before you today at a time when our entire Nation is facing great challenges in public health. AIDS, violence, teenage pregnancy, a drug resistant strain of tuberculosis, low immunization rates all indicate we have not done a very good job at selling healthy lifestyles in this country. I believe the only way to heal our Nation is through prevention. Prevention requires education. If confirmed, I would make my utmost goal the education of our people, all our people, on how to stay healthy.

I have some personal and professional understanding of these challenges that I would like to share with you.

I am the oldest of eight children. I had never seen a physician prior to my first year at college. One of my earliest memories concerning the lack of health care was my 4 year old brother, who had a ruptured appendix and was taken to the doctor more than 10 miles away on the back of a mule. His abdomen was lanced, a drain placed, and he was sent home. I have heard my mother scream during difficult child deliveries, without any medical help. I have seen bright young people all over this

country surrounded by social problems impacting health such as drugs, alcohol, violence, homicide, suicide, AIDS and teenage pregnancy. My experience has led me to know first hand many of the programs administered by the Public Health Service and other Federal agencies.

Second, I know about taking advantage of opportunities. The United Methodist Church helped me reach the first rung of the ladder that enabled me to be here today by providing a scholarship to Philander Smith College at age 15. After college, I enlisted in the Army and became a physical therapist. Following my service years, I attended medical school on the GI bill and after completing my medical training became a board certified pediatric endocrinologist. I know the importance of providing opportunities for our children today.

Third, as a physician in public health clinics and at the University of Arkansas School of Medicine, I have been the provider of many of the services supported by public health programs.

Fourth, I am a teacher. For over 20 years, I have been on the faculty in the Department of Pediatrics at the University of Arkansas School of Medicine.

During my medical career, I was a National Institutes of Health career development awardee. I served on NIH study sections, advisory committees for both the NIH and the FDA, and, as a consultant to or as a member of advisory committees for many of the programs sponsored by the Public Health Service. I am an experienced researcher having authored many articles on hormonal growth disorders in children. I appreciate the need to have good scientific facts to back up conclusions.

For the past 5½ years, I have been an administrator at the State level as Director of the Arkansas Department of Health. Last year, I was honored by my fellow health directors when they elected me President of the Association of State and Territorial Health Officers (ASTHO).

Finally, I am a coalition builder. Since becoming the Director of the Arkansas Department of Health, I have spent a great deal of my time, recruiting the help of churches, schools, civic organizations, judges, businesses and local communities. I realized that I could not do the job alone. I needed to mobilize all of the resources available in our communities to help save the most valuable resource we will ever have, our human capital. I do not believe that we can dictate from above what local communities need to do to solve the public health problems we are encountering today. We must empower each community to design their own solutions.

As a result of my background, education, training, and experience, I have become a strong advocate for programs that will strengthen families, reduce risky behaviors, improve health and enable children to become healthy, educated, motivated and to have hope for the future. Far too many of our children have become members of what I call the S-H Club—hungry, healthless, homeless, hugless, and hopeless.

I would like to explain what I am about. But before I do that, I would like to address some issues about me that have been raised.

I am about early childhood education to help children get a good start in life. Only 18% of Medicaid children in Arkansas, the poorest of the poor, have the opportunity to attend Headstart. We know that early childhood education is cost effective and a preventive measure that reduces the likelihood that such children will end up as drop-outs, push-outs in prison, or as teen parents.

I am about—and always have been about—comprehensive health education from kindergarten through the twelfth grade. Comprehensive health education means age-appropriate health education programs which include information on: self esteem, alcohol and substance abuse including tobacco nutrition education and fitness exercise, violence prevention, AIDS and human sexuality. It means being healthy and feeling good about yourself. Comprehensive health education teaches children to take care of themselves. Our children deserve that chance.

I advocate educating our parents so that all will know how to instill in their children the courage, strength and perseverance to meet the challenges of growing up. We do not teach parents how to be good parents. Because they do not want to do anything wrong, too often some parents simply do nothing when it comes to providing sound, solid direction and guidance for their children.

I believe we must teach our young men to be responsible. Children being born today need all the help they can get to succeed in this world—including two nurturing parents when possible. They deserve to know and receive support from both parents. Young men must learn that being a father is more than just donating a sperm.

I am about comprehensive school-based or school-linked health services which provide primary preventive care for children at or near where they spend most of their day, in school. In Arkansas, it was my policy (which was later codified) that the local community and the local elected school board would decide if they wanted a clinic in their school and what services to be provided in the clinic. Only 4 out of 24 clinics in Arkansas offer contraceptives on site. Even in these clinics, the parents

must sign a release statement before their child can receive family planning counseling and contraceptives from the clinic.

I believe we must offer our bright, young people hope for the future by providing scholarships to those who stay out of trouble and do well in school so they can attend college. It is far cheaper to send them to college than to send them to prison.

Finally, I am about improving the quality of life of all Americans by:

- preventing chronic and infectious diseases, including cancer, heart disease, hypertension, tuberculosis, and AIDS;
- reducing infant morbidity and mortality;
- eliminating the serious disparities in health problems that minority groups experience;
- preventing and reducing the toll of injuries and disabilities in our society;
- preventing violence;
- improving women's health; and
- providing care and services for our elderly so they can live in dignity and comfort during their final years.

As Surgeon General, I will be a true advocate for the improvement of health in America, a strong dedicated leader for the U.S. Public Health Service Commissioned Corps and an effective representative for the Public Health Service.

Mr. Chairman, and members of this committee, I want to change the way we think about health—by putting prevention first. I want to change the behaviors and attitudes of Americans by promoting programs and policies which will enable us to be responsible for our own health. I want to be the voice and the vision for the poor and the powerless. I want to change concern about social problems that affect health into commitment. And, I would like to make every child born in America a planned, wanted child.

Should I be confirmed, I would like to work with you and all America to develop an action plan to improve the health of our country. To me, it is not enough to just reform the health care system. We will never have a large enough budget to address all the health care needs of our citizens if we do not start thinking prevention and taking personal responsibility for our health.

I am a hard worker. I am willing to give my time and my talent. We have a big task before us, and I hope you will see fit to make me part of your team.

I will be most happy to respond to any questions.

The CHAIRMAN. The committee will stand in recess subject to call of the chair. As I mentioned earlier, we will meet when the Senate is out of session and continue this hearing, today, this afternoon, tonight, tomorrow, until it is concluded.

The committee stands in recess.

[Whereupon, at 10:10 a.m., the committee was adjourned subject to call of the chair.]

[Whereupon, at 1:05 p.m., the committee reconvened, Senator Edward M. Kennedy, chairman of the committee, presiding.]

The CHAIRMAN. We'll come to order.

We'd be delighted to now recognize our friend and colleague, Senator Hatfield, for whatever presentation he would like to make. Senator Boren is on his way, and Senator Carol Moseley-Braun is on her way, as well as Congresswoman Lambert. So what we'll do is hear the opening comments and then go to 15-minute rounds for questioning, with my understanding with Senator Kassebaum that whatever opening comments members wish to make will be included in their time allocation so that we can move more rapidly toward the questions and answers of the nominee. We have done that on other occasions when we have been pressed in terms of time considerations, although as far as the Chair is concerned, he is not pressed for time. But we shall proceed in that particular way.

So we thank our colleagues very much, as well as the nominee. We apologize for any inconveniences to her, and we also express our appreciation to our fellow colleagues for their attendance here

STATEMENT
OF
M. JOYCELYN ELDERS, M.D.

BEFORE THE
U.S. SENATE LABOR AND HUMAN RESOURCES COMMITTEE

JULY 23, 1993

Good Morning!

Mr. Chairman, Senator Kassebaum and members of the Senate Labor and Human Resources Committee, it is a great honor to appear before you today as President Clinton's nominee for the position of Surgeon General. I want to thank you for taking time from your busy schedules to meet with me during the past few weeks. I appreciate that opportunity and look forward to talking with those of you I have not yet met.

Before proceeding further, I would like to take this opportunity to thank my dear husband, Oliver Elders, and all of my family and friends, many of whom are here today, who have supported me throughout my career, and particularly, for their support during the past six months. Many say I am a lightning rod. Please know that they have been my thunder.

I appear before you today at a time when our entire Nation is facing great challenges in public health. AIDS, violence, teenage pregnancy, a drug resistant strain of tuberculosis, low immunization rates all indicate we have not done a very good job at selling healthy lifestyles in this country. I believe the only way to heal our Nation is through prevention. Prevention requires education. If confirmed, I would make my utmost goal

the education of our people, all our people, on how to stay healthy.

I have some personal and professional understanding of these challenges that I would like to share with you.

I am the oldest of eight children. I had never seen a physician prior to my first year at college. One of my earliest memories concerning the lack of health care was my four year old brother, who had a ruptured appendix and was taken to the doctor more than ten miles away on the back of a mule. His abdomen was lanced, a drain placed, and he was sent home. I have heard my mother scream during difficult child deliveries, without any medical help. I have seen bright young people all over this country surrounded by social problems impacting health such as drugs, alcohol, violence, homicide, suicide, AIDS and teenage pregnancy. My experience has led me to know first hand many of the programs administered by the Public Health Service and other Federal agencies.

Second, I know about taking advantage of opportunities. The United Methodist Church helped me reach the first rung of the ladder that enabled me to be here today by providing a scholarship to Philander Smith College at age fifteen. After

college, I enlisted in the Army and became a physical therapist. Following my service years, I attended medical school on the G.I. Bill and after completing my medical training became a board certified pediatric endocrinologist. I know the importance of providing opportunities for our children today.

Third, as a physician in public health clinics and at the University of Arkansas School of Medicine, I have been the provider of many of the services supported by public health programs.

Fourth, I am a teacher. For over twenty years, I have been on the faculty in the Department of Pediatrics at the University of Arkansas School of Medicine.

During my medical career, I was a National Institutes of Health career development awardee. I served on NIH study sections, advisory committees for both the NIH and the FDA, and, as a consultant to or as a member of advisory committees for many of the programs sponsored by the Public Health Service. I am an experienced researcher having authored many articles on hormonal growth disorders in children. I appreciate the need to have good scientific facts to back up conclusions.

For the past five and a half years, I have been an administrator at the State level as Director of the Arkansas Department of

Health. Last year, I was honored by my fellow health directors when they elected me President of the Association of State and Territorial Health Officers (ASTHO).

Finally, I am a coalition builder. Since becoming the Director of the Arkansas Department of Health, I have spent a great deal of my time, recruiting the help of churches, schools, civic organizations, judges, businesses and local communities. I realized that I could not do the job alone. I needed to mobilize all of the resources available in our communities to help save the most valuable resource we will ever have, our human capital. I do not believe that we can dictate from above what local communities need to do to solve the public health problems we are encountering today. We must empower each community to design their own solutions.

As a result of my background, education, training, and experience, I have become a strong advocate for programs that will strengthen families, reduce risky behaviors, improve health and enable children to become healthy, educated, motivated and to have hope for the future. Far too many of our children have become members of what I call the 5-H Club -- hungry, healthless, homeless, hugless, and hopeless.

I would like to explain what I am about. But before I do that, I would like to address some issues about me that have been raised.

- o I am about early childhood education to help children get a good start in life. Only 18% of Medicaid children in Arkansas, the poorest of the poor, have the opportunity to attend Headstart. We know that early childhood education is cost effective and a preventive measure that reduces the likelihood that such children will end up as drop-outs, in prison, or as teen parents.

- o I am about -- and always have been about -- comprehensive health education from kindergarten through the twelfth grade. Comprehensive health education means age-appropriate health education programs which include information on: self esteem, alcohol and substance abuse including tobacco, nutrition, exercise, violence prevention, AIDS and human sexuality. It means being healthy and feeling good about yourself. Comprehensive health education teaches children to take care of themselves. Our children deserve that chance.

- o I advocate educating our parents so that all will know how to instill in their children the courage, strength and perseverance to meet the challenges of growing up. We do not teach parents how to be good parents. Because they do not want to do anything wrong, too often some parents simply do nothing when it comes to providing sound, solid direction and guidance for their children.

- o I believe we must teach our young men to be responsible. Children being born today need all the help they can get to succeed in this world--including two nurturing parents when possible. They deserve to know and receive support from both parents. Young men must learn that being a father is more than just donating a sperm.
- o I am about comprehensive school-based or school-linked health services which provide primary preventive care for children at or near where they spend most of their day, in school. In Arkansas, it was my policy (which was later codified) that the local community and the local elected school board would decide if they wanted a clinic in their school and what services to be provided in the clinic. Only four out of twenty-four clinics in Arkansas offer contraceptives on site. Even in those clinics, the parents must sign a release statement before their child can receive family planning counseling and contraceptives from the clinic.
- o I believe we must offer our bright, young people hope for the future by providing scholarships to those who stay out of trouble and do well in school so they can attend college. It is far cheaper to send them to college than to send them to prison.

- o Finally, I am about improving the quality of life of all Americans by:
 - preventing chronic and infectious diseases, including cancer, heart disease, hypertension, tuberculosis, and AIDS;
 - reducing infant morbidity and mortality;
 - eliminating the serious disparities in health problems that minority groups experience;
 - preventing and reducing the toll of injuries and disabilities in our society;
 - improving womens' health; and
 - providing care and services for our elderly so they can live in dignity and comfort during their final years.

As Surgeon General, I will be a true advocate for the improvement of health in America, a strong dedicated leader for the U.S. Public Health Service Commissioned Corps and an effective representative for the Public Health Service.

Mr. Chairman, and members of this committee, I want to change the way we think about health -- by putting prevention first. I want to change the behaviors and attitudes of Americans by promoting programs and policies which will enable us to be responsible for our own health. I want to be the voice and the vision for the poor and the powerless. I want to change concern about social problems that affect health into commitment. And, I would like to make every child born in America a planned, wanted child.

Should I be confirmed, I would like to work with you and all America to develop an action plan to improve the health of our country. To me, it is not enough to just reform the health care system. We will never have a large enough budget to address all the health care needs of our citizens if we do not start thinking prevention and taking personal responsibility for our health.

I am a hard worker. I am willing to give my time and my talent. We have a big task before us, and I hope you will see fit to make me part of your team.

I will be most happy to respond to any questions.

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

C. EVERETT KOOP

Divider Title: _____

NOMINATION

HEARING
BEFORE THE
COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE
NINETY-SEVENTH CONGRESS

FIRST SESSION

ON

C. EVERETT KOOP, OF PENNSYLVANIA, TO BE MEDICAL DIRECTOR IN THE REGULAR CORPS AND TO BE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE

OCTOBER 1, 1981



Printed for the use of the Committee on Labor and Human Resources

U.S. GOVERNMENT PRINTING OFFICE:

WASHINGTON: 1981

57-2720

5541-20

COMMITTEE ON LABOR AND HUMAN RESOURCES

ORRIN G. HATCH, Utah, *Chairman*

ROBERT T. STAFFORD, Vermont

DAN QUAYLE, Indiana

PAULA HAWKINS, Florida

DON NICKLES, Oklahoma

LOWELL P. WEICKER, Jr., Connecticut

GORDON J. HUMPHREY, New Hampshire

JEREMIAH DENTON, Alabama

JOHN P. EAST, North Carolina

EDWARD M. KENNEDY, Massachusetts

JENNINGS RANDOLPH, West Virginia

HARRISON A. WILLIAMS, Jr., New Jersey

CLAIBORNE PELL, Rhode Island

THOMAS F. EAGLETON, Missouri

DONALD W. RIEGLE, Jr., Michigan

HOWARD M. METZENBAUM, Ohio

GEORGE W. PRITTS, Jr., *Chief Counsel*

RENN M. PATCH, *Staff Director and General Counsel*

LAWRENCE C. HOROWITZ, M.D., *Minority Staff Director*

The CHAIRMAN. At this point we will turn to the distinguished ranking minority member of the committee, Senator Kennedy, for his comments.

Senator KENNEDY. Thank you very much, Mr. Chairman.

I, too, want to extend a word of welcome to Dr. Koop from this committee.

We are here today to consider one of the most important nominations that comes before our committee, the Surgeons General of the United States. The Surgeon General is America's pre-eminent public health professional, charged with guiding the 6,000-member Public Health Service Commissioned Corps and helping to develop our Nation's public health policy.

The role of the Surgeon General has become increasingly prominent in recent years. There is a growing awareness of the importance of public health to our national well-being. What American has not heard of the Surgeon General's report on smoking and health, a watershed in our understanding of how personal habits contribute to illness and disease?

But many may not be familiar with the broad public health responsibilities of the Surgeon General and the Commissioned Corps that he heads. In the nearly 200 years since the founding of the U.S. Marine Hospital Service in 1798 the Corps' responsibilities have grown from the care of sick and injured seamen to encompass the full range of issues covering disease prevention and health promotion.

The Nation has been fortunate in the high caliber of public health professionals who have served us so well as Surgeons General. Past Surgeons General have been drawn from the ranks of the Commissioned Corps and from distinguished backgrounds in public health and administration. Each has shown a dedication and commitment to the special issues of public health at the international, Federal, State, and local levels.

Recognizing the longstanding practice of selecting the Surgeon General from the public health community, Congress recently enacted formal criteria for the office. The statute provides:

The Surgeon General shall be appointed from individuals who are members of the Regular Corps and have specialized training or significant experience in public health programs.

The next Surgeon General will face major challenges in carrying out the responsibilities of this office. The runaway costs of "sickness care" have brought home dramatically the importance of prevention, health promotion, and health education.

The Surgeon General's task will be complicated greatly by the administration's budget cuts in key areas such as disease prevention and health promotion. Block grants, too, will raise serious questions about our ability to continue promising public health initiatives. Now more than ever, public and private health professionals will look to the Surgeon General for leadership and expertise to respond to the public health issues facing our Nation today. As we listen to the testimony today, we must bear in mind the importance of the Office of the Surgeon General, and our responsibility to assure that the nominee has the skills, dedication, and commitment to meet these critical challenges.

The CHAIRMAN. Thank you, Senator Kennedy.

Senator Nickles?

Senator NICKLES. Thank you, Mr. Chairman. It is a pleasure to be here and to welcome Dr. Koop for his confirmation hearing.

It is a pleasure to participate in the hearing of Dr. Koop to be Surgeon General of the United States. I believe Dr. Koop comes to this committee with a list of credentials and a broad base of experience that I personally find very impressive.

His achievements in the area of pediatric surgery attest to more than just the fact that he is an excellent surgeon. I believe they say something about his ability and motivation to excel and to be the very best in everything that he undertakes. We need more people with that type of drive working in the Federal Government today.

Some question has been raised about Dr. Koop's background in public health. Just from a brief look we have taken at the backgrounds of other Surgeons General, I am convinced that he certainly is as well qualified as many who have been appointed.

I also have familiarized myself with the specifics of Dr. Koop's broad range of experience in the health field and look forward to hearing his testimony today for further elaboration.

Finally, let's not penalize a man for acting upon his most sincere and deepest convictions. In a day when so many have been apathetic or oblivious to the problems that our country is facing, I find it refreshing and further evidence of all that encompasses compassion and vision when someone is willing to stand up and confront the issues of today.

Dr. Koop is to be commended for his forthrightness and for his convictions for making a positive change in America.

I believe it is, indeed, a pleasure to participate in these hearings with Dr. Koop today. I welcome him and look forward to his being confirmed by this committee and also by the Senate.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Nickles.

Senator Metzenbaum?

Senator METZENBAUM. Mr. Chairman, I approach this hearing with an open mind and some concerns on both sides of the issue as to whether Dr. Koop should or should not be confirmed.

I do so, because of the one issue that has been given the most attention, the so-called right-to-life issue. That issue, the doctor has been quoted extensively and to which he has addressed himself—I doubt very much that his views and mine would be in accord.

When Justice O'Connor was up for confirmation I made it very clear at that time that I was not willing to judge any person for confirmation to the Supreme Court or for any other position, including the Surgeon General, on the basis of one issue.

Therefore, I would say very openly and without reservation that my determination as to whether or not I vote for his confirmation will not relate to whether or not I agree with the doctor in connection with that particular issue. Just as I would think it inappropriate to judge Justice O'Connor in connection with her confirmation on the basis of any one single issue, I would think it inappropriate for me to judge Dr. Koop in connection with this nomination on the basis of any one single issue.

What does concern me, however, is Dr. Koop's apparent lack of public health experience. The Surgeon General's responsibilities in

the area of disease control and the area of environmental protection, behavioral sciences, public administration, and occupational health issues—these are areas that do fall very much within the purview and responsibility of the Surgeon General. Therefore, I will be interested in the testimony with reference to your experience and your expertise in these areas.

There seems to be no question whether you are an able pediatrician. You are a renowned pediatrician and have earned great respect as a professional in that area.

I should say to you that one of Cleveland's most prominent surgeons came to me on your behalf and expressed his great respect for you. Apparently you and he have studied together. He does not happen to be a pediatrician, but he is a very prominent surgeon and friend. He made his views very clear as to your capacities and abilities.

The fact is I also am interested in your views with respect to that which I consider to be more than a single issue; that is, the appropriate status of women in our society and in the employment field, in the professional field.

Therefore, Dr. Koop, I will look forward to your testimony as well as the testimony of others in connection with this confirmation hearing.

The fact that such prestigious groups as the American Public Health Association, the U.S. Conference of City Health Officers, the American Nurses Association, a number of labor groups, the Association of Teachers of Preventive Medicine, Women and Health Roundtable, B'nai B'rith Women, Planned Parenthood, Center for Science and the Public Interest, Women's Health Network, National Organization for Women, and the American Association of University Women have all indicated, reportedly, their opposition to your confirmation certainly provides a cause for concern.

Therefore, I enter these hearings with a very open mind and at this point not really determined in my own mind as to my personal reaction as to whether you can or cannot responsibly fill the role of Surgeon General of the United States.

