JOHN PODESTA - STAFF SECRETARY

Dr. Henry W. Foster, Jr.

Box 1

- Newspaper Clips regarding Henry Foster
- Cases in which Henry Foster. Meharry Medical College or Hubbard Hospital were parties
- Memorandum regarding Kwanzaa Celebration
- Prep Questions
- Two speeches by Henry Foster with a one page summary on each
- Additional Writings by Henry Foster
- Testimony Submitted to the Senate Labor and Human Resources Committee
- Testimony Submitted by the Family Research Council to the Senate Labor and Human Resources Committee
- Edited Transcript of Dr. Henry Foster's hearing for Surgeon General [May 2 and May 3, 1995]
- Distributed Information
- Research

w/ 4 boxes of binders and folders on Dr. Foster

5489 NARA 3909

5490 3910

5491 3911

5492 3912

5493 3913

ENCLOSURES FILED OVERSIZE ATTACHMENTS

5 boxes read and filed 7/3/95

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Questions

Divider Title: _____

February 24, 1995

QUESTIONS

OFFICE OF THE SURGEON GENERAL

1. What are your goals in the role as health advisor to the Nation?

2. What public health causes do you plan to advocate?

3. How will your role be different than the previous surgeon generals? To whom will you report: Secretary Shalala? Dr. Lee?

4. Is there even a need for a surgeon general? Is it necessary to maintain the Surgeon General separate from the Assistant Secretary for Health? Can't the same person fulfill both roles? Perhaps the Secretary should consider such a consolidation as part of government streamlining.

5. During the confirmation hearing for Dr. Elders, we learned that the Surgeon General was taking on several new responsibilities -- namely the direct program supervision for the offices of minority health, women's health, disease prevention and health promotion, and population affairs (family planning). Will your role include the program management of these offices? Any other offices?

6. What will your priorities be with regard to the Public Health Service's Commissioned Corps?

7. What is the budget request for the immediate office of the Surgeon General for FY96 and how many FTEs does the office have?

8. Former Surgeon Generals have issued major reports on such public health issues as smoking, drunk driving, nutrition, domestic violence, and adolescent health and teen pregnancy. What would be the subject of your major report?

ABORTION

1. What is your position on abortion?

2. Do you believe a woman should have a right to an abortion, for any reason, throughout the entire pregnancy?

3. Do you support reasonable restrictions on abortion such as parental consent or notification for minors?

4. Have you ever performed an abortion on a minor without

parental consent?

5. How many abortions have you performed?

6. Do you support the "Hyde" amendment which prohibits the expenditure of federal funds for abortion except in those cases where the woman's life is endangered, or in cases of rape or incest?

7. What is your position on the use of RU-486?

8. Should Medicaid pay for prenatal care and delivery, but not for family planning or abortions?

9. Do you think that the use of abortion, in cases where genetic defects might be passed on such as sickle cell anemia or Downs syndrome, should be encouraged?

10. Do you consider abortion a legitimate form of family planning?

CONDOMS AND STDs

1. Given that condoms have been promoted, distributed and made available more in the last several years than in their entire history, why is it that teen pregnancies, sexually transmitted diseases and AIDS continue to increase?

2. How will you promote truly "safe sex" as surgeon general?

3. Is the transmission of Chlamydia infection prevented by condoms? What is the rate of Chlamydia infection among teenagers? What are the consequences of such an infection on teenagers?

4. What is human papilloma virus and its associated consequences? Is its transmission prevented by condoms? What percent of sexually active teenagers carry the virus? Is it curable?

FAMILY PLANNING

1. Do you support the distribution of Norplant to teenage girls, as has been done in Baltimore City Schools? Would you support federal funding for this type of distribution?

2. Should Norplant be given to minors without parental consent?

3. Section 1008 of the PHS Act implementing the Title X Family Planning Act provides as follows: "None of the funds

appropriated under this Title shall be used in programs where abortion is a method of family planning." What is your interpretation of this provision?

4. Do you support regulations such as the so called "Gag rule" which aim to separate abortion activities from federally supported family planning services?

5. Do you support any limitation on the ability of clinics receiving federal funds to counsel or refer women for abortion in federally funded Title X clinics?

6. Do you view the federal family planning program as preventive in nature?

7. Should Title X clinics be permitted to perform abortions on the same site as the federally funded Title X clinics?

8. Since its involvement in funding contraceptives and family planning, the Federal government has invested over $2 billion to curb teenage pregnancy. Yet the rate of teenage pregnancy and sexually transmitted diseases afflicting teens continue to rise. What, if anything, will you direct the Department of Health and Human Services to do to curb the rate of teen sexual activity? What role should schools play in this effort?

9. Do you know the statistics on how many children in this country that are "unplanned and unwanted"?

MARIJUANA AND OTHER NARCOTICS

1. If confirmed as Surgeon General, would you advocate the use of narcotics that are currently prohibited by the federal government for medical use? Do you support a physician's right to prescribe marijuana for their patients if it would be "beneficial"?

2. Your predecessor suggested that we study legalizing drugs as a way to combat violence and other social ills. Should we study the legalization of drugs?

3. Are you at all concerned about linkages between drug abuse, prostitution and the spread of AIDS?

4. What public health strategies should we pursue to combat the use of illegal drugs?

SEX EDUCATION

1. At what grade level do you think children should begin health/sex education?

TEEN PREGNANCY

1. Do you think that teaching abstinence will reduce teen pregnancy rates?

2. What are the best methods to reduce the rise in teen pregnancy across the country? Which of these do you advocate?

3. If you had success in Tennessee in reducing the rate of teen pregnancy, how will you have success in implementing the same plan on a national level?

4. What are the causes of the high teenage pregnancy rate in the U.S.?

5. There is a statistic that says 70% of all teenage pregnancies occur between 3 and 5 in the afternoon. What is the source of this statistic and what does this mean to you in terms of your effort to remedy the problem of teenage pregnancy?

6. Isn't your stress on abstinence unrealistic and potentially deadly, given the fact that most young people are sexually active before the age of 18?

PUBLIC HEALTH

1. What are the most pressing health problems facing teens today?

2. What were the most successful initiatives you undertook in Tennessee to improve the health of teenagers, and why do you think they were effective?

3. In your role as surgeon general, what special initiatives do you plan for prenatal care and reducing infant mortality?

4. What other children's health issues will you address as surgeon general?

5. What are the current pregnancy rates and rates of sexually transmitted diseases among teenager in the United States?

6. What should we do about the growing threat of multi-drug-

resistant TB?

7. Do you believe that domestic violence is a public health issue? If so, do you propose making it part of your agenda as Surgeon General?

SCHOOL-BASED CLINICS

1. Do you plan to advocate for a Federal program of school-based clinics? If so, what role should parents play in these settings?

2. Should all school-based clinics distribute birth control on site? If not, who should decide which programs do?

3. Are there any school-based clinics in Tennessee? If there are any, what evidence is there to support the argument that they bring down the rate of teenage pregnancy?

AIDS AND HIV

1. The new proposed Public Health Service guidelines on HIV testing recommend that all pregnant women be tested for HIV but don't mandate it. Why not make it mandatory, especially given AZT's potential for significantly reducing transmission of the deadly virus to babies?

2. Shouldn't patients be required to tell health practitioners whether they are HIV - positive, and vice versa?

3. Isn't it true that the homosexual lobby has seen to it that AIDS is treated as a civil rights issue rather than as a public health issue?