The CHAIRMAN. Thank you, Senator Metzgerbaum.

At this time we shall place the statement of Hon. Gordon J. Humphrey in the record.

[The prepared statement of Senator Humphrey follows:]

PREPARED STATEMENT OF SENATOR HUMPHREY

Mr. Chairman. Unfortunately, a previously scheduled speaking engagement prevents me from joining you this morning for the hearing on the nomination of Dr. C. Everett Koop to be Surgeon General of the United States. Nevertheless, I did want to take this opportunity to include a brief statement for the record.

As you know, Dr. Koop is an eminent pediatric surgeon who has been involved in a variety of public health programs in such Third World nations as the Dominican Republic, Mexico, and Ghana. Like me, Dr. Koop also has some strong views on abortion, and there are some who would suggest that such views automatically disqualify a person from the post of Surgeon General. I couldn't disagree more.

Mr. Chairman, the hearing this morning will help to clear the air on all issues surrounding Dr. Koop's nomination. I look forward to examining the hearing transcript, and intend to continue to work with you as we consider President Reagan's nominations and his thoughtful program for economic recovery and reduced Government regulation.

The CHAIRMAN. Now we will turn to our colleague from West Virginia, Senator Randolph.

Senator RANDOLPH. Mr. Chairman, yesterday it was my responsibility as well as a privilege to talk with Dr. Koop. We met in the office in this building which I occupy as a Senator from West Virginia. We talked perhaps for 30 to 35 minutes. I had questions for Dr. Koop, and he responded to them.

It is always important for those of us who have the jurisdiction within this committee to pass upon the position for which you have been nominated by the President, Dr. Koop, to come to a hearing of this kind because insofar as possible our attendance here, or at least our reading of the testimony, is very important when we actually vote to withhold your nomination from the Senate or to report it favorably.

In this situation, Mr. Chairman, I am very frank to tell you that a schedule that I have in the State of West Virginia makes it absolutely necessary for me to leave on the commuter plane for my home city at 12:25 this afternoon, and I will be unable to remain for the entire hearing. It is something that had been arranged many weeks before this date. Mr. Chairman, I necessarily will have to read the testimony on questions that presumably members here now and maybe members who will come to the meeting will ask Dr. Koop, and his responses to them. Therefore, it is for that reason that I must read what is said by Dr. Koop to others who question him, at a later time.

Mr. Chairman, is this a 1-day hearing or do we propose perhaps to have 2 days? Has there been any decision in that matter?

The CHAIRMAN. We are just going to have hearings this 1 day, Senator Randolph. We have a wide variety of witnesses today. I think both sides will be able to testify and the hearing record will be made today.

Senator RANDOLPH. Thank you very much.

Will the members of the committee be asked to report the nomination during this day or will that be at a later date?

The CHAIRMAN. We will have to have an executive session to vote on the nomination. That will not occur until we get back from the recess.

Senator RANDOLPH. The recess? I thought we were back Monday.

The CHAIRMAN. The recess begins after next Tuesday and then we will be back after that intervening time.

Senator RANDOLPH. Is the Senate not in session Monday?

The CHAIRMAN. If there is no objection, we could hold it next Monday.

Senator RANDOLPH. I have no desire to complicate any arrangements made by Senators. I am only saying I know we are in session next Monday.

The CHAIRMAN. Yes, we are next Monday and I believe next Tuesday as well.

Senator RANDOLPH. Yes, that is correct.

The CHAIRMAN. If our colleagues in the minority would not care, we could set this for Monday. That would be fine.

Senator RANDOLPH. Do you see why I am asking this? I am going to have to refer to the question asked and to the responses by Dr. Koop in these matters in part at least.

The CHAIRMAN. If the Senator would yield, it is my understanding that we will have to hold this after recess.

Senator RANDOLPH. That will not be Monday or Tuesday?

The CHAIRMAN. That is correct.

Senator KENNEDY. If the Senator will yield, there are Jewish holidays next week, and the majority leader and the minority leader have announced that the Senate will not be in session during those holidays. As I understand what the chairman is saying now, it is that after the Senator respects those holidays we will be back in session, and at sometime at the convenience of the members of the committee we will call a session to consider this nomination.

Senator RANDOLPH. I thank both the ranking member of the minority and also the chairman.

The CHAIRMAN. Senator Randolph, we will call this meeting after we get back. You will have some advance notice on that.

Senator RANDOLPH. May we go off the record, Mr. Chairman, if that is possible?

[Off the record.]

Senator RANDOLPH. On Monday and Tuesday there will be no action. Is that correct?

The CHAIRMAN. That is right. Next week there will not be action.

Senator RANDOLPH. Mr. Chairman, the purpose of any hearing—this hearing as well as others that come before us—is carefully to evaluate the information by the give-and-take and the colloquys. Also, it is my understanding, Mr. Chairman, that during this hearing there will be proponents and opponents of Dr. Koop. Is that correct?

The CHAIRMAN. Yes, sir; that is correct.

Senator RANDOLPH. How long is this list?

The CHAIRMAN. It is a pretty long list. We have Dr. Koop scheduled to speak, four persons on the first panel, three persons on the second panel, two persons on third panel, and two persons on the last panel. It is a wide-ranging, very extensive set of witnesses in this hearing today.

Senator RANDOLPH. Dr. Koop, I told you yesterday that certain communications, letters, and message carried through the mail and by phone and telegram has come from the State that in part I represent, with Senator Byrd, the ranking minority member of the Senate. Most of the communications which we have received have questions. Some are outright and request my not supporting this nomination.

In general Dr. Koop—and you will address yourself to these matters, I know—they speak of your lack of what they call a necessary experience and training in public health to qualify you for certainly a very critical and key role in the position for which you are to be considered, the post of Surgeon General.

Dr. Koop, how long have we had a Surgeon General in the United States?

Dr. KOOP. Since 1875.

Senator RANDOLPH. 1875. Has the selection of the Surgeon General been as we have it today, through the process of the Senate with the nomination coming to us from the President, and then the agreement or disagreement of the Senate itself?

Dr. KOOP. I know that the last eight have come that way, sir, I think the others came in a different manner up through the Commissioned Corps.

Senator RANDOLPH. That is my understanding. We discussed that.

I am certain in my own mind by the type of communications that I received that these men and women have concerns. I am going upon the theory that they are very genuine concerns. They are raising questions that will be placed, I am sure, upon the record here today and possibly at a later date. This hearing or hearings will give you the opportunity, and it will give others who oppose you the opportunity, to go into these matters that they have presented.

I do not want the record to skirt an emotional issue. That is one reason, very frankly as I see it, that has been placed forward by some people in opposing your nomination. I do not want that to happen.

I know that there were men and women in this country who did not want Sandra O'Connor as a member of the Supreme Court because she is a woman. I know others wanted her very much because she is a woman. As a woman she has to have the ability not to make decisions from a feminist viewpoint but she has to make decisions based upon the matters that are before her as a Supreme Court judge. I felt that very strongly.

I asked the chairman of the Senate Judiciary Committee, Senator Thurmond, if I might have the opportunity to come to the hearing and appear briefly in behalf of Sandra O'Connor. I felt it was important that perhaps one person who is not on the Judiciary Committee, and not as a Democrat or Republican, come as an individual Senator who believes in participation where women who are qualified have an opportunity—and, yes, the responsibility—to serve in high office.

We have 4 million more women in this country of voting age than we have men of voting age. Therefore, women are important in the structure of the responsible citizenship in this country. This is not the time for me to say it, but I was here when Frances Perkins was nominated by another President, not President Reagan but by President Roosevelt. When did he do it? On the day that he was sworn in. On March 4 he nominated Frances Perkins to be the Secretary of Labor of the country. She has a constructive career for 12 years. I applauded that, and I applauded the action of President Reagan in the matter of Mrs. O'Connor.

Why am I taking this time? It is because, as Senator Metzbaum and others have said, we must not make a decision in this matter upon one issue. I cannot believe that someone would make it upon one issue, but certainly that is the right of anyone.

I want the record to be very clear because it is not a new position for me. My voting record in the Senate over a period of 23 years has been against the payment of Federal funds for abortions. You recall that we discussed that. That is your position, also as I understand it. Is that correct?

Dr. KOOP. Yes, sir.

Senator RANDOLPH. Any decision that I would make on your nomination, if I were to base it only on the one matter, it would be

very easy for me to say, "Dr. Koop, we are together." So I would vote one way or the other, presumably in that instance with you.

I am strongly opposed to abortion. That is known in the State of West Virginia and has been known through the years. I believe there are special cases where the life of an individual is involved where abortions must be considered and action must be taken. I believe it is the right of any woman to have an abortion if she desires in such a special case. I am only talking about a Federal program in connection with abortion in this country where there should be an absolute prohibition.

Do we share the same view on that subject, just for the record?

Dr. KOOP. It would be difficult to answer that question, sir, in just a word. However, in general as you were developing that, and in view of the law of our land, I would have to agree with you.

Senator RANDOLPH. Dr. Koop, this is a question that I would like very much for you to answer. I do not want you to read or quote from the background materials supplied to this committee. We have that. This information is somewhat in dispute.

The question is this, Dr. Koop: Will you describe for the members of this committee in precise detail how and why you believe that you do meet and have met the statutory requirements that the Surgeon General must possess, specialized training or significant experience in public health programs? How does this public health experience differ from your 33 years, as I understood it as we talked yesterday, of clinical experience in pediatric medicine?

I am very appreciative, Mr. Chairman, that you have allowed me this extended—perhaps too extended—discussion with Dr. Koop. I have done it only because I want it known why I am not here today. If you will check the record of nominations in any committee on which I serve, I have been there. However, it is absolutely impossible for me to work with you and other members of the committee today.

I thank you very much.

The CHAIRMAN. We understand that. Senator Randolph, we appreciate your statement.

Certainly Senator Randolph is one of the more dedicated members of our committee. He always has been and I think he always will be. He is very thorough. We appreciate having him with us today.

At this point, without objection, we will insert the opening statement of the Honorable Jeremiah Denton, a member of this committee, into the record.

[The prepared statement of Senator Denton follows:]

PREPARED STATEMENT OF SENATOR DENTON

Mr. Chairman, since the President nominated Dr. C. Everett Koop to be Surgeon General, I have looked forward to this day when I could publically welcome Dr. Koop and add my strong support for this inspired selection.

The Office of Surgeon General should be filled not only by one with experience in and concern for the Nation's overall health and well-being, but one dedicated to the protection and promotion of it. Dr. Koop, in my estimation, is uniquely qualified in both regards.

My association with Dr. Koop dates to before my candidacy for the Senate. I first met Chick when we were both speakers at a conference on children in my home State. Since that time, I have come to appreciate even more his background,

insights, and aptitude. It has been a long road that has brought him here today. While his past was more than a preparation for this job, there is much yet to be done. As Surgeon General, Dr. Koop will have the means to carry on the great work he has begun.

Professionally and personally, I can add little in praise to what has already been stated by others about Dr. Koop's accomplishments at home and abroad. Dr. Koop is his own best advocate.

I also would like to commend the chairman of the committee for inviting Dr. Ira Myers—Alabama's distinguished chief health officer—to contribute to the record on Dr. Koop's expertise. Dr. Myers has served Alabama in this capacity longer than any other previous administrator, and nationally holds the second longest record of continuous service as a chief State health officer. He is without doubt, the most well-respected man in health matters in Alabama, a good administrator and a compassionate individual. I am sure my colleagues will benefit from his views on Dr. Koop's competency and capacity to perform well the duties of Surgeon General.

The CHAIRMAN. Dr. Koop, let's turn to you for your statement.

STATEMENT OF DR. C. EVERETT KOOP, NOMINATED TO BE SURGEON GENERAL OF THE UNITED STATES

Dr. KOOP. 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 of the United States for nominating me to the position of Surgeon General of the U.S. Public Health Service and gratitude to the members of this committee for the gracious manner in which they have 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 improving the health of the people of this 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.

Mr. Chairman, there have been but 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 succeed these eminent men of medicine.

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 this position so that, if confirmed, I may add my contribution to those made by my distinguished 12 predecessors.

Those 12 men who have held the position of Surgeon General thus far have been able to function effectively because each has shared three kinds of experiences vital to success in that position:

First, a professional career in medicine through which he has learned the specific problems of an individual encountering his or her environment.

My professional career began at age 29 as the sixth surgeon in the United States to confine his surgical practice exclusively to the

care of children. In addition to applying my surgical skills to improve the health of the individual child, I helped found the 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.

In order to more broadly address the health of all children, I founded the first and only Journal of Pediatric Surgery in English and was editor-in-chief of that journal for 12 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 newborn. In the words of the past Surgeon General, "The health of the Nation can be no better than the health of its children."

I believe I contributed significantly to the improvement of child health in our country—first, by assessing the need for improvement in pediatric anesthesia and providing leadership as well as participation in the establishment of the specialty of pediatric anesthesiology; second, by direct contribution to the basic knowledge of surgical techniques as well as pre- and post-operative care of children; then by establishing with a grant from the Children's Bureau the first neonatal intensive care unit in this country; and, finally, by contributing technical changes to the most widely used incubator for premature infants so that surgical patients could be cared for in that minienvironment.

"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 a Surgeon General is some experience in dealing with the broad health issues of a cross section of American society—sometimes as a physician in a hands-on practice; 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 America, the Children's Hospital of Philadelphia. 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.

Fundamentally, public health addresses the health care needs of populations rather than of individuals. Perhaps because of the newness of my specialty, perhaps because of the time in which I began, my concern for individual patients has generated an overriding concern for one of this Nation's most valuable resources—children. During my career I have organized or participated in a number of public health initiatives for children, who in a sense represent a microcosm of our larger society.

Mr. Chairman, I do not want to repeat all of the things that you so graciously said about me and that Senator Hatfield said. I might just add a few words to what has been said about my participation in the protection of the public from radiation exposure, from corrosive oven cleaners, the experience with the hepatitis unit, the work on the transmission of the virus of hepatitis, the work with cancer, and my work in Ghana.

You heard about my interest in the health problems of Poland. I would like to call to your attention the fact that my experience abroad has not been confined just to the lesser developed countries, but I have been involved in teaching of pediatric surgery in the United Kingdom, France, Spain, Italy, Germany, Sweden, Denmark, Holland, Greece, Iran, Thailand, the Philippines, Taiwan, Japan, and Hong Kong.

You have heard about the Dominican Republic's epidemic of diarrhea, my long-term interest in the Tarascan Indians of Mexico, and the Reader's Digest international fellowships.

Mr. Chairman and members of this committee, I believe that my role as a physician 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 public health problems and address them 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 that is usually invisible to the general public is the leadership of the U.S. Public Health Service Commissioned Corps. I think this 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. I believe 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, Mount St. Helen's, and so forth.

Since I have been in Washington as Deputy Assistant Secretary for Health I have visited public health facilities and attended meetings of officers of the Commissioned Corps. I am committed to effective leadership of the Commissioned Corps and to keeping you and the country informed of the valuable services the Corps performs on your behalf.

Assuring the health of our people has become very complex of late. This is a time when people need a growing sophistication in reference to the health advice they want and may not always receive. 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 regarding the prevention of disease and the promotion of health. This function of the Surgeon General must be carried out diligently 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 the current effort of this type;

namely, "Healthy Mothers," an information program. You will note that many of the messages are from the Surgeon General of the United States.

The CHAIRMAN. Without objection, that will be admitted into the record.

Dr. KOOP. Thank you, sir.

[The information referred to follows:]



healthy mothers, healthy babies

"HEALTHY MOTHERS, HEALTHY BABIES" PUBLIC INFORMATION PROGRAM

WHAT IS IT?

"Healthy Mothers, Healthy Babies" is a public education effort being carried out through a partnership among government, professional, and voluntary organizations and agencies. Its purpose is to:

- provide information promoting healthy behavior to pregnant women and women planning pregnancy;
- increase their understanding of health risks and the importance of taking personal responsibility for their health and the health of their infants;
- motivate them to take action to protect their health, obtain regular prenatal care and seek other counsel or assistance when needed.

WHY IS IT BEING DONE?

The program was launched as one means of achieving the U.S. Department of Health and Human Services' Health Objective for the Nation to improve maternal and infant health. In Promoting Health/Preventing Disease: Objectives for the Nation (DHHS 1980), eight specific objectives are proposed to improve pregnancy outcome and infant health during the 1980's. Of these, one of the most important is the goal of no more than nine infant deaths for each 1,000 live births by 1990, with no county and no racial or ethnic group having an infant mortality rate in excess of 12 per 1,000 live births.

Achievement of this goal depends largely on provision of high quality prenatal, obstetrical, and neonatal care; preventive services during the first year of life; professional education; and broad public information activities aimed at pregnant women and their families. While these elements all require a long-term commitment of interest and resources, "Healthy Mothers, Healthy Babies" has been organized primarily to work toward improving the quality and reach of public education on prenatal and infant care.

WHO IS DOING IT?

The program is being implemented by a new "Healthy Mothers, Healthy Babies" Coalition, an informal association of professional, voluntary, and government

organizations with a common interest in prenatal and infant health. The Coalition is being organized through the efforts of a Steering Committee currently composed of six organizations: the March of Dimes Birth Defects Foundation, the American Academy of Pediatrics, the American Nurses Association, the American College of Obstetricians and Gynecologists, the Parent Teachers Association, and the U.S. Public Health Service.

WHAT HAS HAPPENED SO FAR?

In September 1981, the Steering Committee sponsored a "Healthy Mothers, Healthy Babies" organizational conference in Washington, D.C. The conference brought together representatives of more than 36 national voluntary, professional, and government organizations to discuss methods of collaborating in conducting the "Healthy Mothers, Healthy Babies" campaign.

One important result of the conference was a growing interest on the part of various organizations to work together in a long-term effort aimed at improving maternal and infant health. In response to this interest, the Steering Committee has initiated several activities, including:

- A call for interested organizations to participate in the "Healthy Mothers, Healthy Babies" Coalition. The Coalition will provide a means for organizations with shared goals to work together in three principal areas: information exchange about educational materials, news, and effective program approaches; joint dissemination of materials through State and local channels to relevant target audiences; and shared production of high-quality print, broadcast and film products.
- Development of a "Healthy Mothers, Healthy Babies" newsletter to provide an ongoing mechanism for exchanging news and information among interested groups. The newsletter is being sponsored by the American College of Obstetricians and Gynecologists, and initially will be published on a quarterly basis. Interested groups may receive the newsletter free of charge.
- Development of a directory of educational materials on prenatal and infant care produced by voluntary, professional, and government organizations. The directory will contain both printed and audio-visual materials designed for the public and professionals, and will be updated periodically. Interested organizations are being asked to prepare entries describing existing materials, and to provide periodic updates.

- Development of new materials. A series of six posters, designed under contract for the Public Health Service, is being developed to reach low income pregnant women with information on nutrition, smoking, alcohol use, the need to continue seeing their physician during the course of pregnancy, and similar topics. Accompanying information cards with additional facts on each topic will allow women to take the message home with them. Private sponsors are being sought to help defray the cost of printing and distributing the materials to 10,000 clinics across the country.

In addition, a series of radio spots is being produced jointly by the Public Health Service and the March of Dimes. The spots, narrated by the Surgeon General, give advice on a variety of topics important to good health during pregnancy.

IS MORE INFORMATION AVAILABLE?

For more information on "Healthy Mothers, Healthy Babies," how to participate in the "Healthy Mothers, Healthy Babies" Coalition and the other program activities, and how to subscribe to the newsletter, contact:

Ms. Elaine Bratic
Acting Director
Office of Public Affairs
Public Health Service
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Telephone: (202) 245-6867

Dr. KOOP. One of the mechanisms that makes Government work is access by groups with a variety of perspectives. Individuals in Government make their contributions most easily and perhaps most effectively if they are willing to accept and willing to understand a wide variety of constituents. In the 6 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 leadership of the Commissioned Corps to which I would like to direct my attention.

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 it has always been the role of the Surgeon General to provide appropriate support and counsel 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.

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 health promotion and disease prevention throughout the whole life continuum. This will not be an easy task, sir, but it is the right one for the Surgeon General of the U.S. 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 most effectively.

Thank you very much.

The CHAIRMAN. Thank you, Dr. Koop.

Let me ask you a few questions. As I have stated in my opening statement, you have a very impressive background in public health matters. Dr. Koop, why aren't your accomplishments in public health contained in your curriculum vitae?

Dr. KOOP. Mr. Chairman, I began to develop my career hewing to the line of trying to be the best possible pediatric surgeon, the best possible pediatric surgical academician that I could be. Therefore, my curriculum vitae represents those things which I used as building blocks to get to the place I was when I left my surgical life several months ago.

However, I am not a person of narrow vision. As you know from the things you, yourself, said and the things that were contributed by Senator Hatfield, I saw a great many problems that were stimu-

lated in my own thinking by the clinical things that I faced. I saw them to be problems affecting more than people individually; but rather segments of society. I addressed them and tried to establish leadership roles. I brought people together to accomplish these tasks. Many of them were done in the voluntary segment of my life. Therefore, they were not included in my curriculum vitae.

I never had planned to have a role in public life. If 35 years ago I had been planning for this at the end of my surgical career, I would certainly have included all those things as I went along the road surgically.

The CHAIRMAN. Today 10 percent of Americans are over 65, and that rate is expected to grow. I feel that not all of those presently living in nursing homes have to be there or even want to be there. What are your plans for helping the elderly, more specifically, in terms of home health care—and you may want to mention the home health care that is before the Senate?

Dr. KOOP. You are absolutely right about the statistics. By 1990, 1 in 5 people will be over the age of 65. Inasmuch as I will be at that age in 2 weeks, I would like to assure you that it does not mean you are necessarily over the hill.

At my age, having the health that I have at this moment, and never having been in a nursing home, that indicates that statistically I have a life expectancy of 12 years. If my wife were the same age and in the same state of health, she would have a life expectancy of 15 years.

With that many years ahead of me and ahead of other people 65, there is still an opportunity for the practice of preventive medicine and to keep those people healthy for as long a time as possible.

One of the greatest economic burdens that this country faces is that of long-term care. It must be divided between true care for people with medical problems and those people who are in long-term care because they are purely custodial. It takes about \$2,500 to \$3,000 to keep a patient in a nursing home per month. Many of them, with just a little bit of help, could be maintained independently in their own homes or their family's homes at a cost which is perhaps only a quarter to a third of that same amount.

Therefore, in reference to the bill that you mentioned, Mr. Chairman, I would strongly support any kind of legislation that would develop new types of health professionals to provide the care that would keep aged people out of nursing homes, keep them in the social community of their own families, keep them independent, and at the same time accomplish this with a saving of money.

The CHAIRMAN. Or at least allow them the choice of whether to go into an institution or a nursing home or to stay in their homes where they may feel more accommodated and better psychologically and otherwise. You would agree with that?

Dr. KOOP. Yes, I would.

The CHAIRMAN. The Health and Human Services Secretary has stated that the commissioned corps should be retained but with certain new policies instituted to tighten the way it operates. In light of budget cuts and the closure of the Public Health Service hospitals, what do you foresee as the new policy for the commissioned corps program?

Dr. KOOP. This is just in the planning stage now. We know that many can be streamlined. One of the major economic savings that could be made is to change the retention pay available for physicians now across the board to another system probably based upon merit.

We can find in the new structure of the way the Government will function in reference to health with the block grants that many of the people in the commissioned corps of the Public Health Service will find new roles as they attempt to aid the States in coming into line with the block grant system.

The CHAIRMAN. As you may know, Secretary Schweiker and I both view preventive medicine and healthful lifestyles as a way to decrease health care costs. Do you have any plans as Surgeon General in promoting preventive health measures?

Dr. KOOP. Yes, I agree completely with the Secretary. One of the things that we have discussed that is beneficial in a time of constricted finance is that many of these preventive initiatives are not expensive to produce. I would thoroughly support all of Secretary Schweiker's ideas on this matter.

The CHAIRMAN. During the nomination hearing of Dr. Brandt he stated that the proposed changes in the organization within the Department of Health and Human Services had been put on the back burner. Have you heard or are you aware of any restructuring in the position of Surgeon General?

Dr. KOOP. No, sir, there has been no discussion with me by either the Secretary or the Assistant Secretary about reorganization of the Department since the time of Dr. Brandt's hearings.

The CHAIRMAN. What do you think the role of the Surgeon General should be during the next decade to either maintain or improve the quality of health care for disabled individuals?

Dr. KOOP. This is one of the greatest challenges that we have before us now, Mr. Chairman. We have accomplished a great deal in this country in reference to improvement of health. We have an extended life expectancy. We have a lowered infant mortality.

However, one of the things that many Americans are not aware of is that the number of our disabled has increased. At the present time one out of every seven individuals in this country is disabled.

The CHAIRMAN. One out of seven?

Dr. KOOP. One out of seven. We have to define disability. That means if you are a toddler and you cannot toddle, you are disabled. It means if you are a man of a wage-earning age and should be supporting a family and you cannot work, then you are disabled. If you should be walking and you cannot walk, you are disabled.

At the present moment disability benefits to that segment of our population take about 8 percent of our gross national product annually. It is estimated that by the year 1990 if the current trend continues that sum will come to 18 percent of our gross national product. Obviously this is an increasing problem almost geometrically and we have to intervene in some way to take care of it.

Since I have been in the position of Deputy Assistant Secretary for Health I have made an effort to look about not only HHS but other departments of the Government and recognize, as many people have before me, that there is a tremendous amount of

duplication and overlap in reference to the provision of services for the disabled.

In addition to that, in the private sector there are many agencies attempting to bring services to the disabled that essentially compete with each other and frequently do not even know of each other's existence.

It is my intent—and I have asked for a special assistant to do this in the future—to make a road map of the disabled services for that class of our population in the country to try to eliminate the overlap and the duplication and to bring about the best spirit of cooperation I can between the public and the private sectors.

We have already started that, Mr. Chairman. Just last week, on an initiative from the Public Health Service we met with the March of Dimes at a hotel here in Washington knowing that the March of Dimes had invited 12 other national organizations concerned about the one thing we were discussing—healthy mothers and healthy babies.

On that day we recognized that we would have frustrations down the road because of financial constraints, but we recognized that by working together, the public and the private sectors, and by having better cooperation with elements in the private sector, that we could avoid duplication; we could have a uniform approach to this subject; we could cut out 15 separate information campaigns, concentrate on one, and save a great deal of money that way. I think this has to be the model for the future, Mr. Chairman—a combine of private and public sectors working conjointly to take care of segments of our population that are in need.

The CHAIRMAN. I have heard expressed the fear that because of your opposition to abortion you may utilize your position as the Surgeon General to order or restrict the fertility and contraceptive research presently carried out by the National Institutes of Health. Would you be willing to respond to those concerns?

Dr. KOOP. Yes, sir. I think you should know first about the conversation I had with Secretary Schweiker the day that I arrived in Washington. I told him that I felt that I had said all that I should say and written all that I should write about the abortion issue. It was not my intent to use any post that I might have in the Government as a pulpit for an ideology. I thought that was improper.

If it met with his approval, it was my intention to pursue other matters, particularly those health initiatives which he would like to pursue, and that it was not my intent to continue to be a speaker on what I call the prolife circuit. He agreed with that, and that is the way I have behaved since I have been here.

In reference to your question about research, sir I am not opposed to contraception; I am not opposed to family planning. I think we have to have as much research as is possible in these two fields because I think they are the answers to some of the things about which I am concerned in reference to abortion and other problems in medical ethics.

The CHAIRMAN. Dr. Koop, as Surgeon General you will head the Commissioned Corps, which is a combination of physicians and nurses. Your ability to work with other health professionals, there-

fore, is critical. Nursing services, in my opinion, are important in the health care of our Nation.

How would you view the role of the nurse in the Commissioned Corps? Would you be a leader in the use of pediatric and geriatric nurse practitioners?

Dr. KOOP. Yes, sir. I believe that nurses contribute an extraordinary amount to the care of individual patients and therefore are a very important resource in health care for individuals and larger segments of the population.

Not only will there be new types of paraprofessional people that spring up in days to come, but we have nurse practitioners and we have physicians' assistants. Each of them should be used to the extent of his or her ability to carry out the task for which he or she is trained.

I do think that there is an important element that must always be considered when we have burgeoning varieties of health care professionals. That is that in the care of any one individual or one program there must be a captain of the ship. Therefore, one person must assume final authority because it is very difficult, as doctors know, to have a patient or a program taken care of by a committee.

The CHAIRMAN. Thank you, Dr. Koop.

We will turn to the ranking minority leader at this time, Senator Kennedy.

Senator KENNEDY. Thank you very much, Mr. Chairman.

Dr. Koop, you have been criticized in editorials—the Detroit Free Press, the Louisville Times, the Los Angeles Times, the Washington Star, the Miami Herald, the Philadelphia Bulletin, the Philadelphia Inquirer, the St. Louis Post Dispatch, and the New York Times.

I have the editorial from the New York Times of May 26. I want to read this to you and get your reaction to it. In their editorial they said:

Time for a new Surgeon General. Initially the nomination of Dr. Koop to be Surgeon General, the head of the Public Health Service, has been stalled on a technicality. He was under present law seven months too old for the job. The House now seems to have removed the age barrier, but there is, and always has been, a far more important reason to resist Dr. Koop's nomination.

What should stop this appointment altogether is a thoughtful consideration of the doctor's credentials. He is simply the wrong man for the job. Dr. Koop is indisputably a distinguished pediatric surgeon but, unlike previous Surgeons General, he has had virtually no experience in public health. It is hardly surprising then, but surely significant, that his nomination to the post is the first that the American Public Health Association has opposed in 109 years.

Dr. Koop holds many opinions that make him attractive to the Reagan Administration—above all, his opposition to abortion—but opinions are not qualifications. His nomination is a disservice not only to the Public Health Service and the public, but also to Dr. Koop. He is being honored for the most cynical of reasons, not for his medical skills but political compatibility.

How would you respond to those observations?

Dr. KOOP. I responded very badly when I read that, sir. [Laughter.]

The CHAIRMAN. I do not blame you, Dr. Koop, not one bit.

Dr. KOOP. I felt it was a considerable injustice. I felt it was a particular injustice because I think the headline was "Doctor Unqualified." The other editorial on the same page was about a man

whom I admire greatly and have followed, Dr. Rusk, famous for his rehabilitation programs.

I do not want to sound as though I am blowing my own horn, but I have exampled my life a lot after Dr. Rusk, and I thought it was rather ironic that the man that I had emulated—and I think successfully—in the rehabilitation of children for the past 35 years was painted as the paragon that I believe him to be and I was considered to be totally unqualified.

I have been accused of this lack of qualification, as far as I know, primarily and first by the American Public Health Association. What they have said has been picked up and repeated in paper after paper. I guess what disturbs me the most, sir, is that they never came to me and asked me whether or not I had any public health experience or how I felt about the accusations they made.

I believe that just a little bit of research would have turned up some of the things that you heard said this morning about my experience in public health endeavors.

I was disappointed. I felt that it was unfair. I felt that it had not been properly researched. I felt that I had been accused by people who had not had the courtesy to talk to me about these things.

Senator KENNEDY. I listened with great interest and learned a great deal from the Senator from Oregon, the chairman of the committee, and your own statement.

What would you say are the two or three features of your career that most qualify you in the areas of the public health? I do not think any of us question your achievements in pediatric surgery. You are preeminent in that field in this country. We are talking about different responsibilities.

As one editorial writer has said, we can have two individuals who have had medical experience, and one could be qualified for one position and the other for another position, comparing one who builds bridges to someone who builds missiles. Both might be engineers. Both of them have different qualifications, although by their titles both are engineers.

What do you think are the three or four things which most qualify you? What do you think are the three or four items that you take the greatest sense of pride in, that you think are relevant in terms of your experience for this particular job, not just generally in the medical profession?

Dr. KOOP. If public health is the protection of the public from disease, if it is health promotion, and if it is the restoration of health, then I think the things I would be most proud of would be, in the public health realm, what I have done to reduce infant mortality. I think that was a really significant thing.

I think that what I did in reference to the "Reader's Digest" fellowships to prepare a whole generation in public health, particularly for service in Third World countries; I think the things I have done for children to protect them from injuries such as from radiation, from the burns that they got from corrosive materials, and the day-to-day life that I had in Philadelphia dealing with a very large underserved population in the black ghetto—I think these are public health service at its essence.

Senator KENNEDY. All of us in the public eye have been quoted on a number of occasions, sometimes out of context. I would like to

read you a couple of these quotes and ask you to explain the context in which they were made and what you meant.

I quote:

In a sense, I think it is harder to be a woman today than it was when I was your age. You see, the girls who graduated from preparatory school with me did not have a feminist telling them that they must be liberated, that they have to fight for their rights, or that there are certain male roles in life that they should fill.

Do you remember that speech?

Dr. KOOP. I do very well. I would like to paint the picture for you. Those were remarks that I made at the graduation exercises of the Shipley School, a very fine girls' school in the suburbs of Philadelphia.

It was a very interesting occasion because the graduating class consisted of 72 beautiful young ladies, carrying long-stemmed roses and wearing white dresses, and one boy.

I felt that I could not address those together, and I prepared a little personal note for the boy and delivered it to him first, and then I talked to the 72 young ladies.

In the context of what I was saying, Senator, I was trying to say, "Don't let anybody force you as a young woman into a mold that he or she thinks is right for a woman your age and at this particular time."

I talked about the beauties of being a woman, the wonders of being a parent, all of the joys that come with marriage, and I felt that I was speaking the way I would like somebody to have been speaking to my daughter if she were in that graduating class.

I can tell you, sir, that there was no misunderstanding that day about what I was saying, because when I finished I had a standing ovation for a long and embarrassing time. Some very prominent feminists in the Philadelphia community were on their feet, and they were applauding.

No one made any mistake on where I was coming from. This was not downplaying women. It was pointing out to them, among other things, that marriage is not just a 50-50 proposition—it is a 100-100 proposition—and if they wanted to achieve the best with marriage and with families they had to have that self-giving love, man to wife, and wife to husband.

As I was undressing and taking off my red robe afterward, a group of the ladies on the faculty of that school came to me and said,

We have come to thank you for bringing a sense of balance to our school, because we have to acknowledge before you that we have really emphasized career above the other aspects of womanhood; and thank you, sir, for being with us today.

I think everyone understood where I came from, Senator.

Senator KENNEDY. You also were quoted as saying,

The family is not threatened by poverty, by inadequate education, lack of a more beneficent social planning government. Indeed, these deprivations, when they exist, mold, knit, and glue together a family structure that can survive and prosper in the face of adversity.

Dr. KOOP. Yes, sir, I said that right in this building on November 20, 1980, when I was speaking under the auspices of the American Family Institute about the impact that a handicapped child makes upon a family.

What I was trying to do was draw attention to the fact that the things that most people talk about are those things that you just mentioned, sir.

I was trying to say that those things very frequently glue a family together—that the impact of a handicapped child has the same thing to do with the family as poverty. It is a terrible bang, but it can be a cementing influence in the family.

Senator KENNEDY. I suppose the question is what message that sends to the families which live in extraordinary poverty, and receive inadequate education in many areas of this country.

I would be interested in your expanding on what kinds of pressures are placed upon families that live in the midst of poverty with sense of hopelessness—whether in the inner cities or in rural areas. What is your experience, or what is your sense about that?

Dr. KOOP. My sense about that, sir, is that I have always tried to practice whole person medicine, not just to focus in on the complaint of the child, but that when the mother brought him to me with a problem, to find out what other things there were in her life that might be involving her own health and the health of her child, and whether these problems were associated with poverty, with social circumstances, or with health issues.

I have always tried to address myself to all of those things which could be corrected in the life of a family, whether it be poverty, housing, or what.

I consider myself to be a compassionate individual, concerned primarily perhaps for his patients but recognizing all of the things that contribute to the well-being of my patients.

I consider well-being of his family to be one of the very important parts that contribute to my patient's health.

Senator KENNEDY. Do you think the possibilities of a family being knitted or molded together would be more realistic if they had perhaps a handicapped child or retarded child than if they lived in poverty or with inadequate education?

You are not trying to suggest—this is the quote:

The family is not threatened by poverty, inadequate education, lack of a more beneficent social planning government. Indeed, these deprivations, when they exist, mold, knit, and glue together a family structure.

Are you saying to me that poverty can mold, knit, and glue together a family structure? Are you saying to me inadequate education can mold, knit, and glue a family structure together? Or are you saying to me that a family that has a member that is handicapped can bring out the various emotions within a family that can mold and knit the family together. I want to get it straight.

Dr. KOOP. I am saying the latter, sir. Again, in the context of which I was saying this I was trying to point out that poverty can bring people together—that any kind of an emotional upset can bring people together. I was leading up to the fact that there was a handicapped child that could bring the family together.

Once again, I think everyone who heard me say that knew where I was coming from and what I was trying to say, and I do not want to overdo this thing, but they all stood up and applauded for that too. So I do not think that they thought I was going in the wrong direction or had no compassion about people who were poor.

Senator KENNEDY. No one is suggesting that people who are needy and have limited resources cannot have a strong family life and commitment. There is no suggestion about that. But the way you have placed it here was, I think, worth some note.

Dr. KOOP. The way you have read it to me, sir—if I were to do it over tomorrow I would rephrase it.

Senator KENNEDY. Perhaps you could tell us your views on breast feeding versus bottle feeding. Let me go back one step. This committee has been very interested, in the whole issue in its responsibilities in international health, in the abuses in infant formula.

There is no question but that there are areas of the world where infant formula has been of enormous value and is entirely appropriate. There are significant areas of the world where it is not.

Earlier this year we saw in the World Health Assembly the decision made by this administration to vote in opposition to the development of a code which was completely voluntary.

I do not know whether you have any independent views, or whether you are permitted to have independent views about that particular vote, or whether you would say you would have come to a different conclusion. If you would like to make a comment on it, I do not know whether you would be getting yourself in hot water or whether you agree with what the administration did on that particular vote.

Dr. KOOP. I appreciate your sensitivity, sir, in knowing that I could get in hot water, but I will nevertheless answer your question.

Back in the days when you were concerned about this and before I had any idea of coming to this Government I applauded what you were doing about breast feeding because, having been involved in the care of children now for almost four decades, there is no doubt in my mind that the best nutrition for the newborn and for young infants is breast feeding.

I also have spent considerable time in the various parts of the world that were being addressed by this concern.

I was—you may not know—a delegate to the World Health Assembly where this was discussed. I came home before the vote, and as a physician, there is no doubt in my mind that I would have liked to have seen our country vote for that code. I expressed that opinion before I left this country to members of my department. I expressed it while I was over there.

We had an inordinate amount of discussion about this because, as you know perhaps better than I, there were other issues than health involved.

Although I was back in the United States by the time the vote was taken, I realized that there were a good many problems that were brought to mind by the State Department that were not concerned with health, and I presume that in the minds of those who made the decisions they overrode complying with the code.

Senator KENNEDY. Yes. In all respect, I think the recommendations from the Department of Health Services were made along the lines that you have outlined here. That decision was made for other reasons that I believe were not related to health.

Could you comment on the issue of breast feeding and bottle feeding in the Third World?

Dr. KOOP. I think that breast feeding is superior—there is no question about that.

I think that if one were to have a very strict code so that it was not possible to have supplementary feedings, then you would deprive children whose mothers' breasts had dried up as far as milk supply was concerned, to have a source of nutrition.

There are a great many other public health problems that come into it. If one uses a powdered substitute for breast milk, one has to recognize the fact that the purity of the water supply is in question in many parts of the world.

Then in the liquid types of infant formulas—milk substitutes—there are concentrated ones and those that are ready to be taken as is. Many times the women who use these formulas are not even literate and cannot tell whether they have a concentrated form or the regular form. If they give the concentrated form their children have vomiting and diarrhea, and if they use the regular form and dilute that as though it were concentrated their children suffer from malnutrition. So there are many problems associated with the whole situation.

Senator KENNEDY. Let me just ask a few other questions in different areas.

If you are confirmed as Surgeon General will you report to Dr. Brandt?

Dr. KOOP. Yes, sir.

Senator KENNEDY. What responsibilities, if any, will you have in the administration of the family planning program?

Dr. KOOP. None at all that I know, sir.

Senator KENNEDY. I have just a final question, and this is related to the elderly. The chairman spoke briefly about it, and I would like to gain your views. You have indicated your strong concerns about the problems of the aged.

During the last 9 months we have seen a variety of different suggestions in terms of the reduction of services in health, nutrition, income assistance, and social service programs that assist the aging, particularly the aging poor.

These proposals, include a cap on medicaid assistance to the States, a 34-percent cutback in low-income energy funding, the potential elimination of minimum social security benefits, substantial cuts in food stamps, a 34-percent reduction in title 15 funding—an important source of funding homemakers, senior day care services, and nutrition services.

Do you have any reaction to these budgetary reductions as to what their impact is going to be on the elderly people of this country?

Dr. KOOP. I share your concern, sir, that the impact is going to be considerable. I think it is therefore, for those of us who are involved with trying to make do with what we have left, to step back and assess priorities and see what we can do to get the very best quality out of what we have.

Senator KENNEDY. As someone who bears some very special responsibilities in this area, if confirmed, are you going to be an advocate within the administration for these particular constitu-

cies? I think all of us understand how decisions are made, but what can you tell us about your willingness to speak for these constituencies?

Dr. KOOP. I am not just willing, sir, but I intend to be an advocate for both the groups that we have mentioned—the disabled and the elderly—to the best of my ability.

Senator KENNEDY. Do you have any impressions at this time what that kind of an impact those kinds of reductions will mean on the quality of life for seniors?

Dr. KOOP. I do not think there is any doubt about the fact that certain people will be heavily impacted. As I said earlier, it is an opportunity where we are going to have to, until we see exactly what the situation is—and we have not had much experience yet—try to bring together all of those facilities that exist in the private sector and bolster those that disappear from the public sector.

Senator KENNEDY. You say “impacted.” Are you saying adversely or favorably impacted?

Dr. KOOP. I think the way you presented the question to me, sir, it would be an unfavorable impact.

Senator KENNEDY. The way I presented it is the way we are faced with it here in the Senate and, most importantly, the way the elderly people are going to be faced with it. A series of these reductions—when you take the different programs and put them together, they are targeted into the elderly groups.

Would you want to risk another statement about whether you would support those kinds of cuts?

Dr. KOOP. I think that is an unfair question, sir.

Senator KENNEDY. It is a fair question.

Dr. KOOP. Not to me at this time.

Senator KENNEDY. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator.

Senator Nickles?

Senator NICKLES. Thank you, Mr. Chairman.

Dr. Koop, in regard to a couple of things you just mentioned to Senator Kennedy concerning priorities, what priorities do you see yourself as having and acting upon as Surgeon General?

Dr. KOOP. I see the things that I have just discussed. I have been given the oversight of the bilateral health agreements with 17 different foreign countries. I have been given the assignment of the disabled, of the elderly, and of the Commission Corps.

The two central ones of those—the two groups of people we have been talking about—come at a very interesting time, because this is the International Year of Disabled Persons, and this is the year of the White House Conference on Aging.