4. Do you support the distribution of clean needles to intravenous drug abusers as a means of slowing the spread of HIV?

5. Dr. Koop and Dr. Novello each issued Surgeon General's reports on AIDS. Would you issue a similar report? Why or why not?

HEALTH CARE REFORM

1. What role, if any, will you play in discussions on health reform?

BREAST CANCER

1. The incidence of breast cancer among women is disturbing. As Surgeon General, what type of strategy would you pursue to improve educational efforts and access to health care in this regard?

TOBACCO

1. It's clear that the tobacco industry can't police itself and is aiming messages to our youngsters through such campaigns as "Joe Camel." Should cigarette advertising be banned?

2. Should the manufacture or sale of cigarettes be regulated in any way by the federal government?

MASTURBATION

1. Do you believe that the teaching of masturbation to be part of the comprehensive, age-appropriate sex education you advocate?

FETAL TISSUE AND EMBRYO RESEARCH

1. What is your position on fetal tissue and embryo research?

GUN CONTROL

1. What is your position on gun control?

SUICIDE

1. What is your position on physician assisted suicide?

MISCELLANEOUS

1. What is your salary arrangement with the Department of Health and Human Services at this time?

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Divider Title: **Nomination Press R.**

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
Friday, February 3, 1995

Contact: Avis LaVelle
202-690-7850

Statement by Dr. Henry Foster, Nominee for U.S. Surgeon General

My specialty in the practice of medicine is obstetrics/gynecology. I have personally delivered more than 10,000 babies in nearly 30 years of practice including my service in the military.

In that period of almost three decades as a private practicing physician, I believed that I performed fewer than a dozen pregnancy terminations. None were in out-patient settings; all were in hospitals and were primarily to save the lives of the women or because the women had been the victims of rape or incest.

I was also Chief of Service at two major teaching institutions where many physicians held hospital privileges. A wide variety of medical procedures and research was performed at both. To my knowledge, all were in accordance with the law and educational requirements.

I have dedicated my life's work to improving access to medical care and improving quality of life for women and children, a passion rooted in my early years of practice in the rural South. I have placed particular emphasis on prevention, especially in such areas as teen pregnancy, drug abuse and smoking cessation in children. In my work with teenagers, abstinence has always been stressed as my first priority.

Through my long affiliation with Planned Parenthood Federation of America, my personal goal has always been to provide education, counseling, preventive health care and contraceptive access to patients needing such services. If abortion is provided, my wish is that it be safe, legal and rare.

I am proud of my affiliation with Planned Parenthood just as I am of my affiliation with many other prestigious organizations such as the March of Dimes Foundation, the American Cancer Society, the Y.W.C.A. and my church.

FOR RELEASE UPON DELIVERY
THURSDAY, FEBRUARY 2, 1995

*REMARKS BY

DONNA E. SHALALA

SECRETARY OF HEALTH AND HUMAN SERVICES

NOMINATION OF HENRY W. FOSTER AS SURGEON GENERAL

THE WHITE HOUSE
WASHINGTON, D.C.

*THIS TEXT IS THE BASIS OF SECRETARY SHALALA'S ORAL REMARKS. IT SHOULD BE USED WITH THE UNDERSTANDING THAT SOME MATERIAL MAY BE ADDED OR OMITTED DURING PRESENTATION.

I am truly honored to join President Clinton today in introducing his intended nominee for Surgeon General: Dr. Henry Foster.

Quintessential Clinton-Gore ...

Educated in Arkansas...works in Tennessee.

Dr. Foster has lifted the health status of women and children.

He has been tireless in his efforts to curb infant mortality and prevent teen-pregnancy.

And, he has dedicated his life to ensuring that health care is accessible for all -- not a privilege for the few.

I will be very pleased to have Dr. Foster join us at HHS, where he will report to Dr. Philip Lee, our Assistant Secretary for Health.

As we tackle America's greatest health challenges, we need his energy and his experience, his voice and his vision.

One of those challenges is teenage pregnancy. Every day in America, almost 2,800 teenagers get pregnant. That's a national tragedy -- and the President has insisted on a national campaign to end it.

Henry Foster will help lead that charge. That is why I am so pleased to be here for this announcement.

Now, it is my distinct honor to introduce President Clinton, a man who has shown extraordinary leadership in promoting better health for all Americans. Mr. President ....

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HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROLE OF THE SURGEON GENERAL

The Surgeon General holds a major--and historic position within the Public Health Service acting as the "people's doctor," as some have described it. The SG has been the national spokes-person to promote good health activities, alert the nation on things that are harmful or potentially harmful. It was Surgeon General Luther Terry who issued the first Surgeon General's Report on Smoking and Health. More recently, it was Surgeon General C. Everett Koop who wrote the report on AIDS that was mailed to every household in the United States in a major effort to educate the public on the AIDS issue.

The efforts of the Surgeon General to keep this country informed on a variety of health issues is a key responsibility of the office. **However, to call the Surgeon General the principal health official/officer of the United States is a misnomer.** The Surgeon General serves at the pleasure of the President and under the direction of the Secretary of Health and Human Services, reporting directly to the Assistant Secretary for Health, who also holds the title, Director of the U.S. Public Health Service.

The organizational changes that placed the overall authority for the Public Health Service in the office of the Assistant Secretary, was initiated in the 1960's, in response to the increasingly complex development of the PHS, which has grown to eight separate agencies. Section 201 of Title II of the Public Health Service Act specifically required that the overall leadership and direction of the Public Health Service reside with the Assistant Secretary for Health under the supervision of the Secretary of Health and Human Services.

The Surgeon General's current duties and responsibilities include the direction of the active Commissioned Corps, the component of the Public Health Service that provides medical and allied health professionals for a variety of public health duties throughout the U.S. and overseas.

On July 16, 1798, Congress passed the act for the Relief of Sick and Disabled Seamen. This act called for the federal government to construct marine hospitals and provide medical care, to and for, merchant seamen. By the end of the Civil War, it was felt that the Marine Hospital Fund was in need of major reform. The reform was led by John Maynard Woodworth who was appointed the first Surgeon General of the Marine Hospital Fund in 1871. The name was then changed to Marine Hospital Service, and the scope of duties assigned to the agency quickly expanded to keep pace with the new nation. In 1912, its name was formally changed to that of Public Health Service to reflect its expanding public health role. The 1994 PHS Act created the modern Public Health Service, expanded PHS authority to award grants for research, construction, and support of state and local health programs.

SURGEON GENERAL

Present Duties

Manages the PHS Commissioned Corps
Represents the Assistant Secretary for Health (ASH) on significant public health issues
Represents the PHS in Department of Defense activities
Serves on the Board of Regents of the Uniformed University of the Health Sciences
Reviews and makes binding recommendations on Department of Defense plans relating to lethal chemicals and biological agents
Ex officio member of the Board of Regents of the National Library of Medicine
Coordinates and releases reports to the public on health hazards (e.g. Surgeon General's Report on Smoking and Health)

Budget

Pay Costs (Surgeon General and 6 Staff)	$637,000
Overhead	100,000
Discretionary (Travel, etc.)	130,000
	$867,000

History

1871-1968
Line Authority over Public Health Service

1968-1973
Independent Staff
Reports to Secretary
PHS Agencies Report to Secretary

1973-1977
No Surgeon General
Agencies Report to ASH

1977-1981
Surgeon General Re-established
Surgeon General and ASH the Same

1981-Present
Surgeon General Established as Staff
Reports to ASH

OFFICE OF SURGEON GENERAL, PHS

The forerunner of the PHS (the Marine Hospital Service) was established in 1798 and the first hospital authorized in 1807.