So I think we have enthusiasm, a springboard, and a tremendous amount of interest in the private sector, which will make it easy to do some of those things that I mentioned as ways to bring about cooperation between the public and the private sector and to take care of some of the needs that we will have to face with constricted financing.

Senator NICKLES. Senator Kennedy earlier read statements from newspapers or from various groups that mentioned that you did not have very much experience in public health. I thought your answers were very appropriate.

How does your experience compare to that of, say your predecessors? I think you mentioned that there had been 12 Surgeons General before you. How does your experience compare in the public health field to theirs?

Dr. KOOP. Of the last seven Surgeons General only two had a degree in public health—Dr. Birney and Dr. Erlich. Dr. Erlich is frequently not mentioned in the list of Surgeons General because he was an Acting Surgeon General for 8 long years. Of the others, two were cancer specialists, two were pediatricians, and one was an internist.

Each of them came from a clinical background such as I did and I think brought the skills that that might generate to the job of Surgeon General.

Senator NICKLES. I think it is commendable that we have people who would be coming from a clinical background or a private sector background and giving some input.

This idea of administration—you talked about your working in other countries, but also you have worked in clinics and hospitals in pediatrics and so on. You have been in public health administration almost throughout your career at different levels?

Dr. KOOP. Periodically. Then my relationship with MAP International—which is the second largest relief agency in this country—has given me a lot of opportunity to work in the private sector administratively with others of like interest as well as interacting with, for example, AID in our Government because we have contracts with them to carry out sanitation, famine control, and so on.

Senator NICKLES. What agency is that?

Dr. KOOP. That is MAP International in Chicago. MAP used to stand for medical assistance programs, but as we got deeper and deeper into relief work we found that it was more than medicine—it was famine control, it was sanitation, it was sewage, and so forth. So inasmuch as we had always gone by the name MAP as an acronym we just now are MAP International.

Senator NICKLES. And you said that is the second largest private relief agency?

Dr. KOOP. Yes—next to the Red Cross.

Senator NICKLES. Is that on an international scale?

Dr. KOOP. Yes. We have worked in 82 countries. We are not a sending organization of people; we are a sending organization of materiel, consultation, equipment, and so forth.

Senator NICKLES. I have no further questions. Thank you.

The CHAIRMAN. Thank you.

Senator Metzenbaum?

Senator METZENBAUM. Thank you, Mr. Chairman.

Dr. Koop, one matter that concerns me very much is the area of occupational safety and health.

In the field of occupational health we lose about 100,000 Americans annually, and nobody seems to give a damn. We have OSHA. Some people say OSHA goes too far or they do not go far enough.

I am concerned as to what responsibilities you recognize as Surgeon General in the field of occupational health hazards and what you would consider to be the No. 1 occupational health hazard in the workplace today.

Dr. KOOP. Well, sir, this is a field in which I have not had any wide experience. I think I would have to agree with what you have said—that it seems to have low visibility because it is not one of the things that we discuss very commonly.

In my role as Deputy Assistant Secretary for Health I have not at this time had any experience in dealing with any of the initiatives in the Department of Health and Human Services in reference to that.

I do recognize, with you, that occupational health hazards are tremendous, and the problems that I come from in pediatrics of course do not usually involve occupational health hazards except in the instance that I mentioned of children who might be exposed to radiation or eat things that they thought were candy that would be corrosive to their digestive tracts.

I would support as Surgeon General any kind of activity which protected the health of American citizens from occupational hazards, and I would have to rely on the agencies within the Public Health Service which are under the Assistant Secretary and work with him to the point where we could do all we could to bring the powers of suasion of our offices to bear on these things and assist in legislation that would protect individuals from occupational hazards.

Senator METZENBAUM. Can we assume that there would be some active leadership as the Surgeon General to reduce risks associated with occupational exposure, such as lead in the workplace which does create a real problem for the mother with respect to the fetus? Can we assume that you would provide some aggressive leadership in this area?

Dr. KOOP. You can absolutely assume correctly, sir, that if I knew that there was a health hazard that was of concern to a committee of this Congress, to a segment of our population, or to you, I would do everything I could to address that issue and bring about a satisfactory conclusion.

You mentioned lead. That is the one area where I have had some experience with children, because we have had several bad times in my own community where the burning of lead batteries in dumps has produced serious problems of lead poisoning in the children who live in that environment. I am aware of these things and would certainly support any effort to correct them.

Senator METZENBAUM. With respect to the whole question of the Federal role versus the State role in the delivery of public health services, do you have any particular opinions on that subject?

Dr. KOOP. As somebody who spoke previously said, one of the strengths I might bring to this position, sir, is that I have been on the receiving end of the largess of the Federal Government and the State government as a practicing physician and one interested in programs for children.

It has always been my feeling that we could work with less bureaucracy and get quicker solutions to our problems if we worked at the State level than if we work at the Federal level. So in general for most things I would support a State initiative rather than a Federal initiative.

Senator METZENBAUM. Do you feel that the States have accepted this responsibility in that area?

Dr. KOOP. All I can tell you, sir, is what the Assistant Secretary reported to us at our last staff meeting, and that was his surprise and delight at the rapid and cordial response from the States in reference to the block grants. They seem to look forward to the opportunity of managing that on their own.

Senator METZENBAUM. Is that out of a self-interest that they will be able to manage it on their own, or is there any evidence that block grants will improve the public health services, which I think is really the bottom line?

Dr. KOOP. I would not want to second-guess what the individuals in the States had as their motivation, but I think what they are saying is that each State has its own set of priorities and under the block grant proposal they have a little more freedom to spread the money around to places that they think it will bring about the best programs in public health.

Senator METZENBAUM. Do you think they can do that with less money? For example, the Republican mayor of the city of Cleveland has pointed out that in the block grants for cities, and equally as well with respect to public health programs, there will be a 25-percent cutback at the Federal level, and then the sticky fingers of State government will retain about another third of that if past practice is an indicator of what will happen in the future. The net result will be that for local services, whether they are public health services or other kinds of services on a local level, there will only be 50 cents out of each dollar that was previously available, without taking into account the whole question of inflation.

Dr. KOOP. I think the reaction of various communities will be patchy. I do not think all the States have the same ability to absorb a block grant technique as others, and certainly all municipalities do not have.

I think the difficult thing that you have put your finger on is the fact that the financial constraints at the Federal level, which brought about the 25-percent reduction, ran head on into the same kind of financial straits at the State level.

There is no doubt about the fact that in some areas there will be a definite reduction in money available for services. As I said a moment ago, I think this is the opportunity to step back, look at what those services had been providing, and see what our priorities are and what we can do with what we have left.

Senator METZENBAUM. Dr. Koop, you have been quoted as saying that unwanted pregnancies are not a public health concern. Is that a fair quotation? That is not in quotes; I am not giving it to you in that manner. Is that generally your position?

Dr. KOOP. I do not remember ever saying that.

Senator METZENBAUM. Do you have an opinion as to whether they are or are not a public health concern?

Dr. KOOP. I think that anything that happens in our society—whether it is too many children, too few children, sick children, or well children—that impacts upon health is that.

Senator METZENBAUM. How about unwanted pregnancies?

Dr. KOOP. Unwanted pregnancies have to be a health problem. They are a social problem. They are an economic problem. They are not purely a health problem.

I do not ever remember saying that though, sir.

Senator METZENBAUM. As I said, I do not have it in quotes, but I gather it is a paraphrasing of some of your speeches but it does not really matter as long as we have your opinion on the record.

Is it not true that young adolescents and women over 40 often experience unintended pregnancies and that these women and their infants are considered to be at high risk because of the possibility of complications? And are not these risks the greatest factors associated with infant mortality which, as I understand it, is an index used to determine the public's health?

Dr. KOOP. I think that is an oversimplification of it, sir. It is true that there are higher infant mortalities in the very young and in those who are old, but nevertheless many young people go through pregnancies very well as do many people who are over 35. The thing that gets them through it is attention to nutrition, good prenatal care, the ability of good obstetrics to foretell what might be a crisis at time of delivery, and being prepared to do the best you can for both mother and child.

Senator METZENBAUM. In the area of mental illness what do you see as the role of the Surgeon General in attempting to prevent mental illness as well as to alleviate or zero in on the problem when it does exist?

I think it is only fair to say that your responsibilities may be greater than any of your predecessors since I would guess that the administrations program that became effective today is indeed going to create or at least exacerbate the problem of mental illness because many people will not receive treatment.

I would like to know how you feel the Public Health Service might deal with the whole area of mental illness.

Dr. KOOP. There is no doubt about the fact that mental illness, just as physical illness, is a concern in public health.

We have a great many research projects going on at NIH, not only inhouse but out in the universities, looking into the cause of mental illness. In one of the Public Health Service's agencies which is concerned about mental health we have other research projects—demonstration projects—in an effort to bring the best possible solutions to a very difficult situation to bear on a public health problem.

The role of the Surgeon General has not ever been to my knowledge specifically related with that, except as he relates to those other people in the Public Health Service who alert him to problems that they see and then use his good office to either issue health warnings or health initiatives and to cooperate to the best of his ability to bring other aspects of the Public Health Service to bear on the problem. I would certainly support that to the best of my ability, sir.

Senator METZENBAUM. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Metzenbaum.

Senator Hawkins?

Senator HAWKINS. Mr. Chairman, I am pleased that we are finally holding confirmation hearings to fill the position of Surgeon General of the United States, and I am pleased that the issue of age limitation on this position has been resolved and that we can finally focus on the paramount issue—this nominee's qualifications for the position to which he has been nominated.

Much has been made of Dr. Koop's and other nominees' personal beliefs concerning abortion and the right to life. I do not think a nominee's qualification should hinge on his or her belief on a single controversial issue.

I hope that we can limit our hearing today to what should have been the only issue all along—whether Dr. Koop is qualified for the position for which he has been nominated: Surgeon General of the United States.

I would like to read a letter that I received from a constituent of mine in Florida, Dr. Oscar Sussman of Tallahassee, Fla., in which he states:

I do not oppose the nomination of Dr. Everett Koop to be U.S. Surgeon General. I am an elected fellow of the American Public Health Association and have served on both the action board and the governing council of that organization.

I happen to disagree with Dr. Koop's position on abortion. That position is not enough in my opinion to prevent his being nominated and becoming a good Surgeon General.

The APHA's position that Dr. Koop is unfit and the worry that his nomination will politicize the office is poppycock. It has already been politicized. When I joined the APHA better than 30 years ago, the organization was not as politicized itself as it is at this time.

There are many public health workers whose actions are today predicated on preventing President Reagan from doing what he must do to prevent all of our public health programs from sinking into a mire of unattainable social welfare action. They also are fearful of not retaining their positions and self-built castles.

The fact that Dr. Koop is not a member of the union does not mean he does not know what is needed. He can and will employ assistants who can and will help him in furthering good needed public health programs.

He might—horror of all horrors—cut and do away with useless costs, inefficient supposedly public-health-oriented programs. These are programs that have been allowed to continue as dead albatrosses around all of our tax-paying necks, in many cases for years.

In the last 30 years there have been built up in the public health arena programs so far out and so fiscally inefficient that they help no one except the recipients of the salaries of the positions thus created.

I am not for wholesale slashing of needed funds to prevent illnesses, but I am against undue waste of funds on programs that have cost-benefit-ratios so low as to be next to useless.

I did a study in Newark, New Jersey, which proved that by doing away with an existing dental program in that city and using the funds saved to purchase the same units of dental care from the private dental sector by contract approximately 20 percent could be saved. The patients would, incidentally, not have to wait in a dirty, dingy, depressing, clinic-type waiting room until the dentist came to work hours late and then left early while patients were still waiting.

Senator Hawkins, there are better ways to get the delivery of good public health practices, but it will take a new look.

It is interesting that in the last 30 years or so the leadership in preventive public health matters in the United States has for the most part been in the hands of the qualified, credentialed person that the APHA insists is needed to be a Surgeon General, and it is obvious by looking at the results obtained that we can and must do better.

While I am a union member, a fellow APHA, former president of the New Jersey Public Health Association, with a master's in public health from Yale School of Medicine, inactive reserve U.S. Public Health Service Commission Corps of Captains, I believe Dr. Koop should be given the opportunity to serve if that is what President Reagan's desire is in this matter.

We need to give the President his assistance. We should not let those people choose his staff who have moved this country downhill as much as they have up to this day.

As you know, we did vote President Reagan into office, and I want to give him a chance.

It is signed by Dr. Oscar Sussman, Tallahassee, Fla., and I believe it is a great testimonial. He is a great admirer of yours, even though he may not know you.

It was interesting to me to note in Senator Kennedy's comments that the editors he quoted were not for you and were also not for President Reagan, so you are in very good company.

I am from Florida, as you may know. We have a lot of the elderly there, and those are constantly concerns of mine. I am concerned about the White House Conference on Aging because in the past the results of those conferences has been ignored.

I would like to know what you would propose to do as Surgeon General to insure that the health-related problems of the elderly that are raised at these conferences are investigated and pursued, and it is not just a meaningless meeting.

Dr. KOOP. I have already begun, Senator Hawkins, to work with the director of the White House Conference. I have suggested not only materials to be used and subjects to be discussed but have provided lists of names of people that I thought could lead various segments of this to proper conclusions.

I think one of the reasons previous White House Conferences on Aging have not been more effective in producing results is that so many recommendations were made. There were over 3,000 recommendations made the last time. It is our hope that this time we can keep that down to about 300.

Of the 14 separate panels that will address issues of the aged only 2 have to do with health, and I am monitoring those closely.

We then will take what we learn from that, refine it to the best of our ability, and take it to the United Nations conference on aging in Vienna in the summer of 1982.

With the added information we get there, with what we have learned from our own White House conference, then we will do the best we can to peg priorities and to move as rapidly as we can to achieve those things which, in the health arena, will bring about the most good for the greatest number of the aged people.

Senator HAWKINS. The Public Health Service recently reported that 1980 was the first year since 1963 that the number of new cases of tuberculosis exceeded those reported in the preceding year.

In Florida, Dade County has shown extraordinary increases in tuberculosis cases for 4 consecutive years. There were 278 cases in 1977, 294 in 1978, 333 in 1979, and 417 in 1980. Dade County is now projecting that 550 new cases of tuberculosis will be reported by the end of 1981.

Despite the fact that much of this increase is attributable to the influx of Haitians into south Florida, the rise in the number of reported tuberculosis cases seems to be indicative of a national problem. What do you feel can be done to reverse this trend?

Dr. KOOP. You have stated correctly that Dade County, Fla., is the focal point of all this, although there has been a slight rise in the instance of tuberculosis over the whole country.

This is of concern to the Center for Disease Control in Atlanta. They already have assigned an epidemiology squad to study it. In reference to your own State, they have sent in a tuberculosis adviser at the State level and are considering the possibility of even having one at the level of Dade County.

Tuberculosis is not a disease, like smallpox, that one can eradicate by vaccination. Therefore the case finding is more difficult and the treatment is more prolonged.

However, it is possible, in the public health aspect of not only detecting the disease but treating it, to get people with tuberculosis to a condition where they are not contagious to their families and back in the work force, and that is what the CDC will try to do in your instance as well.

Senator HAWKINS. I have some other questions for you, but I have to preside at the Senate. I appreciate your forbearance with us here today, tolerance, and congenial attitude. I look forward to voting for your confirmation as Surgeon General.

Dr. KOOP. Thank you.

The CHAIRMAN. Thank you, Senator Hawkins.

Dr. Koop, Senator Pell has a statement and some questions for the record which we would like you to answer as soon as possible.

I will also put into the record and ask you to answer questions submitted by Senators Stafford and Weicker as well.

They are all very interested in this nomination, and they all apologize for not being here because of other committee conflicts. Senator Pell, for instance, is in the Foreign Relations Committee listening to testimony on AWACS.

[Material referred to follows:]

PREPARED STATEMENT BY SENATOR PELL

Mr. Chairman I know of Dr. Koop's distinguished medical reputation and welcome him to this committee.

Dr. Koop brings a great deal of experience to the Department of Health and Human Services. And there is no doubt in my mind that he will be an asset to the Department's Health Team under the direction of our former colleague, Secretary Schweiker.

I do, however, have some concerns about the kind of professional experience that a candidate for the position of Surgeon General ought to bring to this job and I am anxious to learn more about Dr. Koop's administrative experience in the area of public health.

QUESTIONS FOR DR. KOOP FROM SENATOR PELL

1. Dr. Koop, there has been a great deal of concern expressed from the public health community about the sufficiency of your public health experience.

How do you respond to this? And, secondly, could you state for the record what you believe are the assets and the liabilities that you would bring to the job of Surgeon General?

2. In the last decade the Federal Government has begun to take an active role in the prevention of disease and the promotion of health.

What are your thoughts on the Government's antismoking campaign, the promotion of flu vaccines and the recent effort to raise America's awareness about the important role that diet and exercise play in health?

Do you expect any problems in your efforts to continue this trend from those in the administration who believe in the so-called "free market" and minimal government intervention in health care?

3. In recent months you have had an opportunity to form some opinions about our country's public health effort.

What do you believe are our strengths and weaknesses? Second, how would you assess the present strength of our service corps? Third, what specific role would the corps play in your performance of your duties?

QUESTIONS FOR DR. KOOP FROM SENATOR STAFFORD

1. Dr. Koop can you respond to the charge that you lack public health experience with some specific examples of your work and how you feel they relate to the duties of the U.S. Surgeon General?

2. Dr. Koop, while I have discussed this matter with you in my office, I would like to get your response on the record. Because you are a man of strong conviction on some of today's most controversial issues, do you think you will be able to enforce the laws of this nation with which you disagree?

DR. KOOP

PUBLIC HEALTH

1. Most of our health programs are facing severe reductions in funding as part of the Presidents' attempts to balance the Federal budget. In the face of reductions in funds, how do you propose that health prevention programs be not only preserved but expanded? What role do you see the private sector playing in the promotion of prevention in the health field?

2. In an article printed in the Wall Street Journal you stated that problems associated with the handicapped and the elderly would concern you most as Surgeon General. Given the administration's position to balance the Federal budget, and accordingly reduce Federal expenditures, specifically in the area of handicapped and elderly programs, how do you intend to place any great emphasis on these truly needy populations?

3. Dr. Koop, you are no doubt an eminent and qualified pediatric surgeon. However, the job of a public health professional rests on identifying the needs of a population or group, not on identifying the specific health needs of an individual. In reviewing your curriculum vitae your experience and strength appears based on the care and treatment of individuals, not on prevention or control of large populations and their environment.

Do you feel that your experience as a surgeon, exposed to the broad issues of public health, qualifies you as a public health professional? Do you feel that your experience on the treatment side automatically qualifies you to address the preventive side?

4. Dr. Koop, one area which you will no doubt play an important role is the administration of the new Federal block grants. You are, I am sure, familiar with the alcohol, drug abuse and mental health block grant, the preventive health block grant, and the primary care block grant. How do you plan to monitor these block grants and how do you plan to insure continued assistance to the health care needs of these target populations?

ABORTION

5. Dr. Koop, you have gone on record many times in opposition to abortion. Your statements relating abortion to euthanasia have caused great concern among many Members of the Senate, including myself. You are, I believe, aware of my position on the question of abortion. My question to you is quite simple, will you enforce and abide by the law as it relates to abortion, and more importantly, will you use your position to influence Congress on this matter?

6. In your opinion, doctor, what public health steps would you take as Surgeon General to promote a health policy that reduces the need for abortion and still deals with problems relating to venereal disease and teenage pregnancies?

AMNIOCENTESIS

7. Dr. Koop, as head of the Public Health Service, you would have direct responsibility for: The Center for Disease Control's response to epidemics such as rubella; the Federal programs to counsel parents and screen for genetic disease and birth defects; and the P.H.S. response to such emergencies as Three Mile Island and Love Canal.

All of these responsibilities could foreseeably include extensive use of amniocentesis, a testing procedure that you have characterized as a search-and-destroy mission.

In the event of future epidemics, toxic spills, or radiation—any of which might cause significant birth defects—you, as surgeon, would be called upon to order such tests.

Would you issue such orders?

FAMILY PLANNING

8. In 1979, in a speech you delivered at the Philadelphia College of Osteopathic Medicine, you stated that population control represents national suicide and that planned parenthood is to blame for teenagers sexual activity and that test tube baby programs may be used in the future to increase the potential power of homosexuals. Doctor, I am not going to ask how you reached these conclusions; my concern is over title X, the National Family Planning Program.

Earlier this year Congress rejected the administration's request to Block Grant title X because of the national importance of this program. Do you support title X and do you consider unwanted pregnancies and sex education a national public health question?

Would you support the retention of strong national programs in these areas?

HEALTH CARE COST CONTAINMENT

9. Particularly since the passage of the Health Planning Act (Public Law 93-641) most States have enacted certificate of need laws to control the supply of institutional health care facilities and services.

Do you feel certificate of need laws are valuable/necessary?

If yes: (a) Do you feel certificate of need laws should be retrospective as well as prospective, that is, deal with existing as well as planned new facilities?

(b) Do you feel the Federal Government should continue to assist the States in certificate of need work, via an organized planning network?

(c) Since the Federal Government pays much of the Nation's health care bills how should it protect itself against cost increases which have been and are continuing to escalate at rates higher than inflation?

If no: (a) Without certificate of need laws what will restrain the health care delivery system from oversupply?

(b) Is there any national evidence you can point to to suggest your ideas will work?

(c) Since the Federal Government pays much of the Nation's health care bills how should it protect itself against cost increases which have been and are continuing to escalate at rates higher than inflation?

The CHAIRMAN. We appreciate the forbearance that you have had and certainly the testimony that you have given. You have been very straightforward. In fact, one of my colleagues remarked, "He really is straightforward, isn't he?" I certainly think that is a great attribute, among many others that I admire which you have.

Dr. KOOP. Thank you, Mr. Chairman.

The CHAIRMAN. At this point we will certainly end your testimony with our compliments.

[The biography of Mr. Koop follows.]

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

JULIUS B. RICHMOND

Divider Title: _____

2

NOMINATION

int 25 p.

27 p.

I
MPB

HEARING BEFORE THE COMMITTEE ON HUMAN RESOURCES UNITED STATES SENATE NINETY-FIFTH CONGRESS

1043

FIRST SESSION

ON

JULIUS RICHMOND, OF MASSACHUSETTS, TO BE AN ASSISTANT SECRETARY OF HEALTH, EDUCATION, AND WELFARE; TO BE MEDICAL DIRECTOR IN THE REGULAR CORPS OF THE PUBLIC HEALTH SERVICE; AND TO BE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE

JUNE 24, 1977

Y4. H88: N 72/977-11



Printed for the use of the Committee on Human Resources

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1977

94-327 O

9/13

+ 5411-22

A

COMMITTEE ON HUMAN RESOURCES

HARRISON A. WILLIAMS, Jr., New Jersey, *Chairman*

JENNINGS RANDOLPH, West Virginia
CLAIBORNE PELL, Rhode Island
EDWARD M. KENNEDY, Massachusetts
GAYLORD NELSON, Wisconsin
THOMAS F. EAGLETON, Missouri
ALAN CRANSTON, California
WILLIAM D. HATHAWAY, Maine
DONALD W. RIEGLE, Jr., Michigan

JACOB K. JAVITS, New York
RICHARD S. SCHWEIKER, Pennsylvania
ROBERT T. STAFFORD, Vermont
ORRIN G. HATCH, Utah
JOHN H. CHAFEE, Rhode Island
S. I. HAYAKAWA, California

STEPHEN J. PARADISE, *General Counsel and Staff Director*
MARJORIE M. WHITTAKER, *Chief Clerk*
DON A. ZIMMERMAN, *Minority Counsel*

(II)

NOMINATION

FRIDAY, JUNE 24, 1977

U.S. SENATE,
COMMITTEE ON HUMAN RESOURCES,
Washington, D.C.

The committee met, pursuant to notice, at 10:30 a.m., in room 4232, Dirksen Senate Office Building, Senator Edward M. Kennedy presiding pro tempore.

Present: Senators Williams (chairman), Kennedy, Randolph, Schweiker, and Javits.

Staff present: Don Zimmerman, minority counsel.

Senator KENNEDY. We will come to order.

Before getting into the official business of the morning, I want to recognize a distinguished member of this committee and a close personal friend, the Senator from West Virginia, for some introductions.

Senator RANDOLPH. You are very kind to allow this preface to this important meeting, and also Senator Schweiker from Pennsylvania, I refer you, so that our guests may know who exactly is at the table.

John Camela an Italian American or American Italian, he is from West Virginia. That is an area in our area in the Northern Panhandle. Dick Schweiker is very familiar with it. There is a very, very large population of Italians who come into our steel mills, combines and are very substantial citizens, productive in our society.

John would like to introduce two Members of the Italian Parliament and their guests who are here. They are here as members of the Friendship for America Club, which is an active organization in Italy.

John, would you do that now?

Mr. CAMELA. Thank you, Senator Randolph, and thank you, Senator Kennedy, for giving us the privilege to appear and attend this function.

I have the privilege to present the Honorable Mario Gauteau, Member of the Italian Parliament, and also Senator Eugene Parlimenti, Dr. Mario Scatinni, Antonio Justi, and Professor Salvatore—

Senator RANDOLPH. You did not ask them to stand.

Mr. CAMELA. To promote closer ties with the United States. They are part of the Clubs Friendship for America, and their purpose here is to promote relations with the United States, a principle of democracy.

Thank you very much.

Senator RANDOLPH. Thank you very much.

Senator KENNEDY. We want to express our appreciation to Senator Randolph and to John for your presence and to our friends from Italy.

If our friends from Italy look into the deepest vaults in the Vatican and go down into the furthest historical documents and research the names of Geraldini's, they will find that a small Italian family of

Geraldini's traveled many miles to the country of Ireland and met up with the Irish family of Fitz's—

[Laughter and applause.]

Senator KENNEDY. And, many years later, the Fitzgeralds came to Boston, Mass.

So I feel a wonderful sense of comradeship to my distant cousins. [Applause.]

Senator KENNEDY. We welcome—I refuse to recognize my good colleague here until I have a chance to pay due respects to our visitors from Italy. But we welcome them.

I also happen to be the Chairman of the Refugee Committee. We have been working very closely with the Italian people on the Fraholi area with the tragedies which have been experienced there, with the earthquakes in recent times. And you will be pleased to know in the authorization and appropriations that passed the Senate just last week, there were some funds for the refugee victims. And we continue to follow very closely the efforts to maintain democratic institutions in Italy. And you are among very good friends. We are glad to welcome you.

Now, I will permit the Senator from West Virginia.

Senator RANDOLPH. John, would you stand for a minute, please?

Mr. Chairman, only on this note of nostalgia—and I must not be misunderstood—Jack, Bob, and Ted have been to West Virginia many, many times, not because of politics, but you have come there and been a part of our community. I think for all of us in that area, we thank you very much and I want the record to disclose it.

Mr. CAMELA. Senator, we extend an invitation to you to come and join us.

Senator KENNEDY. Would that be all right, if the Senator would not mind?

We have been to Logan, Charleston. We want to get up to where Senator—

Senator RANDOLPH. Being very realistic, we are sure you will come back.

Mr. CAMELA. We love, but we also love the Kennedys.

Senator KENNEDY. Thank you very, very much. We are glad to have you here.

You can be sure Senator Schweiker is not going to let an occasion go by—

Senator SCHWEIKER. I just want to pay one more tribute to Italy. I saw the Italian soccer team play against the American All Stars about 1½ years ago. We brought that great American soccer player, Pele, from Brazil, to play on our team, and even with Pele on our side we could not beat Italy. So you must have some pretty good soccer players over there.

Thank you very much.

Senator KENNEDY. Thank you very much. We appreciate it.

Well, Mr. Richmond, Doctor, we welcome you here to our committee.

It is my great privilege to introduce Dr. Julius B. Richmond, who appears before the Human Resources Committee today as a nominee for the positions of Assistant Secretary for Health at the Department of Health, Education, and Welfare and Surgeon General of the United States.

Dr. Richmond is one of the Nation's most distinguished pediatricians and is a recognized expert in child psychiatry and child development.

He has served as chairman of pediatrics of the College of Medicine at the State University of New York at Syracuse, has been dean of the medical faculty of the State University of New York at Syracuse and, for the last several years, has been professor of child psychiatry and human development, as well as professor and chairman of the Department of Preventive and Social Medicine of the Harvard Medical School. He is on the faculty of the Harvard School of Public Health and is the psychiatrist-in-chief of the Children's Hospital Medical Center in Boston, as well as the director of the Judge Baker Guidance Center in Boston.

Dr. Richmond has already distinguished himself in Government service. He was the first National Director of Project Head Start, and is generally given credit for originating that program. He has also been the Director of the Office of Health Affairs of the Office of Economic Opportunity. He was one of the principal architects of the Neighborhood Health Center Program.

Dr. Richmond is a member of the Institute of Medicine and, in that capacity, chaired an Institute of Medicine Commission studying the costs of medical education. He is the recipient of numerous awards and the author of numerous publications.

It is an honor and a privilege to have a nominee of his qualifications and experience appear before this committee.

I want to express, on behalf of the entire committee, our sympathy and concern about Dr. Richmond's wife's serious illness and surgery, and our hope and prayers for a speedy and complete recovery.

Dr. Richmond wanted to go ahead with this confirmation hearing today in spite of these very trying personal circumstances because of his feeling that there has been too long a period between Assistant Secretaries. I believe this is another example of his personal courage and dedication and commitment to public service.

Senator Schweiker.

Senator SCHWEIKER. I will say that I certainly am impressed with Dr. Richmond's credentials. I am glad to see a man with his qualifications and background undertake what I consider a very challenging job. I think he will bring a lot to it and will be able to accomplish a lot as Assistant Secretary for Health, particularly in view of his excellent background in child health and his past experience in health policy.

So I am delighted with the President's recommendation for this post, and I am delighted to be here today to chat with Dr. Richmond.

Senator KENNEDY. Dr. Richmond, we have your biography. I assume that is correct.

We will make that a part of the record at this point.

[The following material was received for the record:]

BIOGRAPHY OF JULIUS B. RICHMOND, M.D.

Dr. Richmond had his elementary and high school education in Chicago and Lake County, Illinois. He had his collegiate and medical education at the University of Illinois. He interned at the Cook County Hospital in Chicago and also had his residency in pediatrics there. His interests are in the fields of pediatrics, child psychiatry, child development and national health policy.

During World War II Dr. Richmond served as a flight surgeon in the Air Force; he joined the faculty at the University of Illinois College of Medicine as an Assistant Professor of Pediatrics in 1946 and was promoted to Associate Professor in 1948 and Professor in 1950.

From 1953 to 1971 Dr. Richmond served as Professor and Chairman in the Department of Pediatrics at the State University of New York at Syracuse. From 1965 to 1971 he was also Dean of the Medical Faculty.

Since 1971 Dr. Richmond has been Professor of Child Psychiatry and Human Development, and Professor of Preventive and Social Medicine in the Faculty of Medicine and the Faculty of Public Health at Harvard University in Boston. He is also Psychiatrist-in-Chief at the Children's Hospital Medical Center, and Director of the Judge Baker Guidance Center, both in Boston.

He is Vice Chairman of the Council of the Institute of Medicine of the National Academy of Sciences, Washington. He is a member of the Board of Directors of the Foundation for

Child Development in New York City.

Dr. Richmond served as the first director of the national program, Head Start, and also as the first director of the Office of Health Affairs (which developed the Neighborhood Health Centers program) of the Office of Economic Opportunity, and has been President of the Society for Research in Child Development, the American Psychosomatic Society, and the American Orthopsychiatric Association. He has been Vice President of the Child Welfare League of America, and of the Society for Pediatric Research. He is a Fellow of the American Academy of Arts and Sciences.

Dr. Richmond was elected to Alpha Omega Alpha and Sigma Xi. From 1948 to 1953 he served as a John and Mary R. Markle Foundation Scholar in the Medical Sciences. He has held numerous lectureships and was awarded the C. Anderson Aldrich Award of the American Academy of Pediatrics for Research in Child Development in 1966. He was recognized at the White House with the Distinguished Service Award of the Office of Economic Opportunity in 1967 and received the Parents' Magazine Award for Outstanding Service to Children in 1966. In 1970 he received the Martha May Eliot Award of the American Public Health Association as well as a number of other awards.

In 1977, Dr. Richmond was appointed to the President's Commission on Mental Health.

CURRICULUM VITAE

Julius B. Richmond, M.D.

Born: September 26, 1916, Chicago, Illinois

- 1937 B.S. University of Illinois, Urbana and Chicago
- 1939 M.S. in physiology, University of Illinois, Urbana and Chicago
- 1939 M.D. University of Illinois, Urbana and Chicago
- 1971 M.A. Harvard University (Hon.)

- 1939-41 Rotating intern, Cook County Hospital, Chicago
- 1941 Pediatric resident, Municipal Contagious Disease Hospital, Chicago
- 1941-42 Pediatric resident, Cook County Children's Hospital, Chicago
- 1942-46 Chief Flight Surgeon, Army Air Force, AUS, Central Instructors School, Randolph Field, Texas
- 1946 Pediatric resident, Cook County Children's Hospital, Chicago
- 1946-48 Assistant Professor of Pediatrics, University of Illinois, Chicago
- 1948-50 Associate Professor of Pediatrics, University of Illinois, Chicago
- 1948-51 Lecturer, School of Social Welfare Administration, University of Illinois, Urbana
- 1949-53 Lecturer in Biology of Human Development, Psychoanalytic Child Care, Institute for Psychoanalysis, Chicago
- 1950-53 Professor of Pediatrics, University of Illinois, Chicago
- 1950-53 Chairman, Committee on Postdoctoral (Curriculum Committee) University of Illinois, College of Medicine, Chicago
- 1950-53 Chairman, Committee on Hospital Laboratories, University of Illinois, Chicago
- 1950-53 Library Committee, University of Illinois, College of Medicine Chicago
- 1952 Interdepartmental Committee on Human Development, University of Illinois, College of Medicine, Chicago
- 1952-53 Director, Institute for Juvenile Research, Chicago
- 1953-65 Chairman and Professor, Department of Pediatrics, State University of New York, Upstate Medical Center, Syracuse
- 1956-62 Chairman, Committee on Educational Policy, State University of New York, College of Medicine, Syracuse
- 1956-64 Committee on Faculty Promotions, State University of New York, College of Medicine, Syracuse
- 1963-65 Chairman, Committee on Committees, State University of New York College of Medicine, Syracuse
- 1963-66 Executive Committee, Faculty Organization, State University of New York, Syracuse
- 1965-70 Dean, Medical Faculty, and Chairman, Department of Pediatrics State University of New York, Upstate Medical Center, Syracuse
- 1971- Professor of Child Psychiatry and Human Development, Harvard Medical School, Boston
- 1971- Professor and Chairman, Department of Preventive and Social Medicine, Harvard Medical School
- 1971- Psychiatrist-in-Chief, Children's Hospital Medical Center, Boston
- 1971- Director, Judge Baker Guidance Center, Boston
- 1974- Professor of Preventive & Social Medicine in the Faculty of Public Health

Memberships and Other Activities:

1947 Certified, American Board of Pediatrics
 1946- American Medical Association
 1947- American Association for the Advancement of Science
 1948- American Academy of Pediatrics
 1949-50 Executive Committee and Fact-Finding Committee, Governor's
 Committee on Mid-Century White House Conference on Children
 and Youth for Illinois
 1950-53 Governing Board, Elizabeth McCormick Fund, Chicago
 1950-53 Committee on Child Development, National Research Council
 1950- Society for Pediatric Research
 1951- Member, Conference on Psychiatry in Undergraduate Medical Education,
 American Psychiatric Association
 1951 Member-Consultant, Interagency Conference on Children and Youth,
 Josiah Macy, Jr. Foundation, Princeton, New Jersey
 1951-53 Governor's Commission on Children and Youth, State of Illinois
 1951-54 Scientific Program Committee, American Academy of Pediatrics
 1951-55 Governing Board, National Association for Nursery Education
 1952 Member, Conference of Professors of Preventive Medicine sponsored
 by American Association of Medical Colleges
 1952-53 Governing Board, Infant Welfare Society
 1952-53 Governing Board, Chicago Area Project
 1952- American Psychosomatic Society
 1953 Governing Board, Welfare Council of Greater Chicago
 1953 Governing Board, Illinois Society for Mental Health
 1953- Society for Experimental Biology and Medicine
 1953- Member, Editorial Board, Psychosomatic Medicine
 1954-57 Consultant (Study Section), National Institute of Mental Health,
 Department of Health, Education and Welfare
 1954- American Orthopsychiatric Association
 1954- American Pediatric Society
 1954- Board of Trustees, Child Welfare League of America
 1956-61 Member, Editorial Board, Pediatrics
 1956-65 Member, Physicians' Council
 1957-68 Member, Committee on Education and Research, Association of American
 Medical Colleges
 1958- Member, Macy Conference on Group Processes
 1958 Chairman, Planning Committee, First Institute on Clinical Teaching,
 Association of American Medical Colleges
 1958-62 Member, Board of National Advisors to Children (publication of
 U. S. Children's Bureau)
 1959-71 Association of Medical School Pediatric Department Chairman
 President 1962-64
 1960-63 Chairman, Section Child Development, American Academy of Pediatrics
 1960-64 Vice-President, Child Welfare League of America
 1960-70 Member, Council on Mental Health, American Medical Association
 1961-62 Vice President, Society for Pediatric Research
 1961- Society for Research in Child Development
 1962-63 President, American Psychosomatic Society
 1962 Member, Advisory Board, Annual Review of Child Development
 1963-65 Member, Board of Directors, American Orthopsychiatric Association
 1963 Member, World Health Organization Expert Advisory Panel on
 Maternal and Child Health

- 1964 Chairman, Expert Committee on Adolescence, World Health Organization
- 1964-70 Member, Committee on Medical Education, American Academy of Pediatrics
- 1965 Appointed National Director of Project Head Start, Office of Economic Opportunity, Washington, D.C.
- 1965- Vice-Chairman, Joint Commission on Mental Health of Children
- 1966-67 Vice President, American Orthopsychiatric Association
- 1966-68 Director of Health Affairs, Office of Economic Opportunity, Washington, D.C.
- 1966- Distinguished Fellow, American Psychiatric Association
- 1966-70 Consultant, Office of Economic Opportunity, Washington, D.C.
- 1966- Member, National Advisory Committee of John F. Kennedy Center for Research on Education and Human Development, George Peabody College, Nashville, Tennessee
- 1966- Member, Cosmos Club, Washington, D.C.
- 1967 Member, National Advisory Committee of Presbyterian St. Luke's Hospital and Medical Center, Chicago, Illinois
- 1967-69 President, Society for Research in Child Development
- 1967 Editorial Consultant, Scott, Foresman and Company (textbook publications), Glenview, Illinois
- 1968-71 Member, Local Advisory Committee of School of Social Work, Syracuse University, Syracuse, New York
- 1968 Member, National Advisory Review Board of University of North Carolina Child Development Research Institute, Chapel Hill
- 1968-72 Member, Health Research Facilities Scientific Review Committee, National Institutes of Health
- 1968-70 Member, Committee on Basic Research in Education, National Research Council, National Academy of Sciences, Division of Behavioral Sciences
- 1969 Member, Advisory Group of the Department of Human Development and Family Studies, Cornell University, Ithaca, New York
- 1969-71 Member, Inter-University Case Program, Inc., Studies of Government Administration and Policy Formation Advisory Committee, Syracuse University
- 1969 Member, Advisory Committee of the International Study Group on Early Child Care
- 1969 Member, World Health Organization Seminar on Classification of Mental Retardation, Washington, D.C.
- 1969-70 Member, Advisory Committee of the Guideline Committee of the Study for Teaching the Behavioral Sciences in Schools of Medicine, Department of Epidemiology and Public Health, Yale University, New Haven, Connecticut
- 1969-70 Member, Board of Trustees of the Inter-University Case Program
- 1969-70 Member, Advisory Committee, Policy Institute Advisory Committee, Syracuse University Research Corporation, Syracuse
- 1969- Member, Section on Community Pediatrics, American Academy of Pediatrics
- 1970 - 77 Founding Member, Council on Children, Media, and Merchandising (Washington, D.C.)
- 1970- Honorary Member, American Academy of Child Psychiatry
- 1971 Member, Governor's Advisory Committee on Child Abuse (Massachusetts)
- 1971-73 Member, Board of National Easter Seal Society Research Foundation
- 1971- Member, Board of Directors, Children's Lobby
- 1971- Associate Member, New England Council of Child Psychiatry

Memberships and Other Activities (cont.)