The post of Surgeon General goes back to the 1870s, when administration of the hospitals was centralized in Washington, D.C., under the first Supervising Surgeon General. That job has evolved into the modern Surgeon General.

The uniform the Surgeon General wears is that of the Public Health Service Commissioned Corps -- a part of the PHS established by law in 1889 to provide a mobile health corps subject to duty anywhere upon assignment. The Surgeon General today administers the particular policies and personnel actions of that part of the PHS. Some of the corps work at the various PHS agencies -- NIH, FDA, the Indian Health Service and the Centers for Disease Control, for example. Others work in U.S. prisons and some assist in military actions -- in the Gulf War, for example.

In 1968, however, the responsibility for directing the Public Health Service as a whole became the role of the Assistant Secretary for Health under the supervision of the Secretary of Health and Human Services.

The Surgeon General oversees the 6,000-member Commissioned Corps and, most importantly, advises the public on health matters such as smoking and health, diet and nutrition, and the importance of immunization and disease prevention. Surgeon General Koop, for example, issued an educational report on AIDS and its prevention that went to every home in America.

Administratively, the Surgeon General reports to the Assistant Secretary for Health (Philip R. Lee, M.D.) and the Secretary of Health and Human Services (Donna E. Shalala). The position is supported by the science developed in such PHS agencies as NIH and CDC. The person in the post is meant to be an educator, a spokesperson and an advocate of good health. His or her pronouncements make the occupant of the position "the nation's doctor" in many people's minds, which adds to the person's persuasiveness.

There have been Surgeon General's Reports not only annually on smoking (~~since~~ Dr. Terry's first) and on drunk driving, nutrition, domestic violence, adolescent health and teen pregnancy.

Selected Contributions of the USPHS Surgeon General

Introduction

The Public Health Service originated in 1798 as the Marine Hospital Service, created by Act of Congress to provide relief for sick and disabled seamen. In 1870 the Service was reorganized, with the administration of the hospitals centralized in Washington, D.C. Dr. John Maynard Woodworth was appointed as the first Supervising Surgeon (later called Surgeon General) in 1871. Woodworth developed a mobile corps of uniformed physicians which was formally established by law as the Service's Commissioned Corps in 1889.

By the early twentieth century, the functions of the Service had expanded to include quarantine, medical inspection of immigrants, and biomedical research, which was reflected in the change of its name to the Public Health and Marine Hospital Service in 1902. The name was changed again in 1912 to simply the Public Health Service.

Continued expansion of the role of the Public Health Service over the course of the twentieth century thrust the Surgeon General into a more visible role as a spokesperson for public health on the national scene. The prestige and visibility of the Office of Surgeon General has lent authority to statements and reports issued by its occupants. The following examples illustrate some of the important contributions of the Surgeon General in selected public health campaigns in this century.

Venereal Disease

The perceived menace of venereal disease to American troops in World War II led to the establishment of the PHS Division of Venereal Diseases in 1918. With the end of the War, however, Federal support of venereal disease control efforts dropped drastically, and it was not until Thomas Parran was appointed Surgeon General in 1936 that the situation was reversed. Parran had served as head of the Division of Venereal Disease from 1926 to 1930, when he was detailed to New York State to serve as its Health Commissioner. While in New York, he continued his interest in the problem of venereal disease. On one occasion in 1934, his appearance on a scheduled national radio broadcast was canceled because he refused to delete the words syphilis and gonorrhea from his speech. The following day, Parran issued a press release about the cancellation which resulted in a flurry of newspaper publicity for these diseases.

Upon assuming the office of Surgeon General in 1936, Parran used the resources of the PHS to wage a major national campaign against venereal disease. The PHS produced posters, films, and publications informing the public about venereal disease. Parran himself published a book, Shadow on the Land (1937), which treated sexually transmitted diseases explicitly and thoroughly and became a bestseller. Parran's campaign brought venereal disease into the open as a public health problem, and paved the way for further action,

including the National Venereal Disease Control Act of 1938. Historian Allan Brandt has stated:

> "Parran's campaign against venereal disease represents the most positive elements of New Deal reform. Refusing to be limited by social conventions and political precedents, Parran clearly identified the problem and the available instrumentalities for its resolution." (No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880, Expanded Edition, Oxford: Oxford University Press, 1987, p. 155)

Although Parran was not able to achieve his goal of a nation free of sexually transmitted diseases, Brandt concludes that his campaign "nevertheless made dramatic strides against the venereal diseases" (ibid., p. 160). Sexually transmitted disease continues to be a problem that requires the attention of PHS and the Surgeon General, most recently in connection with AIDS (see below).

Smoking

PHS Surgeon Generals have led the campaign to inform citizens about the negative effects of smoking on health for the past four decades. As early as 1957, Surgeon General Leroy Burney issued a statement declaring that: "The Public Health Service feels the weight of the evidence is increasingly pointing in one direction; that excessive smoking is one of the causative factors in lung cancer." (quoted in Reducing the Health Consequences of Smoking: 25 Years of Progress, A Report of the Surgeon General, 1989, p. 5) Two years later, he unequivocally stated that the evidence implicated smoking as the principal factor in the increased incidence of lung cancer.

The PHS battle against smoking began in earnest with the publication of the landmark 1964 Surgeon General's report on smoking and health, the first official report of the Federal Government on the subject. The report, issued by Surgeon General Luther Terry, concluded that cigarette smoking was a health hazard of sufficient importance to warrant appropriate remedial action. It was the stimulus for the passage of the Federal Cigarette Labeling and Advertising Act of 1965. Effective in 1966, cigarette packs had to carry health warnings.

The 1965 Act also required the Secretary of Health, Education, and Welfare to submit annual reports to Congress on the health consequences of smoking, beginning in 1967. These reports were issued by the Surgeon General, and over the years covered such topics as the health consequences of smoking for women, the relationship between smoking and cardiovascular disease, nicotine addiction, etc. Surgeon Generals such as C. Everett Koop and Antonio Novello spoke out forcefully about the dangers of smoking.

Health Promotion and Disease Prevention

Shortly after he assumed office in 1977, Secretary of Health, Education, and Welfare Joseph Califano asked Surgeon General Julius Richmond to begin work on a report on health promotion and disease prevention. In 1979, the landmark report, Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention, was issued. If the first public health revolution had targeted infectious disease, Califano and Richmond saw the this report as initiating a second public health revolution that would tackle the agents of contemporary mortality, such as smoking, diet, sedentary living and poor safety practices. Secretary Califano emphasized the significance of this document as follows:

> "It represents an emerging consensus among scientists and the health community that the Nation's health strategy must be dramatically recast to emphasize the prevention of disease. That consensus is as important as the consensus announced in 1964 by the first Surgeon General's report on Smoking and Health - a document now remembered as a watermark." (p. vii)

Healthy People set forth ambitious health goals to be achieved by 1990, and an accompanying volume, Promoting Health/Preventing Disease: Objectives for the Nation (1980), included a series of specific targets within set categories for each age-group. One of the major goals of this effort was to educate people on how they could take more personal responsibility for their health through wise lifestyle choices. The 1979 Surgeon General's report was the forerunner of today's Healthy People 2000 campaign.