Page 4

- 1971-75 Member, Advisory Board, Medical Insight
- 1971- Member, Massachusetts Medical Society
- 1971- Member, Institute of Medicine of the National Academy of Sciences
- 1971- Member, Advisory Committee on Child Development, National Academy of Sciences, Division of Behavior Sciences
- 1971-75 Member, Scientific Advisory and Review Committee for the James Whitcomb Riley Hospital for Children, Indianapolis
- 1971 Member, American Public Health Association
- 1971-77 Charter Member, Board of Directors, American Branch of the International Association of Workers for Maladjusted Children
- 1971 Member, Governor's Committee on Child Abuse, Commonwealth of Massachusetts
- 1972 Member, Governor's Special Commission to Study and Investigate the Administration of Child Care Services in the Commonwealth of Massachusetts
- 1972 Participant, Anglo-Canadian-United States Conference on Development of Health Services, The Ditchley Foundation, Oxfordshire, England
- 1972 Participant, International Conference on Prenatal and Postnatal Development of the Human Brain, Josiah Macy, Jr. Foundation, Paris
- 1972-77 Member, National Advisory Board for Illinois State Pediatric Institute
- 1972- Fellow, American Academy of Arts and Sciences
- 1972-77 Member, National Scientific Advisory Council of the National Jewish Hospital at Denver
- 1972 Member, Child Development National Advisory Committee (CCD, NED)
- 1972 Member, Association of Teachers of Preventive Medicine
- 1973 -77 Member, Council of Institute of Medicine of National Academy of Sciences
- 1973-74 President, American Orthopsychiatric Association
- 1973-75 Chairman, Steering Committee to study the cost of education of the health professions, Institute of Medicine of the National Academy of Sciences
- 1973-74 Member, Pediatric Review Committee, Massachusetts General Hospital
- 1973 Member, Special Commission on the Care and Treatment of Children, Commonwealth of Massachusetts
- 1974-77 Member, Board of Directors, Kennedy Memorial Hospital for Children, Brighton, Massachusetts
- 1974 Guest Professor, The Princess Margaret Hospital for Children, and Adelaide Children's Hospital, Adelaide, Australia
- 1975 Member, Task Force on Foster Care and Placement, Department of Public Welfare, Commonwealth of Massachusetts
- 1975-77 Member, Task Force on Pediatric Education, American Academy of Pediatrics
- 1975- Member, Board of Directors, Foundation for Child Development, New York City
- 1975 Participant, US-USSR Scientific and Cultural Exchange Program, at the invitation of the State Department, Moscow
- 1977 Advisory Committee on Children, Depat. of Public Health, Commonwealth of Massachusetts.
- 1977- Member, President's Commission on Mental Health

Honors and Awards:

Page 5

- Alpha Omega Alpha
Phi Eta Sigma
Sigma Xi
- 1948-53 John and Mary R. Martle Foundation Scholar in the Medical Sciences
- 1958 Joseph S. Wall Memorial Lecture, Children's Hospital of the District of Columbia
- 1961 Domestic Lectureship, Journal of Pediatrics Educational Foundation, Children's Hospital, Akron, Ohio
- 1961 Invited Lecture, Annual Meeting of Society for Research in Child Development
- 1962 Annual Lecture in Family Medicine, Harvard Medical School
- 1962 Otto Ernst Lecture, Albany Medical College, Albany, New York
- 1963 Distinguished Alumnus Lecture, College of Medicine, University of Illinois, Chicago
- 1964 The Brennenman Lectures, Los Angeles Pediatric Society, Los Angeles California
- 1965 Merit Award, State University of New York at Buffalo, School of Social Welfare
- 1965 Twelfth Annual Hilda F. Silverman Lecture, Upstate Medical Center, Syracuse, New York
- 1966 Agnes Bruce Graig Award, Washington, D.C.
- 1966 50th Anniversary Symposium of the Bank Street College of Education, New York City, "Perspectives on Learning"
- 1966 Distinguished Service Award, Onondaga County Medical Society
- 1966 Seventh Annual "Alumnus-of-the-Year" Award, University of Illinois Alumni Association at the Medical Center, Chicago
- 1966 Commencement Address, Upstate Medical Center, Syracuse, New York, "Translating Knowledge into Practice."
- 1966 Participant, Dedication Symposium, Silvain and Anna Wyler Children's Hospital, University of Chicago, Illinois
- 1966 C. Anderson Aldrich Award for Research in Child Development, American Academy of Pediatrics
- 1966 Parents Magazine Award "For Outstanding Service to Children"
- 1967 Distinguished Service Award, Office of Economic Opportunity, presented at the White House
- 1967 Annual Award, Foundation for Child Mental Welfare, New York City
- 1970 Third George Armstrong Lecturer, Ambulatory Pediatric Association
- 1970 First Milton J. E. Senn Scientific Seminar Lecturer, Child Study Center, Yale University, New Haven, Connecticut
- 1970 Martha May Eliot Award, American Public Health Association
- 1970 John F. Kennedy Memorial Lectureship, Georgetown University Medical Center, Washington, D.C.
- 1972 Frances Ayers Memorial Seminar, "The Family and the Handicapped Child," Falls, Church, Virginia
- 1973 The Bilderback Lecture, University of Oregon Medical School, "Who are the Children's Advocates?"
- 1974 First C. Edward Stepan Lecture in Developmental Pediatrics, Rush-Presbyterian-St. Luke's Medical Center, Chicago, "Head Start, Ten Years Later, What Have we Learned?"
- 1975 The Alvah Newcomb Memorial Lecture, The Evanston Hospital Department of Psychiatry, Evanston, Illinois
- "Head Start, Relation to Development of the Pre-School Child-Issues and Options Ten Years Later."
- 1975 Journal of Pediatrics Educational Foundation Lectureship, "Courtship, Marriage and Symbiosis," Emory University School of Medicine, Atlanta, Georgia

**STATEMENT OF JULIUS RICHMOND, M.D., OF MASSACHUSETTS,
NOMINEE TO BE AN ASSISTANT SECRETARY OF HEALTH, EDU-
CATION, AND WELFARE; TO BE MEDICAL DIRECTOR IN THE
REGULAR CORPS OF THE PUBLIC HEALTH SERVICE; AND TO BE
SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE**

Dr. RICHMOND. Yes, sir.

Senator KENNEDY. I have some questions, but if you want to make any comments, or we can move right to the questions, whichever you like, or I can ask you questions and you can make a comment after. Any way you like to.

Dr. RICHMOND. If I may, Senator, I would like to just make one or two points by way of introduction.

First, to express my appreciation to the members of the committee for their thoughtfulness in permitting this hearing this morning to go forward without my having had an opportunity to meet with individual members of the committee, as I had hoped to do.

I think circumstances indicate that we indeed have some unresolved problems; that we have some research to be done; we have improvements in patient care to be made, certainly the events of this week revealed this very strikingly, and I very much appreciate the good wishes of you and the members of the committee.

I think I would also, by way of preface, like to indicate that when I was invited to assume this position, to accept the nomination, I felt obligated—I want the members of the committee to know this—to accept this responsibility. I felt it was a sense of obligation, Senator Kennedy, because I think this position is the most important position in the Nation, and I hope that I am judged to be competent to assume it.

One has a national interest to respond.

I would take these responsibilities very seriously if I am confirmed. I would commit my efforts very fully to other Members of the Congress, certainly to all of the workers in the Federal Government.

I also would hope that we would gain the cooperation of all professional groups throughout the Nation, as well as broad citizen interest and participation all in our efforts to help the American people.

Thank you.

Senator KENNEDY. Thank you very much, Doctor.

Over the period of the past, while I have been the chairman of the Health Committee, your predecessors have felt that the office to have an effective impact on the restructuring of health care, ought to bring together the different elements, the delivery of the health care to the financing aspects of it. That really we were not going to be able to deal effectively with each area unless we were able to blend these and bring these elements together.

We have seen the reorganization in terms of the Department which would appear to bind those particular responsibilities.

I am just interested in what your general reaction to the blending of these elements together and how you perceive this division which has taken place, and how do you believe that that will affect your effectiveness in carrying forward your responsibility as the principal health official, Doctor?

Dr. RICHMOND. Well, that is a very comprehensive kind of question, Senator Kennedy, an important one.

First, I would indicate that in my conversations with the Secretary, I received keen commitment on his part to foster health efforts in the Department of HEW, and I think that he has come to an appreciation of the importance of closely relating the financing aspects of health care with the concerns that we have about the delivery system.

Certainly he has given me clear indication that my responsibilities will be those of the Chief Health Officer of the Nation, in that I will have the responsibility of recommending to him program policies that would bring us to an integrated system of health care, so that we do not come into some of the situations that we did in the 1960's. At that time, we developed programs like medicare and medicaid, through which we pay a good deal of attention to the financing of health programs, but relatively little to the output for the delivery system side. We need to insure that there is equity and appropriate distribution of the resources, not only in terms of funds, but also in terms of manpower facilities.

Although through the organization of the health care financing administration it would appear that there is a dichotomy, I would just point to the fact that medicaid and medicare are two very important health care components with financing requirements. I think it does make some administrative sense to have those programs with some of their related programs, in one agency. But we also need considerable collaboration and some degree of supervision of the health components of those programs coming from the Office of the Assistant Secretary.

Now, this reorganization is a new development. I would hope that we would explore relationships between these two new administrative entities. I would hope that we would have ample input from the health side so that the health provisions of these programs are well attended to.

But I think it is fair to say that if this does not work reasonably well and, pragmatically, it does not yet seem to function as well as we hoped, that the Secretary would look to some other pattern for organization. But I think it is something that we should attempt to try and put to the test.

Senator KENNEDY. Is it—as we see would be division, you have cost and quality on one aspect, and then the manpower, HMO's, planning on the other aspects. We see that division also within the Financing Committee and the Health Committee with all the implication that that has had over a long period of time, with guaranteeing the funding for various kinds of health programs without really reviewing, you know, the service aspects of these programs with—I think unfortunate effects in terms of health care system generally in a number of ways.

But do I understand your response that the Assistant Secretary will report through you, or will you be making the judgment or will they just be notifying you about decisions?

What is the nature of that relationship?

Dr. RICHMOND. There has been set out a policy of periodic review of health components of those programs administered by the Health Care Financing Administration by the Office of the Assistant Secretary for Health at no longer than quarterly interval. I would say that in

the brief time I have been associated with the Department, Senator Kennedy, I have had ample opportunity to become involved in what is going on in the Health Care Financing Administration, and my staff must review periodically the quality of their health programs.

I would also, I think, mention to you that certainly, with the development of health insurance bills and trying to formulate appropriate provisions in such bills, the financing and delivery system issues will be put together for the Nation in one comprehensive package.

I think we can compare programs, even though they are cast in legislation that makes it somewhat cumbersome to do that now.

Senator KENNEDY. I want to get into that, but I think you sense the concern that I have, and I think other members of the committee would have, about periodic review rather than responsibility in terms of the management getting on top of those programs.

I just want to make sure, I believe very deeply that you can and should have the effective voice in both of those areas, quite frankly. I mean I think, both in terms of knowing what you have achieved and accomplished in relating those factors from a personal point of view and policy point of view, that is the wisest distribution of authority and responsibility, and I am just not sure that with the reorganization, we are not doing in HEW with what we have done in the Congress in the period of years with this division.

I think it would make it more complex to have a sensible, responsible, you know, answer to some of the existing challenges.

I do not know whether—I think you probably answered it, but I do not know if there is anything further in terms of being able to give us assurance about the sort of line responsibility in this area.

Dr. RICHMOND. Well, I think, Senator, I can assure you that I have a policy review responsibility, and I suggested earlier this organizational format may make some sense, in that medicaid and medicare are large-scale programs, with expenditures running upward of \$40 billion. I think that it would be difficult for me adequately to attend to all the other health issues in the Department of Health, Education, and Welfare while trying to serve as the chief operating officer of those two very large offices. And that is why I suggested earlier that it might be wise to see how this kind of relationship develops and see whether this policy making responsibility and policy review responsibility which I have, will work well. And if it does not, then I think—

Senator KENNEDY. We are not really indifferent in what I think ought to be done. But we see, for example, with HMO'S, in the areas of medicaid, even in our own State of Massachusetts, relating that to cost factors, that they spend a third less in the treatment of medicaid patients as they do outside that particular system.

You have HMO, they are worried about medicaid. The planning function, the whole issue of technology, utilization. The PSRO's, those are all absolutely related to the question of success and abuses which have existed in the medicaid program and medicare program, and they cannot really escape it, I do not believe, and that is the obvious concern which I know that you understand.

Dr. RICHMOND. Well, I can assure you, Senator Kennedy, in just the matter of the HMO's, I have already had an opportunity to begin to look into some of these relationships, and I would hope that we could do much better.

I think that there has certainly been a period in which the HMO thrust and administration has not been all that I would like to see, and I hope that we can do much better with this.

Senator KENNEDY. Well, we would like to work very closely with you in terms of the—of this particular responsibility, both from our own kind of effectiveness in terms of this area as well as your own.

We look forward to it.

Are you going to be the principal figure within the Department in the development in fashioning the health insurance program?

Dr. RICHMOND. Yes, sir.

The Secretary has assigned that responsibility to me.

We do have a National Committee on Health Insurance. That Committee is chaired by the Under Secretary, and I am the Co-Chairperson, and we will be drawing on the resources of the Department. And we certainly will be looking forward to working collaboratively with the staff of your subcommittee in the development of legislation.

Senator KENNEDY. If you would just hold.

I see Senator Talmadge.

Senator Talmadge, I would be delighted to recognize you if you would like to make what comments you would like to.

Senator TALMADGE. I would be grateful. I did not mean to interfere.

Senator KENNEDY. Meet Dr. Richmond.

Senator Talmadge is the chairman of the Health Finance Committee.

Senator TALMADGE. I would appreciate very much, Mr. Chairman, if you would permit me to make a brief statement.

Mr. Allison happens to be a good friend of mine from Atlanta, Ga.

Senator KENNEDY. We will recognize you. Your Finance Committee has been more than warm and generous to me.

Senator TALMADGE. I appreciate it greatly.

I would like to take this opportunity to present to the committee and recommend Mr. William W. Allison of Atlanta, Ga., and to speak in behalf of his nomination.

Mr. Allison has an outstanding background of public service and leadership in education, community planning, business and economics, and urban affairs.

He presently serves as executive administrator of Economic Opportunity Atlanta, Inc. In this position he is responsible for management of the local community action agency, with a staff of approximately 800 people and a budget of more than \$15 million. He has held this important position since 1969.

He has been a visiting lecturer at Clark College in Atlanta; community involvement coordinator for the Peace Corps training program at Morehouse-Spelman College in Atlanta; director of program development for the Community Council of the Atlanta area; associate director for employment for the American Friends Community at High Point, N.C.; and chairman of the department of social sciences at the American School in the Philippine Islands.

In addition, he is active in many professional and business enterprises, serving on the board of directors of numerous business, education, and cultural organizations in Georgia, including the Coca-Cola

Co., the Atlanta Arts Alliance, Woodward Academy, and the Georgia Conservancy.

He served on the mayor of Atlanta's task force on city reorganization and as a member of the Governor's Commission on Governmental Reform.

Mr. Allison is eminently qualified to help direct the Community Service Administration. And I know he will bring to this position the same high degree of hard work, excellence, and dedication to duty that have characterized his outstanding career over the past two decades.

I wholeheartedly endorse his nomination and respectfully urge approval by the committee.

Senator KENNEDY. Thank you very much, Senator Talmadge. That is a very warm introduction, and we will include that introduction at the appropriate place in the record.

Senator TALMADGE. Thank you very much. And I appreciate it greatly. And I leave Mr. Allison to speak in turn.

Senator KENNEDY. Thank you very much.

Perhaps you could review a little bit with us what your own time frame is with regard to health insurance, your understanding of the time frame.

Dr. RICHMOND. My understanding, Senator Kennedy, is that we will attempt to be drafting a bill during the course of the fall, and we will try to complete this task then. I would qualify this by saying that there will be a draft of the bill by early 1978. That is my understanding, and that is the kind of timetable I would like to stay on.

Senator KENNEDY. Are you familiar with the efforts that have been made by the task force themselves?

Just in a general way, that it has been set up?

Dr. RICHMOND. The National Advisory Committee?

Senator KENNEDY. Yes, sir.

Dr. RICHMOND. Yes; as cochairperson, I have begun to function with that committee. I was not, fortunately, able to get to the hearings on the west coast over the past weekend.

Senator KENNEDY. What do you consider to be the essential elements, the principles that underly health insurance programs?

Dr. RICHMOND. Well, as a physician who has been working with patients and looking at the delivery system over a long period of time, Senator, I would like to think that there are several major criteria against which any proposals should be measured.

I think the first and foremost would be equity, by which I mean equal access on the part of the entire population to health care and health services. This is not easy to achieve. Some of us have worked at it for some time, but nonetheless it remains a very important issue.

The inequities are largely related to those of income, poor people, minority groups, people in geographically remote areas. I think that we must intensify our efforts to bring more adequate services to them, but it seems to me this is a more basic issue.

Now, one of the corollaries to equity is distribution, by which I mean redistribution of resources and services to those in greatest need. Generally, again, these are the poor and minority groups and those in remote areas, who would receive their fair share of the services. And I think that a related issue there, of course, is the training issue within the health manpower legislation enacted last year. We see for

the first time, I think, some important efforts to redirect our allocation of manpower resources, or person-power resources, I should say, to the appropriate category in an effort to try to get 50 percent of the training physicians into the primary care specialties. This is one effort toward redistribution, not only geographically and to income groups, but also in relationship to the allocation of professionals to the right categories to provide appropriate services to their communities.

I think I would also feel that any such bill should place appropriate emphasis on prevention. Certainly, in the past several months, we have witnessed some evidence of what happens when we do not place appropriate emphasis on prevention, particularly in the outbreaks of measles, indications that, particularly in the low-income community, immunization rates are not what they should be.

And it seems to me there are many other preventive efforts that we must explore, such as in cancer detection, cardiovascular disease, or high blood pressure. There are a whole host that we must keep in the forefront.

I think prevention, of course, and appropriate allocation of funds to research which puts a high priority on prevention, would be important.

As we move toward trying to make our services more equitable, it seems to me that we also need to pay attention to administrative simplicity.

I have been concerned, as we review some of our national programs such as medicaid and medicare, that there has been inordinate administrative complexity in some of these programs.

I have had occasion other times to say that accountants and bookkeepers, administrators, are terribly important, but they do not render the services. I think that we must keep those costs down to the extent that we can.

Now, I think a corollary of administrative simplicity and equity is the issue, Senator Kennedy, of eligibility. It seems to me any effort that we make to try to establish eligibility for one or another kinds of services tends to introduce indignities and certainly administrative complexities.

So I would hope that any bill that we ultimately adopt in this country will be one that provides for the universe of our population without the necessity to develop complex set of eligibility requirements.

Some who have looked at the Canadian system and per capita expenditures for health in Canada, as contrasted to the United States, feel that the \$100 differential, that is ours being higher, is probably related to higher administrative costs in this country for the care that we are getting.

So I would put a good deal of emphasis on that, in the writing of the legislation.

Senator KENNEDY. In terms of the—in viewing it from a technical point of view of implementing these general principles, what can you comment on that?

You have outlined what ought to be a part of any general program.

Now, how complex is it in implementing?

We have the technical capacity to do it. How long would it take to build up the technical capacity in order to be able to do it?

What is the sense about that issue?

Do we have the resources, do we have the capacity to be able to implement it in a timely fashion?

Dr. RICHMOND. I think that this is feasible in this country, Senator. It seems to me that we have now had 10 or 12 years of experience with large-scale national programs.

In contrast to that some people say about the programs of the sixties and whether or not we have learned from them, I think we have learned a great deal from them. I think we can profit from what we have learned. We can certainly profit from what some of us view as mistakes that we may have made. And it seems to me that we are at a point in time that we do have better person-power resources, and we have more facilities than we ever had. And it seems to me with the proper planning process, with inviting consumers into the planning processing, for how we expend our funds and for what kinds of delivery systems we develop, that we can move forward and do so rather expeditiously.

I am optimistic that we have the capacity.

Senator KENNEDY. Let me ask you, what do you think can be achieved within the health care system today?

I mean within the health care system under health insurance program that we cannot really achieve without it. Certainly some of the points that you have mentioned here, people that are not getting the services, what kinds of leverage does that give you, do you think, to deal with some of the problems that we are facing today that you—that you might not be able to deal with unless you had a health insurance program?

Dr. RICHMOND. I think the issue, Senator Kennedy, of equity is a very difficult one to get at under our current systems. We are dealing with highly categorical systems now and not universal systems, and I think it is very difficult to really gain equal access to the system, as long as we have eligibility requirements which, in large measure, serve as an area of resistance.

I think what the national health insurance program needs is for the providers, the professionals in the field, the hospital service systems, the outpatient systems and all, to assume a greater role in working toward that equity. It seems to me that we ought to know where the responsibilities are, and I think we really can help all of these groups target their efforts more clearly to the areas of greatest need.

Again I would emphasize the low income population, minority group population. I do not mean by this to indicate that the more affluent population has no health problems, but I think they are in different order, borne largely in life styles, and have to do with patterns of living and health habits. And I think that, too, can be emphasized very appropriately in our national health insurance program.

Senator KENNEDY. I have some other questions but, before yielding to Senator Schweiker, we are going to be faced on Monday here on the abortion issue, and I would be just interested in what your own view in terms of restricting funds or not restricting funds, putting in limitations or not putting in limitations, where you come out on this issue?

Dr. RICHMOND. Well, I think that as a person who has studied human behavior over many years, Senator Kennedy, I would first comment on the obvious fact that this is a highly emotional issue. People take positions on this stemming from their own personal

backgrounds, and I can respect the many points of view that we are dealing with in relationship to this issue.

I think that I would also comment that I would certainly implement the provisions of law. Having said that, I think I would also indicate very personally, now that abortions have been legalized, I have seen so much conservation of life as a consequence. I lived professionally through an era in which so-called criminal abortions were common, loss of life was frequent, and I have a feeling that since—and also there are data to support this—that there has been considerable reduction in mortality and morbidity since abortions have been legalized.

So that I would hope that in the legislation, insofar as this is now a matter of a legal right, that there would not be economic discrimination against this segment of the population. In other words, making the same option available to low-income people, it seems to me, as more affluent people have would be an appropriate measure. But, as I have indicated, I would respect the actions of Congress in this context.

Senator KENNEDY. Your sense is that if you put some limiting language in terms of either the life of the mother or in terms of disabilities, multiple sclerosis, mental retardation, and even if you exclude from the provisions the popularly known, or considered family planning devices, that even with that, that the result will be that you would get a return to the kind of conditions which you describe?

Dr. RICHMOND. Yes.

I am afraid that that would be the case, Senator, because certainly there was—even in criminal acts, certainly there were self-induced efforts at abortions, and these were nothing short of tragic in every respect. So that I would hope we would not use economic sanctions to minimize the personal choice that people might want to exercise, since abortions are now a matter of legal right.

I would also, Senator, emphasize that I am interested in adolescent pregnancy, and this is where the high risk occurrences are, this is where so many of the abortions do take place. Certainly for young adolescents, pregnancies are really a high risk.

We have in this country at the present time annually about 13,000 pregnancies in girls under 15 years of age. There is no way that those could be considered wholesome pregnancies for the baby or for the mother.

It seems to me we have a very large scale effort to mount, and I have begun to look into this in relationship to augmenting the preventive efforts that are already underway.

I am not suggesting that we have not attended to them before, but I would hope that we could do much more in the realm of prevention. I think you know that this relates to how families rear their children. It relates to the morass of our communities, and I would hope that we could learn how to deal with these preventive efforts in a way that would be much more effective than they currently are.

Senator KENNEDY. What is it just generally?

I know general way, but what is the infant mortality, prematurity rate for girls under 15?

I know it is substantially higher in 15 to 19.

Dr. RICHMOND. It is at least three times higher than women over 20. So it is a very high risk category.

Of course, these—I cannot call them women, they really are girls, are immature physically, they are immature psychologically, and there are most unfortunate kinds of development.