AIDS

As the nation began to recognize AIDS as a new and deadly disease in the early 1980s, PHS Surgeon General C. Everett Koop became perhaps the chief Federal spokesperson on AIDS. In early 1986, President Reagan asked Koop to prepare a report on AIDS. For the next nine months, Koop worked on this report, writing much of it himself. The report, released on October 22, 1986, was "explicit, nonjudgmental, controversial, and popular." (Fitzhugh Mullan, Plagues and Politics: The Story of the United States Public Health Service, New York: Basic Books, 1989, p. 204). It contributed significantly to providing accurate, comprehensive information on this frightening disease.

Koop also personally penned "Understanding AIDS," the PHS brochure based on CDC guidelines that was sent to all 107 million households in the United States in 1988, the largest public health mailing ever done. He and his successors saw to it that the Surgeon General played an active role in the campaign to prevent AIDS.

Office of the PHS Historian
February, 1995

During the period between January 20, 1973 and July 13, 1977, the post of Surgeon General of the United States Public Health Service was vacant. Various members of the PHS Commissioned Corps assumed these duties in an acting capacity. Julius B. Richmond was the first Surgeon General of the Public Health Service who did not come from the ranks of the Commissioned Corps. He is the only Surgeon General to hold the post of Assistant Secretary for Health simultaneously.

Surgeons General of the Public Health Service

John M. Woodworth	March 29, 1871	to March 14, 1879
John B. Hamilton	April 3, 1879	to May 31, 1891
Walter Wyman	June 1, 1891	to Nov. 21, 1911
Rupert Blue	Jan. 13, 1912	to March 1, 1920
Hugh Smith Cumming	March 3, 1920	to Jan. 31, 1936
Thomas Parran	April 6, 1936	to April 5, 1948
Leonard A. Scheele	April 6, 1948	to August 2, 1956
Leroy E. Burney	August 8, 1956	to Jan. 29, 1961
Luther L. Terry	March 24, 1961	to Oct. 1, 1965
William H. Stewart	Oct. 2, 1965	to August 1, 1969
Jesse L. Steinfeld	Dec. 18, 1969	to Jan. 30, 1973
Julius B. Richmond	July 13, 1977	to May 1, 1981
C. Everett Koop	Jan. 21, 1982	to Sept. 30, 1989
Antonia C. Novello	March 9, 1990	to June 30, 1993
Joycelyn Elders	Sept. 8, 1993	to December 31, 1994

Prepared by the Office of the Public Health Service Historian, with input from the Office of the Surgeon General (October 1994)

Evolution of the Title "Assistant Secretary for Health"

The head of the Public Health Service has not always been known as the "Assistant Secretary for Health". In 1912, when Congress renamed the Public Health and Marine-Hospital Service of the United States the "Public Health Service", the head of PHS was the Surgeon General.

In 1953, the non-career staff position of "Special Assistant for Health and Medical Affairs" was established in the Office of the Secretary. This position was not intended to infringe on the Surgeon General's responsibilities for directing PHS; however, over the next several years, many of the high level negotiations on politically sensitive issues were handled for the Secretary by the Special Assistant, who was often called upon to provide advice on key health policy matters. In 1965, the is position was renamed the Assistant Secretary for Health and Scientific Affairs (ASHSA) but retained its staff character.

However, in 1968, the ASHSA was made the head of PHS, and the Surgeon General was designated as the principal deputy to the ASHSA. The Surgeon General was considered the chief career health professional in the Department of Health, Education, and Welfare and was responsible for the administration of the Commissioned Corps of PHS.

In 1972, the ASHSA and the Office of the Assistant Secretary for Health and Scientific Affairs were renamed the Assistant Secretary for Health (ASH) and the Office of the Assistant Secretary for Health (OASH). At this time, the Surgeon General was one of eight principal OASH offices and no longer served as deputy to the ASH.

Between 1968 and 1974, the ASH and his staff were organizationally located in the Office of the Secretary. In 1974, the Secretary approved the transfer of the ASH and staff from OS to PHS.

From 1973 to 1977, the role of the Surgeon General was unclear. Formal organization charts and statements published during that period do not identify and organizational component or position relating to the Surgeon General. However, in 1977, OASH was reorganized to strengthen PHS, and the positions of Surgeon General and Assistant Secretary for Health were combined and designated the "Assistant Secretary for Health (Surgeon General of the Public Health Service)".

In 1981 this dual title was separated so that PHS now again has an "Assistant Secretary for Health" and a Surgeon General".

In summary, the title, "Assistant Secretary for Health, evolved from the "Special Assistant for Health Medical Affairs", a staff position in the Office of the Secretary. Because the Surgeon was once the head of the Public health Service, and later the Surgeon General title was combined with the ASH title, there is some confusion among the public and even the Congress about the responsibilities of each of these positions and also of OASH.

OFFICE OF THE SURGEON GENERAL (OSG)

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

MISSION

The Surgeon General, who reports to the Assistant Secretary for Health, advises the ASH on all policy matters pertaining to PHS and is responsible for the administration and management of the commissioned corps, providing leadership and direction for approximately 6,500 active duty commissioned corps personnel.

The PHS Commissioned Corps is a uniformed service of the United States that consists of health professionals in 11 different categories. As a uniformed service, the grade structure, compensation and benefit system, and mobility requirements of the PHS Commissioned Corps are the same as those established for the Armed Forces. Active duty commissioned officers are employed by each of the eight PHS Agencies. The largest contingent -- approximately 40 percent of the 6,500 officers -- work for the Indian Health Service where they provide health care to American Indians and Alaska Natives, often in very remote and isolated areas of the country. In addition, approximately 1,000 officers are detailed to other Agencies such as the United States Coast Guard, Bureau of Prisons, Environmental Protection Agency, Health Care Financing Administration, and the District of Columbia Mental Health Commission to provide health care services and scientific expertise.

All officers must agree in writing to serve in accordance with the needs of PHS. In time of war or emergency involving the national security, the President, by Executive Order, may declare the PHS Commissioned Corps to be a branch of the military services and place it under the Uniform Code of Military Justice. This occurred in World War I, the end of World War II, and the Korean Conflict. Most recently, officers contributed to the provision of health services in Kuwait in the aftermath of the Persian Gulf conflict, in St. Croix following Hurricane Hugo in 1989, and in South Florida and Louisiana subsequent to the devastation caused by Hurricane Andrew in 1992.

SURGEON GENERAL

Antonia C. Novello, M.D., M.P.H.

Office phone: 202-690-6467

Office fax: 202-690-5810

Home phone: Unlisted

Dr. Novello received a B.S. degree from the University of Puerto Rico in 1965 and an M.D. degree in 1970. She entered the U.S. Public Health Service in 1978 after working in the private practice of pediatrics and nephrology. Her entire PHS career was spent at NIH where she served in various capacities including Deputy Director of the National Institute of Child Health and Human Development.

MAJOR FUNCTIONS

The Surgeon General:

- Has primary responsibility for managing the Commissioned Corps personnel system including recruitment and retention of commissioned officers;
- Directs a wide range of special initiatives including, but not limited to, workshops, conferences, and reports as directed by the President, Congress, the Secretary, or the ASH;

- Directs the selection process and coordinates the activities of eleven Chief Professional Officers (CPOs);
- Provides the necessary link with other governmental entities including FEMA, EPA, DoD, Justice, Commerce, Transportation, and State with whom there are signed agreements to facilitate operations or to ensure national security;
- Serves as the focal point for dialogue with health professional societies;
- Coordinates the development and presentation of interagency orientation programs for new officers and civil service supervisors on the commissioned corps;
- Provides the final appeal level decision for most appeals of personnel decisions by commissioned corps officers as presented by the Division of Commissioned Personnel.
- Is responsible for release of the Surgeon General's Reports such as "Smoking and Health", and "Nutrition and Health" as well as other reports requested by the President;
- Serves as a member of the Board of Regents of the Uniformed Services University of the Health Sciences (USUHS) and principal health official for the PHS on all matters related to policies affecting PHS faculty and students. Other Board responsibilities include: National Library of Medicine (NLM), Seamen's Health Improvement Program (SHIP), Armed Forces Institute of Pathology (AFIP), Gorgas Memorial Institute on Tropical Medicine, Executive Committee of the Association of Military Surgeons of the U.S. (AMSUS), and PHS representative to the American Medical Association House of Delegates;
- Issues warnings to the public on health hazards such as the statement printed on each package of cigarettes sold or distributed in the U.S. and warnings on all smokeless tobacco packages sold or distributed in the U.S.; and
- Reviews the particulars of Department of Defense (DoD) plans for transportation, open testing and disposal of lethal chemicals and biological agents and recommend precautions necessary to protect public health and safety which are binding on the Secretary, DoD, and can only be overridden by the President.

The Office of the Surgeon General is responsible for programmatic, liaison, and staffing support necessary to assist the Surgeon General in carrying out the responsibilities vested in the office. These activities include, but are not limited to, provision of leadership and consultation in matters of professional concern; planning, development, and coordination of activities between OSG and other organizations; implementation and monitoring of awards activities; implementation and monitoring of the DoD/PHS agreement on emergency mobilization; editing material prepared for articles, briefings, speeches, review and comment for incoming papers; and coordination of special initiative development, implementation, and follow up; and liaison with external agencies.

The Division of Commissioned Personnel is a component of the Office of the Surgeon General. Its staff are responsible for: administration of a comprehensive personnel management system for the active and retired personnel of the U.S. PHS Commissioned Corps; performance of all operational functions associated with the personnel system; provision of guidance and counsel concerning the rights and benefits to members of the corps; provision of guidance and assistance to PHS agencies and components concerning personnel management of uniformed service personnel; assurance of permanent repository for all records reflecting the service and status of members of the corps, and documentation regarding corps policies over time.

RESOURCES

Estimated FY 1993 FTEs: 107
Estimated FY 1993 Appropriations: $8,197,000

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Comm. Corps

Divider Title: _____

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

THE COMMISSIONED CORPS OF THE UNITED STATES PUBLIC HEALTH SERVICE

The PHS Commissioned Corps is a uniformed service of the United States that consists of health professionals in 11 different categories. The Corps is led by the Surgeon General who in turn reports to the Assistant Secretary for Health. As a uniformed service, the grade structure, compensation and benefit system, and mobility requirements of the PHS Commissioned Corps are the same as those established for the Armed Forces.

Active duty commissioned officers are assigned to each of the eight PHS agencies. The largest contingent -- approximately 40 percent of the 6,500 officers -- are assigned to the Indian Health Service where they provide health care to American Indians and Alaska Natives in field locations which are often in very remote and isolated areas of the country. In addition, approximately 1,000 officers are detailed to other agencies such as the United States Cost Guard, Bureau of Prisons, Environmental Protection Agency, Health Care Financing Administration, and the District of Columbia Mental Health Commission.

The origins of the Commissioned Corps go back to 1798 when the Congress enacted legislation to establish a Marine Hospital Service under the Treasury Department to protect ill and injured seamen. In 1809, the Congress officially established the Commissioned Corps along military lines, and in 1912 the powers of the Corps were enlarged and the Service was renamed the Public Health Service.

Today the Corps consists of approximately 6,500 officers divided into the "Regular Corps" and the "Active Reserve Corps". The Regular Corps is the career component of the corps and currently includes about 2,250 officers. Its size is established annually in the HHS Appropriations Act. The active reserve corps supplements the regular corps and its size depends on the needs and resources of the PHS. At present, the active reserve corps consists of about 4,250 members.

Corps officers are placed in professional categories depending on qualifying degrees as follows:

Category	Abbrev.	Code	Approximate Active Duty
Medical Officers	MED	01	1780
Dental officers	DENT	02	710
Nurse Officers	NURSE	03	1010
Engineers	ENG	04	510
Scientists	SCIEN	05	280
Sanitarians	SAN	06	340
Veterinary Officers	VET	07	110
Pharmacists	PHARM	08	720
Dietitians	DIET	09	90
Therapists	THER	10	100
Health Services Officers	HSO	11	800

Each commissioned officer holds a permanent grade; many also hold higher temporary grades. The grades currently range from 1 to 10, preceded by the letter "O" signifying "officers". Officers holding temporary grades above 0-6 are referred to as flag grade officers. The grades and titles with Navy equivalents are as follows.

Designation of Grade within the Public Health Service			Equivalent Designation of Grade within the Navy	
Code	**Full Title**	**Abbrev.**	**Full Title**	**Abbrev.**
Flag Grades				
0-10	Assistant Secretary for Health	SG	Admiral	ADM
0-9	Surgeon General	SG	Vice Admiral	VADM
0-8	Deputy Surgeon General	DSG	Rear Admiral	RADM
0-8	Assistant Surgeon General	ASG	Rear Admiral	RADM
0-7	Assistant Surgeon General	ASG	Rear Admiral (lower half)	RADM
Other Grades				
0-6	Director	DIR	Captain	CAPT
0-5	Senior	SR	Commander	CDR
0-4	Full	O	Lieutenant Commander	LCDR
0-3	Senior Assistant	SA	Lieutenant	LT
0-2	Assistant	A	Lieutenant (Junior Grade)	LTJG
0-1	Junior Assistant	JA	Ensign	ENS

At present, the Deputy Assistant Secretary for Health (and acting Assistant Secretary for Health, Dr. Manley), the Surgeon General, (Dr. Novello), and the following PHS Agency Heads are commissioned officers: Dr. Harmon-HRSA; Dr. Rhoades-IHS; Dr. Roper-CDC; and Dr. Clinton-AHCPR. Examples of other high ranking PHS officials in the Commissioned Corps are:

Dr. Broder
Director, National Cancer Institute, NIH

Dr. Fauci
Director, National Institute for Allergy and Infectious Diseases, NIH

Dr. Gaston
Director, Bureau of Primary Health Care, HRSA

Dr. Peck
Director, Center for Drug Evaluation and Research, FDA

Dr. Whitney
Deputy Surgeon General, OSG/OASH

Dr. Millar
Director, National Institute for Occupational Safety and Health

Mr. Marsland
Director of Headquarters Operations, IHS

An active duty officer is entitled to full medical and dental care at hospitals and clinics of the uniformed services. Dependents are treated on a space available basis for medical care but have access to private providers through CHAMPUS which is a shared-cost insurance program for the uniformed services.

Officers are in a non-contributory, non-vested retirement system and except for unusual circumstances, can not retire before 20 years of service. All officers accrue 30 days annual leave in a year with unlimited sick leave.