But, as I indicated, my greater effort would be toward prevention. That is the only answer.

Senator KENNEDY. I have some other questions.

Senator Schweiker.

Senator SCHWEIKER. Thank you, Mr. Chairman.

Dr. Richmond, in general, in your role as top health official in the administration, how do you perceive the quality of health care that we are getting in this country compared to the quality of care in other countries?

Where do we stand now by comparison?

Dr. RICHMOND. Senator Schweiker, that is not an easy question to answer because there are so many criteria by which one could measure. But some of the usual markers that we like to use in the field of public health, like infant mortality, puts us about 16th in the world.

I think there are many of us who feel that we would be in a position to do better, to apply all of the knowledge that we now have.

But let me just elaborate on this point. We now have an infant mortality rate of 16 babies per 1,000 in this country. The nonwhite has about 24 per 1,000. There is no biological reason why that should prevail.

Hence, we make the assumption that the difference in medical care relates to infant mortality.

The best State in the Union has a rate of about 12 and it seems to some of us that there is no reason why the rest of the Nation cannot come down to the record of that State.

I would also mention, as a pediatrician, I have watched with great interest that Sweden, this past year, dropped to a rate below 10 babies per 1,000, which is a rate that about 10 years ago most of us would have thought to be impossible to obtain.

So what I am suggesting is that some countries have made remarkable strides, and I would hope that we could do better.

In terms of longevity, we are somewhere around 20th in the world, and it seems to me that again we should be in a position to improve our record there. I think, in terms of sanitation, in terms of many hygienic measures, we have made great strides, certainly we have improved our nutritional status in just the short number of years that I have been in the medical profession. I have seen such diseases as rickets and scurvy disappear, so that in the application of some of our knowledge, we have done very well. And yet, Senator Schweiker, as you well know, there are pockets in this country where there still is hunger and malnutrition in children, and I think we must increase our efforts to deal with some of these problems.

Senator SCHWEIKER. The longevity figures and other statistics that you cited could reflect one of two things. They could reflect what we normally refer to as health care in terms of treatment for diseases, and they could also reflect dietary habits, nutrition, and lifestyle—things that may not be directly related to what we normally mean when we speak of health care. I gather you touched on that issue a little bit in your remarks.

Dr. RICHMOND. Yes; I think this is a very appropriate point to make.

Certainly life styles, socioeconomic conditions, housing, nutrition, education—education is very highly correlated with health status, and I think that we should not negate that. It is not just health education but overall education really.

Senator SCHWEIKER. What do you see as our biggest weaknesses? Where do our greatest deficiencies lie, and what problems do you in your new capacity intend to target as high priority?

Dr. RICHMOND. Well, I would feel, Senator Schweiker that our—what we call our tertiary care system, the care of patients with serious complex illnesses really is functioning remarkably well. I think our biomedical research enterprise can always use more resources. It has functioned remarkably well.

I think where we need to focus our medical care effort now is largely at the primary care effort where there is so much dissatisfaction in America. A part of our people are not able to get care on a day-to-day basis, as they feel they need it and would like to have it. So that my allusion earlier to the recent developments in the health manpower legislation moving us to get more primary practitioners, I think, represents a very important and proper development, along with primary care. To get that primary care particularly to areas, such as rural areas, where they are lacking—and the central city areas that are also lacking in care, and to the minority group populations that tend, for a variety of reasons, either not to have it available or to utilize it adequately. Those are the areas in which I would like to target our efforts.

I should add that prevention would also be a high priority, but I would hope that we could learn better how to apply all the knowledge that we now have, and also that we could educate our population to provide better care for itself in terms of health habits, in terms of eating patterns, drinking patterns, smoking patterns. Our population would have a much greater awareness of the importance of health care, I think, if through preventive measures they could take personal health in a very personal way.

Senator SCHWEIKER. The Senate Select Committee on Nutrition, which Senator Kennedy and I also serve on, is holding a new series of hearings on the relationship of diet and nutrition to health. It seems to me that we are really just scratching the surface here.

Our society emphasizes drug-oriented treatment. We haven't done enough research in the field of diet and health, but what research we have done seems to indicate that we may have missed the target quite a bit. I gather that, with your background in child psychiatry and human development, you are very conversant with some of the work in this field, such as the work Dr. Feingold has done with hyperactive children. Another important new area of research into proper forms of treatment has opened up, focusing on the relationship of behavior to diet and nutrition.

I wonder if you might say a few words about that. How you do assess these developments?

Dr. RICHMOND. Yes; I would indeed be very, very happy to do that.

As you mentioned, Senator Schweiker, one of your constituents, Dr. Albert Steinger at the Pennsylvania Medical School, who has been a longtime student of problems of obesity, has made some very significant contributions, and I am also pleased to note that he has been working with the staff of the Heart Institute, the National Heart

Institute at NIH, trying to learn how one can apply our knowledge of behavior to prevention. That is, can we really help people learn better dietary habits? I think that this is an important emphasis.

I think we need to learn more about what I think of as the child developmental antecedent patterns.

Why is it that children do not learn better habits at an earlier point in time? And I think this is something we should be attending to much more than we are.

But there are also the issues of normal economic status where some families simply do not have finances to provide it.

Senator SCHWEIKER. One very interesting witness we had at our recent Nutrition Committee hearings, who was also featured in a CBS network news program, was a probation officer who treated the people that she was in charge of on the basis of hypoglycemia. By correcting dietary deficiencies and improving nutritional habits, she was attempting to achieve social and behavioral improvements.

According to her, and according to the people she has treated, she has had remarkable success. I realize that any evaluation of her success has to be pretty subjective. But it is rather remarkable, the link that she feels has existed between deviant or unacceptable patterns of behavior and inadequate nutrition, and the changes which have occurred in the people she has treated. Whether it is a placebo effect or the real thing, only a psychiatrist could properly determine.

Still, it seems to me this could turn out to be a really important area for more research into new and perhaps more desirable forms of treatment. Until you came along, I haven't seen the health establishment pay any attention or take much of an interest in this area. So I am delighted with your background because I think it lends itself very much to promoting interest and commitment to further inquiry in this field, which I think has been almost totally neglected. In the long run, an emphasis on better nutrition and lifestyle could probably save more money and do more to improve health in America, without the adverse effects of some drugs and other traditional forms of health care, then perhaps any other approach. I am glad to hear of your interest and also your expertise in this area.

One other question.

The only mechanism that I see that we have so far for encouraging preventive medicine, preventive health care, is the HMO. The HMO is the only model in the health care delivery system that has a built-in incentive to keep people from getting sick. This is a little disturbing. We have worked long and hard to get HMO's started; they are slow starting. It is going to be difficult to get people geared to the HMO-type alternative delivery system—it isn't easy to gain widespread acceptance in any short span of time.

The question, I am leading up to is, how can we get more preventive medicine? How can we promote more preventive health care practices in what is now, for the most part, a fee for service delivery system?

Dr. RICHMOND. As you pointed out, Senator Schweiker, the HMO's do provide some incentives for preventive practices, and that certainly is one approach. That program has not been tried as well as it should, as I mentioned in answer to one of Senator Kennedy's questions, but I would hope that we could provide more impetus, particularly in areas like medicaid.

I think there are other ways, even in a fee for service system, to place a premium on the application of preventive measures.

We are developing our state of the art in terms of measuring quality, I think, in a much more sophisticated way than was the case 10 years ago. I think we can look at criteria—David Runstein, one of my colleagues in preventive medicine at Harvard, has been doing this adequately, and I think we can begin now to look at the health indices in given areas so that one can geographically determine whether, in some areas, appropriate preventive measures are being taken in connection with certain preventive disorders. Certainly the most obvious indicator would be immunizations in children. Using those kinds of data, even in the fee for service system, I think we can hit those problems and point out to the professionals that they are not doing the appropriate jobs.

If they want to receive public funds, certainly they would have to measure up to appropriate qualitative standards.

So I think the state of the art now is developing in a way that will make it more feasible to accomplish the objective that you are stating.

Senator SCHWEIKER. Another important part of the problem is that only a few medical schools emphasize nutrition education—the last survey that I think my office checked found that, out of 100 medical schools in this country, only a half a dozen or so had any kind of Department of Applied Nutrition or established curriculum in nutrition and health. A new survey is being taken on it now.

It seems to me that inadequate training in diet and nutrition among doctors and other health professionals is a big part of our problem.

Dr. RICHMOND. I think you put your finger on a very important issue.

Dr. Jean Mayer, who is now the president of Tufts, has been a very articulate spokesman in preventive schools, and I think a number of schools are beginning to make such effort.

I should say that I think the greatest advance is in the teaching of biochemistry, which has improved to the point where many faculty members have a false sense of security; that if you taught students the basic science aspects, that somehow or another they would be able to know how to apply this knowledge. And your point of teaching applied nutrition is a very important one because, having knowledge of the fundamental science background does not necessarily provide any working ability to provide this knowledge in a very functional way.

I should mention that we should not only concentrate at the medical student level, but on virtually all direct care graduates now. They can learn this.

I would hope that the supervisors of training programs in the various clinics, that is the postgraduate training programs, will become much more effective in teaching these aspects.

Nutrition is where trainees are really in a position to learn and learn well.

Senator SCHWEIKER. Thank you, Mr. Chairman.

Senator KENNEDY. Dr. Richmond, one of the things that we are very much concerned about is the whole area of technology transfer, the explosion of use of technology, what we have seen as great utilization when these technologies are brought to tract.

It means that there is less money in these areas for preventive health care. We have seen it reflected in smaller immunization programs, limitations on neighborhood health centers, drug and alcoholism programs, and one of the matters that we are trying to deal with is in this area of too many coronary care units, too much nuclear medicine perhaps, too many open heart surgeries, and not enough utilization.

How much of this is a problem, and do you have any guidance to us about what we ought to perhaps do in the areas of research, which we are looking at over a period of this year, general research programs of the Federal Government?

You know whether we ought to be getting sort of a health assessment on new technology as well as cost assessment, make decisions whether we are going to support various research programs. Maybe you could just talk a little bit about this kind of problem, what your own thoughts are on it, whether you have any guidance to us on the committee in trying to deal with it.

Dr. RICHMOND. Well, Senator Kennedy, we have raised some of the very important issues relating to what I earlier referred to in connection with tertiary care. That is highly complex care, technology care.

I think we do need in this country to take a hard look at how we allocate the resources for this.

Quality, by and large, is excellent, but it does not remain excellent if one proliferates into too many high technology units. For example, one can talk in terms of cardiac surgery—we know that when a cardiac surgery team is not operating with considerable frequency each week, that their mortality rate goes up. So that we need to come to more conscious decisions now on the basis of data that are generally available to us, as to what kinds of allocations of resources ought to be made.

What I am suggesting is that we can no longer simply accept as fair policy that, because the hospital has a professional staff that wants to do certain procedures, it therefore should be authorized to do them.

Now, I am not suggesting that we need a highly authoritative system. I think we are moving in appropriate directions with our health systems agencies, if they can function well, and I think there ought to be appropriate resource allocations.

I think that we need, as you suggested, to develop a more orderly process for evaluating the various technology guides that come out of our research endeavors. Again with the kinds of productive biomedical research establishment that we have, we do have many new technologies developed.

At the present time, we largely rely on the pragmatism of the system to pick and choose which of these are appropriate and how will they be applied.

It seems to me we are coming to a point where our productivity is sufficiently greater, so that we need to systemize this in some more orderly way.

Now, Dr. Fredrickson, the Director of the National Institutes of Health, and I have had some preliminary conversations about how one might endeavor to do this. But it seems to me it is a social responsibility which the scientific community should begin to assume

ultimately, in collaboration with consumers, who also need to be taken very much into account in terms of how we are going to allocate resources. For example, just how much should we spend for the development of cardiac transplants, versus, if one wants to put it in the extreme, the immunization of children.

I do not think that we are, in this country, coming to that kind of immediate choice, but I think that is somewhat to the heart of what you have been asking about. I do think we need to systematize this.

Senator KENNEDY. Well, I could not agree with you more. I think that that is enormously difficult on how you do that or set up a model to do that.

How about just carrying it one step further about the technologies which are onstream at the present time and perhaps what ought to be abandoned?

We have the financing mechanisms which continue to give resources for that, and we find the technology is antiquated. I think that is part of the same kind of problem.

Just a couple more areas.

One is in the area of the—in the drug utilization, our committee, over the period of the last 2 or 3 years, has held extensive hearings on utilization of drugs, starting back with the proliferation of samples, the approval in terms of FDA, the scientific information that has been available, and also that has been inadequate.

How do you react to the current situation which states that once a drug is approved in terms of being safe and efficacious, that there is very little continued review of how that drug is actually utilized and the purpose that it is utilized and the prolonged use of it, the health implications of that utilization?

Are you concerned about this type of an issue and will you work with us and the Commissioner in attempting to try and come up with some responsible way of treating that?

Dr. RICHMOND. Yes, sir.

I think this is an important issue, Senator, and I would hope that we will be in a position to do better with this care.

Current data indicates that approximately 20 percent of patients admitted to the hospital are admitted because of some complication of drug administration. That does not mean that it is an appropriate reason but, nevertheless, we are dealing with highly specific and highly potent drugs. And it seems to me we need to develop more orderly ways of informing physicians and other health workers of the hazards and problems associated with the administration of these drugs, so that rather than relying exclusively on pharmaceutical firms within the professions, and perhaps Federal health agencies, we need to provide better information systems. Some of this is already available to physicians on a regional basis, but it seems to me in the case of the long distance telephone facsimile production, there is many ways of getting information out to the physicians who need it. And I think better ways than we have attended to in the past.

But I think your point about the constant review of those drugs which are available is very much in order.

There is obsolescence. There are matters of synergism and incompatibility that develop as new drugs come on the scene, and I think particularly that minimizing the developments of sensitivity to drugs and some of the diseases that occur as a consequence of this are ex-

tremely important issues to deal with. I would hope that all of those who prescribe drugs in this country would have appropriate information available to them and would exercise appropriate constraints.

But we have so many. Just as other technologies are developing rapidly, certainly new drugs are developing, and we do need to make information systems available to those who prescribe.

Senator KENNEDY. Just, finally, Dr. Richmond, you are going to be the Surgeon General.

Can you tell us just how much of a health hazard smoking presents to the health of people?

What is your conclusion?

Dr. RICHMOND. Well, I think all of the data currently does indicate a much greater risk, particularly of lung cancer, for smokers as contrasted to nonsmokers.

We have had some decline among cancers as males have refrained from smoking to a greater extent than heretofore, but, on the other hand, we have not had a decline in the number of women smoking. And, as a consequence, we think we are seeing an increase in lung cancer in that group.

The other pulmonary diseases complicate smoking, and possibly myocardial disorders are also issues that I think we need to keep in mind.

Again, as a pediatrician and child psychologist, what I am most concerned about is the fact that teenagers are not decreasing in terms of numbers of smoking, and this, to me, reflects the fact that our educational programs are not sufficient, and I think we can learn much more about creating resistance in that population group to smoking.

Senator KENNEDY. Well, we will just submit some questions to you that the other members of the committee may have.

I want to thank you for your appearance here, for your responses. And let me just wish you well in the new responsibility. We are looking forward to working very closely with you.

Thank you very, very much.

[Whereupon, at 1:18 p.m., the committee adjourned, subject to the call of the Chair.]

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

CLARENCE THOMAS (I)
Divider Title: _____

The CHAIRMAN. Thank you very much, Senator Danforth. I know the nominee knows how fortunate he is to have a friend like you.

While you are on your feet, Judge, we will swear you.

Senator DANFORTH. Can you still see the nominee, Mr. Chairman? [Laughter.]

The CHAIRMAN. Judge, while we are just passing some time here, I just want you to know up until a few nominees ago this is what you would have faced the entire time of your questioning. They are all gentle souls, but they are anxious to see you, and we agreed that we would do this so they could have you sworn in.

Judge Thomas, do you solemnly swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Judge THOMAS. I do.

The CHAIRMAN. Please be seated.

[Pause.]

The CHAIRMAN. Well, Judge, Jack Danforth said—talked about what is at issue. I want to make it clear at the outset of my questioning that there is a great deal more at issue than whether or not your view on how to deal with the civil rights of Americans deviates from the view of any single group of people.

I beg your pardon?

So I would now like to invite you to—having been sworn, to, if you would, please introduce your family to us, who have been waiting patiently all morning and the committee is anxious to meet them, as I am sure everyone else is. So, would you please introduce your family to us, Judge?

Judge THOMAS. Thank you, Mr. Chairman.

I would like first to introduce my wife Virginia.

The CHAIRMAN. Welcome, Mrs. Thomas. It is a pleasure to have you here.

Judge THOMAS. My mother, Leola Williams; my sister, Emma May Martin; and my son Jamal.

The CHAIRMAN. Jamal, welcome. You look so much like your father that probably at a break you would be able to come back in and sit in there and answer questions. So, if he is not doing it the way you want it done, you just slide in that chair.

Judge THOMAS. He may not take it as a compliment if you say he looks like me.

The CHAIRMAN. He is young. He has a chance to grow out of it, as my father says about my sons.

Judge THOMAS. I would like to also introduce my mother-in-law and father-in-law, Donald and Marjorie Lamp, who are in the audience here.

The CHAIRMAN. Would you please stand, Mr. and Mrs. Lamp. Welcome to the hearing. Thank you very much for coming.

Do you have an opening statement, Judge?

Judge THOMAS. Yes, Mr. Chairman.

The CHAIRMAN. Please.

**TESTIMONY OF HON. CLARENCE THOMAS, OF GEORGIA, TO BE
ASSOCIATE JUSTICE OF THE U.S. SUPREME COURT**

Judge THOMAS. Mr. Chairman, Senator Thurman, members of the committee, I am humbled and honored to have been nominated

by President Bush to be an Associate Justice of the Supreme Court of the United States. I would like to thank the committee, especially you, Chairman Biden, for your extraordinary fairness throughout this process, and I would like to thank each of you and so many of your colleagues here in the Senate for taking the time to visit with me.

There are not enough words to express my deep gratitude and appreciation to Senator Danforth, who gave me my first job out of Yale Law School. I have never forgotten the terms of his offer to me: more work for less pay than anyone in the country could offer. Believe me, he delivered on his promise, especially the less pay.

I appreciate his wise counsel and his example over the years, and his tireless efforts on my behalf during the confirmation process.

And I would like to thank Senators Bond, Nunn, Fowler, Warner, and Robb, for taking the time to introduce me today.

Much has been written about my family and me over the past 10 weeks. Through all that has happened throughout our lives and through all adversity, we have grown closer and our love for each other has grown stronger and deeper. I hope these hearings will help to show more clearly who this person Clarence Thomas is and what really makes me tick.

My earliest memories, as alluded to earlier, are those of Pin Point, GA, a life far removed in space and time from this room, this day and this moment. As kids, we caught minnows in the creeks, fiddler crabs in the marshes, we played with pluffers, and skipped shells across the water. It was a world so vastly different from all this.

In 1955, my brother and I went to live with my mother in Savannah. We lived in one room in a tenement. We shared a kitchen with other tenants and we had a common bathroom in the backyard which was unworkable and unusable. It was hard, but it was all we had and all there was.

Our mother only earned \$20 every 2 weeks as a maid, not enough to take care of us. So she arranged for us to live with our grandparents later, in 1955. Imagine, if you will, two little boys with all their belongings in two grocery bags.

Our grandparents were two great and wonderful people who loved us dearly. I wish they were sitting here today. Sitting here so they could see that all their efforts, their hard work were not in vain, and so that they could see that hard work and strong values can make for a better life.

I am grateful that my mother and my sister could be here. Unfortunately, my brother could not be.

I attended segregated parochial schools and later attended a seminary near Savannah. The nuns gave us hope and belief in ourselves when society didn't. They reinforced the importance of religious beliefs in our personal lives. Sister Mary Virgilius, my eighth grade teacher, and the other nuns were unyielding in their expectations that we use all of our talents no matter what the rest of the world said or did.

After high school, I left Savannah and attended Immaculate Conception Seminary, then Holy Cross College. I attended Yale Law School. Yale had opened its doors, its heart, its conscience to recruit and admit minority students. I benefited from this effort.

My career has been delineated today. I was an assistant attorney general in the State of Missouri. I was an attorney in the corporate law department of Monsanto Co. I joined Senator Danforth's staff here in the Senate, was an Assistant Secretary in the Department of Education, Chairman of EEOC, and since 1990 a judge on the U.S. Court of Appeals for the District of Columbia Circuit.

But for the efforts of so many others who have gone before me, I would not be here today. It would be unimaginable. Only by standing on their shoulders could I be here. At each turn in my life, each obstacle confronted, each fork in the road someone came along to help.

I remember, for example, in 1974 after I completed law school I had no money, no place to live. Mrs. Margaret Bush Wilson, who would later become chairperson of the NAACP, allowed me to live at her house. She provided me not only with room and board, but advice, counsel and guidance.

As I left her house that summer, I asked her, "How much do I owe you?" Her response was, "Just along the way help someone who is in your position." I have tried to live by my promise to her to do just that, to help others.

So many others gave their lives, their blood, their talents. But for them I would not be here. Justice Marshall, whose seat I have been nominated to fill, is one of those who had the courage and the intellect. He is one of the great architects of the legal battles to open doors that seemed so hopelessly and permanently sealed and to knock down barriers that seemed so insurmountable to those of us in the Pin Point, GA's of the world.

The civil rights movement, Rev. Martin Luther King and the SCLC, Roy Wilkins and the NAACP, Whitney Young and the Urban League, Fannie Lou Haemer, Rosa Parks and Dorothy Hite, they changed society and made it reach out and affirmatively help. I have benefited greatly from their efforts. But for them there would have been no road to travel.