Officers receive a Basic Allowance for Quarters (BAQ) which is tax free and are eligible, based on actual expenses, for a Variable (VHA) which is established with a maximum for each grade and location. If government housing is available, the officer may opt to occupy it and in return surrenders the two allowances. Both the ASH and SG are eligible for housing on the government reservation at NIH in Bethesda.

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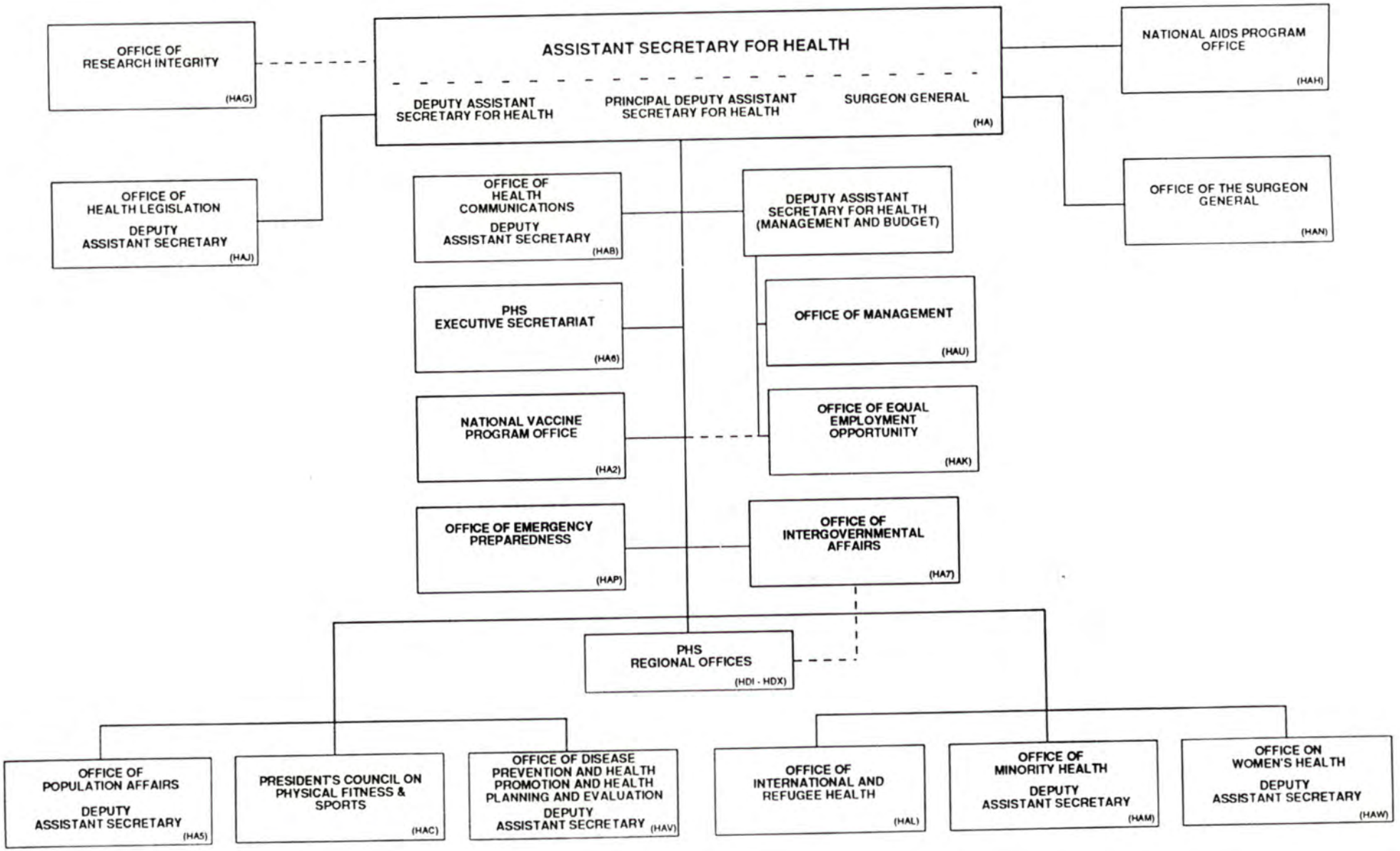
Divider Title: **HHS/ PHS Budget**

FY96 Budget CJ

2

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Office of the Assistant Secretary for Health



PHS SUMMARY

(Dollars in millions)

	1994 Actual	1995 Enacted	1995 Revised	1996 Request	Request +/-Revised
Discretionary					
Food and Drug Administration .	$934	$975	$975	$1,025	+$50
Health Resources and Services Administration	2,947	3,082	3,053	3,105/1	+52
Indian Health Service	2,124	2,176	2,176	2,274	+98
Centers for Disease Control and Prevention	2,148	2,186	2,185	2,304	+119
National Institutes of Health . . .	10,937	11,317	11,316	11,784/1	+468
Substance Abuse & Mental Health Services Administration	2,150	2,195	2,195	2,244	+49
Agency for Health Care Policy and Research	154	163	163	194	+31
Office of the Assistant Secretary for Health	67	67	67	66	-1
Less Intra-agency Transfers . . .	-42	-45	-45	-87	-42
SUBTOTAL, PHS Discretionary Program Level	$21,419	$21,116	$22,085	$22,909	+$824
Offsets	-328	-394	-394	-444	-89
TOTAL, PHS Discretionary Budget Authority	$21,091	$21,722	$21,691	$22,465	+$774
TOTAL, PHS Entitlement Budget Authority	$475	$481	$481	$473	-$8
TOTAL, PHS Budget Authority	$21,566	$22,203	$22,172	$22,938	+$766
FTE	*52,561*	*51,925*	*51,925*	*51,381*	*-544*

/1 Reflects $15 million transfer from NIH to HRSA for the Bone Marrow Donor Registry.

HHS BUDGET BY OPERATING DIVISION

(Dollars in millions)

	1994 Actual	1995 Enacted	1995 Revised	1996 Request	Request +/-Revised
Public Health Service					
BA	$21,566	$22,203	$22,172	$22,938	+$766
Outlays	19,760	21,830	21,818	22,415	597
Health Care Financing Administration					
BA	$252,639	$262,178	$262,158	$286,739	+$24,581
Outlays	244,528	265,863	265,863	294,082	+28,219
Social Security Administration					
BA	$404,425	$428,775	$424,885	$448,573	+23,718
Outlays	346,623	360,189	364,385	384,288	19,903
Administration for Children and Families					
BA	$33,313	$32,392	$32,818	$34,469	+$1,651
Outlays	29,453	32,533	32,815	34,105	+1,290
Administration on Aging					
BA	$878	$877	$877	$897	+$20
Outlays	$860	$868	$868	$880	+12
Departmental Management					
BA	$135	$136	$136	$134	($2)
Outlays (Federal Funds)	$141	$185	$185	$105	(80)
Office for Civil Rights					
BA	$22	$22	$22	$21	($1)
Outlays (Federal Funds)	$18	$18	$18	$18	-
Office of Inspector General					
BA	$100	$100	$100	$102	+$2
Outlays (Federal Funds)	$62	$64	$64	$68	+4
Receipts					
BA	-$17,747	-$20,122	-$20,122	-$20,198	-$76
Outlays	-17,747	-20,122	-20,122	-20,198	76
FY 1994 Emergency Supplemental					
BA	$43	-	-	-	-
Outlays	20	-	-	-	-
TOTAL, HHS					
BA	$695,331	$726,561	$723,016	$773,675	$50,659
Outlays	623,718	661,428	665,894	715,765	49,871
Full-time Equivalents	*127,362*	*127,211*	*127,211*	*125,445*	*-1,766*

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Divider Title: **SG. Statute**

STATUTE ON THE APPOINTMENT OF THE SURGEON GENERAL

The appointment of the Surgeon General is in accordance with the first sentence of Section 204 of the PHS Act, "The Surgeon General shall be appointed from the Regular Service Corps for a four year term by the President by and with the advice and consent of the Senate." This was enacted July 1, 1944 and has never been amended. A copy of the statute is attached.

The only change to the section 204 occurred in 1981 to get a waiver to appoint Dr. Koop into the Commissioned Corps and to prevent him from being involuntarily separated. He was older than the 44 maximum age for entry to the Corps; also, Dr. Koop exceeded the 64 mandatory retirement age. Both provisions were waived in 1981 to accommodate his appointment.

The 44 maximum age for appointment to the Corps is still in effect. It was waived by the President in order to get Dr. Elders appointed to the Corps by using the extraordinary skills exemption. There is no longer a mandatory retirement age in statute.

TITLE II—ADMINISTRATION AND MISCELLANEOUS PROVISIONS

PART A—ADMINISTRATION

PUBLIC HEALTH SERVICE

SEC. 201. [202] The Public Health Service in the Department of Health and Human Services shall be administered by the Assistant Secretary for Health under the supervision and direction of the Secretary.

ORGANIZATION

SEC. 202.[1] [203] The Service shall consist of (1) the Office of the Surgeon General, (2) the National Institutes of Health, (3) the Bureau of Medical Services, and (4) the Bureau of State Services, and[2] the Agency for Health Care Policy and Research.[3] The Secretary is authorized and directed to assign to the Office of the Secretary, to the National Institutes of Health, to the Bureau of Medical Services, and to the Bureau of State Services, respectively, the several functions of the Service, and to establish within them such divisions, sections and other units as he may find necessary; and from time to time, abolish, transfer, and consolidate divisions, sections, and other units and assign their functions and personnel in such manner as he may find necessary for efficient operation of the Service. No division shall be established, abolished, or transferred, and no divisions shall be consolidated, except with the approval of the Secretary. The National Institutes of Health shall be administered as a part of the field service. The Secretary may delegate to any officer or employee of the Service such of his powers and duties under this Act, except the making of regulations, as he may deem necessary or expedient.

COMMISSIONED CORPS

SEC. 203. [204] There shall be in the Service a commissioned Regular Corps and, for the purpose of securing a reserve for duty in the Service in time of national emergency, a Reserve Corps. All

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[1] The organizational units specified in this section (other than the Agency for Health Care Policy and Research) were all abolished as *statutory* entities by Reorganization Plan No. 3 of 1966. *But see* title IV of this Act (added by section 2 of Public Law 99–158), which provides in section 401(a) that the National Institutes of Health is an agency of the Public Health Service and which further provides in section 402(a) that the President shall appoint the Director of the National Institutes of Health. Although the Reorganization Plan abolished the National Institutes of Health as an agency, it did not abolish the individual research institutes.

[2] So in law. See section 2008(g)(2) of Public Law 103–43 (107 Stat. 212). The term "the Agency" probably should be preceded by "(5)", and the "and" before "(4)" probably should be struck.

[3] Section 501(a) provides that the Substance Abuse and Mental Health Services Administration "is an agency of the Service". Although not established in this Act, the Centers for Disease Control and Prevention is an agency of the Service, as is the Health Resources and Services Administration.

commissioned officers shall be citizens and shall be appointed without regard to the civil-service laws and compensated without regard to the Classification Act of 1923,[1] as amended. Commissioned officers of the Reserve Corps shall be appointed by the President and commissioned officers of the Regular Corps shall be appointed by him by and with the advice and consent of the Senate. Commissioned officers of the Reserve Corps shall at all times be subject to call to active duty by the Surgeon General, including active duty for the purpose of training and active duty for the purpose of determining their fitness for appointment in the Regular Corps. Warrant officers may be appointed to the Service for the purpose of providing support to the health and delivery systems maintained by the Service and any warrant officer appointed to the Service shall be considered for purposes of this Act and title 37, United States Code, to be a commissioned officer within the commissioned corps of the Service.

SURGEON GENERAL

SEC. 204.[2] [205] The Surgeon General shall be appointed from the Regular Corps for a four-year term by the President by and with the advice and consent of the Senate. The Surgeon General shall be appointed from individuals who (1) are members of the Regular Corps, and (2) have specialized training or significant experience in public health programs. Upon the expiration of such term, the Surgeon General, unless reappointed, shall revert to the grade and number in the Regular or Reserve Corps that he would have occupied had he not served as Surgeon General.

DEPUTY SURGEON GENERAL AND ASSISTANT SURGEONS GENERAL

SEC. 205.[2] [206] (a) The Surgeon General shall assign one commissioned officer from the Regular Corps to administer the Office of the Surgeon General, to act as Surgeon General during the absence or disability of the Surgeon General or in the event of a vacancy in that office, and to perform such other duties as the Surgeon General may prescribe, and while so assigned he shall have the title of Deputy Surgeon General.

(b) The Surgeon General shall assign eight commissioned officers from the Regular Corps to be, respectively, the Director of the National Institutes of Health, the Chief of the Bureau of State Services, the Chief of the Bureau of Medical Services, the Chief Medical Officer of the United States Coast Guard, the Chief Dental Officer of the Service, the Chief Nurse Officer of the Service, the Chief Pharmacist Officer of the Service, and the Chief Sanitary Engineering Officer of the Service, and while so serving they shall each have the title of Assistant Surgeon General.

(c)(1) The Surgeon General, with the approval of the Secretary, is authorized to create special temporary positions in the grade of Assistant Surgeons General when necessary for the proper staffing of the Service. The Surgeon General may assign officers of either the Regular Corps or the Reserve Corps to any such temporary po-

[1] Civil service and classification laws are now codified to title 5, United States Code.
[2] See footnote 1 on page 9

sition, and while so serving they shall each have the title of Assistant Surgeon General.

(2) Except as provided in this paragraph, the number of special temporary positions created by the Surgeon General under paragraph (1) shall not on any day exceed 1 per centum of the highest number, during the ninety days preceding such day, of officers of the Regular Corps on active duty and officers of the Reserve Corps on active duty for more than thirty days. If on any day the number of such special temporary positions exceeds such 1 per centum limitations, for a period of not more than one year after such day, the number of such special temporary positions shall be reduced for purposes of complying with such 1 per centum limitation only by the resignation, retirement, death, or transfer to a position of a lower grade, of any officer holding any such temporary position.

(d) The Surgeon General shall designate the Assistant Surgeon General who shall serve as Surgeon General in case of absence or disability, or vacancy in the offices, of both the Surgeon General and the Deputy Surgeon General.