My grandparents always said there would be more opportunities for us. I can still hear my grandfather, "Y'all goin' have mo' of a chance then me," and he was right. He felt that if others sacrificed and created opportunities for us we had an obligation to work hard, to be decent citizens, to be fair and good people, and he was right.

You see, Mr. Chairman, my grandparents grew up and lived their lives in an era of blatant segregation and overt discrimination. Their sense of fairness was molded in a crucible of unfairness. I watched as my grandfather was called "boy." I watched as my grandmother suffered the indignity of being denied the use of a bathroom. But through it all they remained fair, decent, good people. Fair in spite of the terrible contradictions in our country.

They were hardworking, productive people who always gave back to others. They gave produce from the farm, fuel oil from the fuel oil truck. They bought groceries for those who were without, and they never lost sight of the promise of a better tomorrow. I follow in their footsteps and I have always tried to give back.

Over the years I have grown and matured. I have learned to listen carefully, carefully to other points of views and to others, to think through problems recognizing that there are no easy answers

to difficult problems, to think deeply about those who will be affected by the decisions that I make and the decisions made by others. But I have always carried in my heart the world, the life, the people, the values of my youth, the values of my grandparents and my neighbors, the values of people who believed so very deeply in this country in spite of all the contradictions.

It is my hope that when these hearings are completed that this committee will conclude that I am an honest, decent, fair person. I believe that the obligations and responsibilities of a judge, in essence, involve just such basic values. A judge must be fair and impartial. A judge must not bring to his job, to the court, the baggage of preconceived notions, of ideology, and certainly not an agenda, and the judge must get the decision right. Because when all is said and done, the little guy, the average person, the people of Pin Point, the real people of America will be affected not only by what we as judges do, but by the way we do our jobs.

If confirmed by the Senate, I pledge that I will preserve and protect our Constitution and carry with me the values of my heritage: fairness, integrity, openmindedness, honesty, and hard work.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very, very much for a moving statement, Judge.

Let me begin at the very outset by pointing out to you I, for one, do not in any way doubt your honesty, your decency, or your fairness. But, if I could make an analogy, I am interested in what you think, how you think. I don't doubt for a moment the honesty, decency, or fairness of Senator Hatch. I don't doubt for a moment the honesty, decency, or fairness of Senator Metzenbaum. But I sure have a choice of which one I would put on the bench.

Because they are both honest—I mean this sincerely now. It is an important point. At least you understand what I have in mind. The fact you are honest and the fact you are decent and the fact you are fair, the fact you have honed sensibilities mean a lot to me. But what I want to do the next half hour and the next several days is to go beyond that.

I will concede easily those points because it is true. No question. As we lawyers say, let's stipulate to the fact you are honest, decent, and fair, and let's get about the business of finding out why anyone who ever had the nuns can remember their eighth grade nun. Mine was Mother Agnes Constance. I don't know why I remember it so vividly. I suspect we both know why we remember so vividly.

Judge THOMAS. Dare not forget.

The CHAIRMAN. And we both know they never forget.

I made a speech not too many years ago, a commencement speech, at St. Joseph's University. After the speech was over I felt that finger that I am sure you felt in the middle of your back, and I heard, "Joey Biden, why did you say 'I' instead of 'me' in such and such a sentence. It is a true story. I turned around and it was my seventh grade nun. So we both have at least that in common, and let's see what we can find out about whether or not we have in common, if anything, about the broader philosophic constructs upon which the Constitution can and must be informed.

Judge, as Senator Danforth said, he hopes we have read your speeches. I assure you I have read all of your speeches, and I have

read them in their entirety. And, as I indicated in my opening statement, what I want to talk about a little bit is one of the things you mention repeatedly in your speeches so that I can be better informed by what you mean by it.

Whether you are speaking in the speech you delivered on the occasion of Martin Luther King's birthday, a national holiday and whether it should be one, to a conservative audience, making the point that he should be looked to with more reverence or whether or not it was your speech to the Pacific Institute or whether or not it is the Harvard Journal, whatever it is you repeatedly invoke the phrase "natural rights" or "natural law."

And, as I said at the outset, here is good natural law, if you will, and bad natural law in terms of informing the Constitution, and there is a whole new school of thought in America that would like very much to use natural law to lower the protections for individuals in the zone of personal privacy, and I will speak to those later, and who want to heighten the protection for businesses and corporations.

Now, one of those people is a Professor Macedo, a fine first-class scholar at Harvard University. Another is Mr. Epstein, a professor at the University of Chicago. And, in the speech you gave in 1987 to the Pacific Research Institute you said, and I quote: "I find attractive the arguments of scholars such as Stephen Macedo who defend an activist Supreme Court that would"—not could, would—"strike down laws restricting property rights."

My question is a very simple one, Judge. What exactly do you find attractive about the arguments of Professor Macedo and other scholars like him?

Judge THOMAS. Senator, again, it has been quite some time since I have read Professor Macedo and others. That was, I believe, 1987 or 1988. My interest in the whole area was as a political philosophy. My interest was in reassessing and demonstrating a sense that we understood what our Founding Fathers were thinking when they used phrases such as "All men are created equal," and what that meant for our form of government.

I found Macedo interesting and his arguments interesting, as I remembered. Again, it has been quite some time. But I don't believe that in my writings I have indicated that we should have an activist Supreme Court or that we should have any form of activism on the Supreme Court. Again, I found his arguments interesting, and I was not talking particularly of natural law, Mr. Chairman, in the context of adjudication.

The CHAIRMAN. I am not quite sure I understand your answer, Judge. You indicated that you find the arguments—not interesting—attractive, and you explicitly say one of the things you find attractive—I am quoting from you: "I find attractive the arguments of scholars such as Steven Macedo who defend an activist Supreme Court that would strike down laws resisting property rights."

Now, it would seem to me what you were talking about is you find attractive the fact that they are activists and they would like to strike down existing laws that impact on restricting the use of property rights because, you know, that is what they write about.

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

CLARENCE THOMAS (II)

Divider Title: _____

as must be given a full and
ges against him, to respond
d to be given the benefit of

ve much or it may resolve
nnot remain in doubt after
nbers of this committee are
; and, second, that we take
ncern in this hearing and

ull understanding of what I
the Senate, to the Nation

h Carolina.

OM THURMOND, A U.S.
SOUTH CAROLINA

ve have taken the unusual
der to consider further tes-
lge Clarence Thomas to be
nited States.

ot to discern the truth in
ade against this nominee,
ed an opportunity to refute
me.

ant to emphasize that the
one that each Sen-
tiousness. This is
no doubt in my mind that

find themselves in the un-
ery personal matters in a
m at the outset that they
exceedingly uncomfortable
gs in the balance and our

den, who worked with me
nducted fairly. After con-
have decided that Senator
udge Thomas. I have also
Specter will undertake the
er witnesses. I reserve the

epublican member of this
his process from the day
nt Bush. However, in the
tnesses, I believe the pro-
ork best for everyone in-

Bush nominated Judge
ough and far-reaching in-
stigation turned up noth-

ing questionable about the Judge, but, rather, showed him to be an
individual of great character and accomplishment.

During the original confirmation hearings, this committee heard
testimony from over 100 witnesses, both for and against the nomi-
nation. Not one of these witnesses, even those most bitterly op-
posed to this nomination, had one disparaging comment to make
about Clarence Thomas' moral character. On the contrary, witness
after witness spoke of the impeccable character, abiding honesty
and consummate professionalism which Judge Thomas has shown
throughout his career.

In conclusion, I want to comment briefly about the allegations
that have been raised by Professor Hill. The alleged harassment
she describes took place some 10 years ago. During that time, she
continued to initiate contact with Judge Thomas in an apparently
friendly manner. In addition, Professor Hill chose to publicize her
allegations the day before the full Senate would have voted to con-
firm Judge Thomas.

While I fully intend to maintain an open mind during today's
testimony, I must say that the timing of these statements raises a
tremendous number of questions which must be dealt with, and I
can assure all the witnesses that we shall be unstinting in our ef-
forts to ascertain the truth.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Now, before I swear Judge Thomas, I ask that the police officer
to go to the front of that door while Judge Thomas is speaking, and
prevent anyone from going in or out. He is entitled to absolute
quiet in this room, no matter who wishes to enter.

Judge would you stand to be sworn? Judge, do you swear to tell
the truth, the whole truth, and nothing but the truth, so help you,
God?

Judge THOMAS. I do.

The CHAIRMAN. Judge, do you have an opening statement?
Please proceed.

TESTIMONY OF HON. CLARENCE THOMAS, OF GEORGIA, TO BE ASSOCIATE JUSTICE OF THE U.S. SUPREME COURT

Judge THOMAS. Mr. Chairman, Senator Thurmond, members of
the committee: as excruciatingly difficult as the last 2 weeks have
been, I welcome the opportunity to clear my name today. No one
other than my wife and Senator Danforth, to whom I read this
statement at 6:30 a.m., has seen or heard the statement, no han-
dlers, no advisers.

The first I learned of the allegations by Prof. Anita Hill was on
September 25, 1991, when the FBI came to my home to investigate
her allegations. When informed by the FBI agent of the nature of
the allegations and the person making them, I was shocked, sur-
prised, hurt, and enormously saddened.

I have not been the same since that day. For almost a decade my
responsibilities included enforcing the rights of victims of sexual
harassment. As a boss, as a friend, and as a human being I was
proud that I have never had such an allegation leveled against me,

even as I sought to promote women, and minorities into nontraditional jobs.

In addition, several of my friends, who are women, have confided in me about the horror of harassment on the job, or elsewhere. I thought I really understood the anguish, the fears, the doubts, the seriousness of the matter. But since September 25, I have suffered immensely as these very serious charges were leveled against me.

I have been wracking my brains, and eating my insides out trying to think of what I could have said or done to Anita Hill to lead her to allege that I was interested in her in more than a professional way, and that I talked with her about pornographic or x-rated films.

Contrary to some press reports, I categorically denied all of the allegations and denied that I ever attempted to date Anita Hill, when first interviewed by the FBI. I strongly reaffirm that denial. Let me describe my relationship with Anita Hill.

In 1981, after I went to the Department of Education as an Assistant Secretary in the Office of Civil Rights, one of my closest friends, from both college and law school, Gil Hardy, brought Anita Hill to my attention. As I remember, he indicated that she was dissatisfied with her law firm and wanted to work in Government. Based primarily, if not solely, on Gil's recommendation, I hired Anita Hill.

During my tenure at the Department of Education, Anita Hill was an attorney-adviser who worked directly with me. She worked on special projects, as well as day-to-day matters. As I recall, she was one of two professionals working directly with me at the time. As a result, we worked closely on numerous matters.

I recall being pleased with her work product and the professional, but cordial relationship which we enjoyed at work. I also recall engaging in discussions about politics and current events.

Upon my nomination to become Chairman of the Equal Employment Opportunity Commission, Anita Hill, to the best of my recollection, assisted me in the nomination and confirmation process. After my confirmation, she and Diane Holt, then my secretary, joined me at EEOC. I do not recall that there was any question or doubts that she would become a special assistant to me at EEOC, although as a career employee she retained the option of remaining at the Department of Education.

At EEOC our relationship was more distant. And our contacts less frequent, as a result of the increased size of my personal staff and the dramatic increase and diversity of my day-to-day responsibilities.

Upon reflection, I recall that she seemed to have had some difficulty adjusting to this change in her role. In any case, our relationship remained both cordial and professional. At no time did I become aware, either directly or indirectly that she felt I had said, or done anything to change the cordial nature of our relationship.

I detected nothing from her or from my staff, or from Gil Hardy, our mutual friend, with whom I maintained regular contact. I am certain that had any statement or conduct on my part been brought to my attention, I would remember it clearly because of the nature and seriousness of such conduct, as well as my adamant opposition to sex discrimination sexual harassment.

into nontradi-

the women, have confided the job, or elsewhere. I have fears, the doubts, the number 25, I have suffered were leveled against me. eating my insides out or done to Anita Hill to her in more than a prob- about pornographic or x-

rically denied all of the oted to date Anita Hill, gily reaffirm that denial. Hill.

of Education as an As- ghts, one of my closest il Hardy, brought Anita dicated that she was dis- o work in Government. ecommendation, I hired

of Education, Anita Hill tly with me. She worked matters. As I recall, she tly with me at the time. s matters.

duct and the profession- ed work. I also recall events.

an of the Equal Employ- , to the best of my recol- nd confirmation process. Holt, then my secretary, ere was any question or ssistant to me at EEOC, ed the option of remain-

istant. And our contacts size of my personal staff f my day-to-day responsi-

d to have had some diffi- In any case, our relation- onal. At no time did I y that she felt I had said, ature of our relationship. staff, or from Gil Hardy, ed regular contact. I am nduct on my part been ber it clearly because of t, as well as my adamant rassment.

But there were no such statements.

In the spring of 1983, Mr. Charles Cothey contacted me to speak at the law school at Oral Roberts University in Tulsa, OK. Anita Hill, who is from Oklahoma, accompanied me on that trip. It was not unusual that individuals on my staff would travel with me occasionally. Anita Hill accompanied me on that trip primarily because this was an opportunity to combine business and a visit to her home.

As I recall, during our visit at Oral Roberts University, Mr. Cothey mentioned to me the possibility of approaching Anita Hill to join the faculty at Oral Roberts University Law School. I encouraged him to do so. I noted to him, as I recall, that Anita Hill would do well in teaching. I recommended her highly and she eventually was offered a teaching position.

Although I did not see Anita Hill often after she left EEOC, I did see her on one or two subsequent visits to Tulsa, OK. And on one visit I believe she drove me to the airport. I also occasionally received telephone calls from her. She would speak directly with me or with my secretary, Diane Holt. Since Anita Hill and Diane Holt had been with me at the Department of Education they were fairly close personally and I believe they occasionally socialized together.

I would also hear about her through Linda Jackson, then Linda Lambert, whom both Anita Hill and I met at the Department of Education. And I would hear of her from my friend Gil.

Throughout the time that Anita Hill worked with me I treated her as I treated my other special assistants. I tried to treat them all cordially, professionally, and respectfully. And I tried to support them in their endeavors, and be interested in and supportive of their success.

I had no reason or basis to believe my relationship with Anita Hill was anything but this way until the FBI visited me a little more than 2 weeks ago. I find it particularly troubling that she never raised any hint that she was uncomfortable with me. She did not raise or mention it when considering moving with me to EEOC from the Department of Education. And she never raised it with me when she left EEOC and was moving on in her life.

And to my fullest knowledge, she did not speak to any other women working with or around me, who would feel comfortable enough to raise it with me, especially Diane Holt, to whom she seemed closest on my personal staff. Nor did she raise it with mutual friends, such as Linda Jackson, and Gil Hardy.

This is a person I have helped at every turn in the road, since we met. She seemed to appreciate the continued cordial relationship we had since day one. She sought my advice and counsel, as did virtually all of the members of my personal staff.

During my tenure in the executive branch as a manager, as a policymaker, and as a person, I have adamantly condemned sex harassment. There is no member of this committee or this Senate who feels stronger about sex harassment than I do. As a manager, I made every effort to take swift and decisive action when sex harassment raised or reared its ugly head.

The fact that I feel so very strongly about sex harassment and spoke loudly about it at EEOC has made these allegations doubly

hard on me. I cannot imagine anything that I said or did to Anita Hill that could have been mistaken for sexual harassment.

But with that said, if there is anything that I have said that has been misconstrued by Anita Hill or anyone else, to be sexually harassment, then I can say that I am so very sorry and I wish I had known. If I did know I would have stopped immediately and I would not, as I have done over the past 2 weeks, had to tear away at myself trying to think of what I could possibly have done. But I have not said or done the things that Anita Hill has alleged. God has gotten me through the days since September 25 and He is my judge.

Mr. Chairman, something has happened to me in the dark days that have followed since the FBI agents informed me about these allegations. And the days have grown darker, as this very serious, very explosive, and very sensitive allegation or these sensitive allegations were selectively leaked, in a distorted way to the media over the past weekend.

As if the confidential allegations, themselves, were not enough, this apparently calculated public disclosure has caused me, my family, and my friends enormous pain and great harm.

I have never, in all my life, felt such hurt, such pain, such agony. My family and I have been done a grave and irreparable injustice. During the past 2 weeks, I lost the belief—that if I did my best all would work out. I called upon the strength that helped me get here from Pin Point, and it was all sapped out of me. It was sapped out of me because Anita Hill was a person I considered a friend, whom I admired and thought I had treated fairly and with the utmost respect. Perhaps I could have better weathered this if it were from someone else, but here was someone I truly felt I had done my best with.

Though I am, by no means, a perfect person, no means, I have not done what she has alleged, and I still do not know what I could possibly have done to cause her to make these allegations.

When I stood next to the President in Kennebunkport, being nominated to the Supreme Court of the United States, that was a high honor. But as I sit here, before you, 103 days later, that honor has been crushed. From the very beginning charges were leveled against me from the shadows—charges of drug abuse, antisemitism, wife-beating, drug use by family members, that I was a quota appointment, confirmation conversion and much, much more, and now, this.

I have complied with the rules. I responded to a document request that produced over 30,000 pages of documents. And I have testified for 5 full days, under oath. I have endured this ordeal for 103 days. Reporters sneaking into my garage to examine books I read. Reporters and interest groups swarming over divorce papers, looking for dirt. Unnamed people starting preposterous and damaging rumors. Calls all over the country specifically requesting dirt. This is not American. This is Kafka-esque. It has got to stop. It must stop for the benefit of future nominees, and our country. Enough is enough.

I am not going to allow myself to be further humiliated in order to be confirmed. I am here specifically to respond to allegations of sex harassment in the work place. I am not here to be further hu-

that I said or did to Anita
sexual harassment.

g that I have said that has
one else, to be sexually har-
ery sorry and I wish I had
topped immediately and I
2 weeks, had to tear away
d possibly have done. But I
Anita Hill has alleged. God
eptember 25 and He is my

ed to me in the dark days
s informed me about these
arker, as this very serious,
tion or these sensitive alle-
distorted way to the media

mselves, were not enough,
asure has caused me, my
d great harm.

urt, such pain, such agony.
e and irreparable injustice.
ef that if I did my best all
th that helped me get here
t of me. It was sapped out
considered a friend, whom
ly and with the utmost re-
he this if it were from
uly I had done my best

person, no means, I have
l do not know what I could
these allegations.

in Kennebunkport, being
United States, that was a
103 days later, that honor
ning charges were leveled
of drug abuse, antisemi-
embers, that I was a quota
nd much, much more, and

ponded to a document re-
of documents. And I have
ve endured this ordeal for
arage to examine books I
rming over divorce papers,
g preposterous and damag-
pecifically requesting dirt.
que. It has got to stop. It
minees, and our country.

urther humiliated in order
o respond to allegations of
not here to be further hu-

miliated by this committee, or anyone else, or to put my private
life on display for a prurient interest or other reasons. I will not
allow this committee or anyone else to probe into my private life.
This is not what America is all about.

To ask me to do that would be to ask me to go beyond fundamen-
tal fairness. Yesterday, I called my mother. She was confined to
her bed, unable to work and unable to stop crying. Enough is
enough.

Mr. Chairman, in my 43 years on this Earth, I have been able,
with the help of others and with the help of God, to defy poverty,
avoid prison, overcome segregation, bigotry, racism, and obtain one
of the finest educations available in this country. But I have not
been able to overcome this process. This is worse than any obstacle
or anything that I have ever faced. Throughout my life I have been
energized by the expectation and the hope that in this country I
would be treated fairly in all endeavors. When there was segrega-
tion I hoped there would be fairness one day or some day. When
there was bigotry and prejudice I hoped that there would be toler-
ance and understanding some day.

Mr. Chairman, I am proud of my life, proud of what I have done,
and what I have accomplished, proud of my family, and this proc-
ess, this process is trying to destroy it all. No job is worth what I
have been through, no job. No horror in my life has been so debili-
tating. Confirm me if you want, don't confirm me if you are so led,
but let this process end. Let me and my family regain our lives. I
never asked to be nominated. It was an honor. Little did I know
the price, but it is too high.

I enjoy and appreciate my current position, and I am comfortable
with the prospect of returning to my work as a judge on the U.S.
Court of Appeals for the D.C. Circuit and to my friends there.

Each of these positions is public service, and I have given at the
office. I want my life and my family's life back and I want them
returned expeditiously.

I have experienced the exhilaration of new heights from the
moment I was called to Kennebunkport by the President to have
lunch and he nominated me. That was the high point. At that time
I was told eye-to-eye that, Clarence, you made it this far on merit,
the rest is going to be politics and it surely has been. There have
been other highs. The outpouring of support from my friends of
long-standing, a bonding like I have never experienced with my old
boss, Senator Danforth, the wonderful support of those who have
worked with me.

There have been prayers said for my family, and me, by people I
know and people I will never meet, prayers that were heard and
that sustained not only me, but also my wife and my entire family.
Instead of understanding and appreciating the great honor be-
stowed upon me, I find myself, here today defending my name, my
integrity, because somehow select portions of confidential docu-
ments, dealing with this matter were leaked to the public.

Mr. Chairman, I am a victim of this process and my name has
been harmed, my integrity has been harmed, my character has
been harmed, my family has been harmed, my friends have been
harmed. There is nothing this committee, this body or this country
can do to give me my good name back, nothing.

I will not provide the rope for my own lynching or for further humiliation. I am not going to engage in discussions, nor will I submit to roving questions of what goes on in the most intimate parts of my private life or the sanctity of my bedroom. These are the most intimate parts of my privacy, and they will remain just that, private.

[The prepared statement of Judge Clarence Thomas follows:]

[I

I

ce

S.

WA

IN

KA

SEC

THE

THE