GRADES, RANKS, AND TITLES OF THE COMMISSIONED CORPS

SEC. 206. [207] (a) The Surgeon General during the period of his appointment as such, shall be of the same grade as the Surgeon General of the army; the Deputy Surgeon General and the Chief Medical Officer of the United States Coast Guard, while assigned as such, shall have the grade corresponding with the grade of major general; and the Chief Dental Officer, while assigned as such, shall have the grade as is prescribed by law for the officer of the Dental Corps selected and appointed as Assistant Surgeon General of the Army. During the period of appointment to the position of Assistant Secretary for Health, a commissioned officer of the Public Health Service shall have the grade corresponding to the grade of General of the Army. Assistant Surgeons General, while assigned as such, shall have the grade corresponding with either the grade of brigadier general or the grade of major general, as may be determined by the Secretary after considering the importance of the duties to be performed: *Provided,* That the number of Assistant Surgeons General having a grade higher than that corresponding to the grade of brigadier general shall at no time exceed one-half of the number of positions created by subsection (b) of section 205 or pursuant to subsection (c) of such section. The grades of commissioned officers of the Service shall correspond with grades of officers of the Army as follows:

(1) Officers of the director grade—colonel;

(2) Officers of the senior grade—lieutenant colonel;

(3) Officers of the full grade—major;

(4) Officers of the senior assistant grade—captain;

(5) Officers of the assistant grade—first lieutenant;

(6) Officers of the junior assistant grade—second lieutenant;

(7) Chief warrant officers of (W–4) grade—chief warrant officer (W–4);

(8) Chief warrant officers of (W–3) grade—chief warrant officer (W–3);

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L & HR Committee

Divider Title: _____

LABOR AND HUMAN RESOURCES COMMITTEE

Major positions subject to confirmation:

The Labor and Human Resources Committee confirms PAS positions in the Departments of Health and Human Services, Labor and Education.

Committee Leadership:

Senator Nancy Landon Kassebaum (R-KS), Chair
Senator Edward Kennedy (D-MA), Ranking Minority Member

Key Staff Members:

Susan Hattan ---- Majority Staff Director (Senator Kassebaum)
Nick Littlefield -- Minority Staff Director (Senator Kennedy)

Committee Nomination Procedures:

The Committee Nomination Rules (herewith attached) require that a designee's/nominee's statement of background and financial interest be sworn. The Committee has adopted a resolution, also attached, which provides that it is "inappropriate" for a nominee to belong to any club which discriminates "on the basis of race, color, religion, sex, disability, or national origin," if the club is a place where business may be conducted. Membership in such a club is "an important factor" for Senators to take into account when considering a nominee's "fitness and ability."

The Committee Questionnaire requests information on a designee's personal background, work experience, publications and financial background. A net worth statement is required, and the Committee requests a list of all of the nominee's sources of income for the three previous years. Nominees/designees have the option of submitting federal income tax returns for the three previous years. Approximately half of all nominees/designees file a list of income sources, and half make their tax returns available. Regardless of the option exercised, all responses are to be sworn.

The personal background and experience statement is made available to the public. All financial data is treated as confidential, but is available to any Member of the Committee (or the staff of any Member of the Committee) who wishes to inspect the material. Staff work is generally conducted by the Committee's majority staff, but the minority staff is advised of all material received.

The Committee, concerned in the past that it could not always rely on the Federal Bureau of Investigation (FBI) to thoroughly investigate controversial nominations, has strengthened its own investigative staff. On a case-by-case basis, the Committee may retain its own accounting and auditing experts to review nominees' submissions.

A complete list of Labor and Human Resources Committee members is attached.

SENATE LABOR & HUMAN RESOURCES COMMITTEE

REPUBLICANS	DEMOCRATS
Nancy Kassebaum, Kansas, Chairman*	Edward Kennedy, Massachusetts, Ranking
James Jeffords, Vermont	Claiborne Pell, Rhode Island
Daniel Coats, Indiana	Christopher Dodd, Connecticut
Judd Gregg, New Hampshire	Paul Simon, Illinois
Bill Frist, Tennessee	Tom Harkin, Iowa
Michael DeWine, Ohio	Barbara Milkulski, Maryland
John Ashcroft, Missouri	Paul Wellstone, Minnesota
Spenser Abraham, Michigan	
Slade Gorton, Washington	

* Senator Kassebaum prefers to be addressed as "Chairman."

Boldface type indicates members new to the Committee

101st Congress
2d Session

COMMITTEE PRINT

S. PRT.
101-107

RULES OF PROCEDURE

OF THE

SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

PREPARED BY THE

COMMITTEE ON LABOR AND HUMAN RESOURCES UNITED STATES SENATE

JULY 1990

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

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Rule 18.—Presidential nominees shall submit a statement of their background and financial interests, including the financial interests of their spouse and children living in their household, on a form approved by the committee which shall be sworn to as to its completeness and accuracy. The committee form shall be in two parts—

(I) information relating to employment, education and background of the nominee relating to the position to which the individual is nominated, and which is to be made public; and,

(II) information relating to financial and other background of the nominee, to be made public when the committee determines that such information bears directly on the nominee's qualifications to hold the position to which the individual is nominated.

Information relating to background and financial interests (parts I and II) shall not be required of (a) candidates for appointment and promotion in the Public Health Service Corps; and (b) nominees for less than full-time appointments to councils, commissions or boards when the committee determines that some or all of the information is not relevant to the nature of the position. Information relating to other background and financial interests (part II) shall not be required of any nominee when the committee determines that it is not relevant to the nature of the position.

Committee action on a nomination, including hearings or meetings to consider a motion to recommend confirmation, shall not be initiated until at least five days after the nominee submits the form required by this rule unless the chairman, with the concurrence of the ranking minority member, waives this waiting period.

102D CONGRESS
1ST SESSION

COMMITTEE RESOLUTION

IN THE SENATE OF THE UNITED STATES

Mr. KENNEDY submitted the following committee resolution, which was adopted by the Committee on Labor and Human Resources of the Senate on October 30, 1991

COMMITTEE RESOLUTION

Expressing the sense of the Committee on Labor and Human Resources concerning membership in clubs that engage in discrimination.

Resolved by the Committee on Labor and Human Resources, That it is the sense of the Committee on Labor and Human Resources of the Senate that—

(1) clubs where business is conducted, that by policy or practice intentionally discriminate on the basis of race, color, religion, sex, disability, or national origin, operate to exclude persons, including

women and minorities, from business and professional opportunities;

(2) in recent years, awareness has grown that such discrimination is invidious and that membership in such discriminatory clubs may be viewed as a tacit endorsement of the discriminatory practices;

(3) membership in such discriminatory clubs is not compatible with the responsibility required of persons appearing before this Committee seeking confirmation to positions with official duties that may require the interpretation, implementation, or administration of Federal law and the Constitution;

(4) it is inappropriate, for persons who may be nominated in the future to serve in such positions of responsibility, to belong to discriminatory clubs, unless the persons are actively engaged in bona fide efforts to eliminate the discriminatory practices;

(5) membership in discriminatory clubs is an important factor that Senators should consider in evaluating such persons, in conjunction with other factors that may reflect upon the fitness and ability of the nominees; and

(6) so as to promote a consistent policy on this issue in the legislative branch as well, any Senator

belonging to such a club should resign from membership in the club in light of this resolution.

SEC. 2. CLUB WHERE BUSINESS IS CONDUCTED.

(a) CHARACTERISTICS.—Except as provided in subsection (b), for purposes of this resolution—

(1) except as provided in paragraph (2), the term "club where business is conducted" means a club—

(A) to which club members bring business clients or professional associates for conferences, meetings, meals, or use of the facilities;

(B) for which club members or the employers of the members deduct dues, fees or payments as business expenses on tax returns;

(C) at which contacts valuable for business purposes, employment and professional advancement are formed; or

(D) that receives payments from nonmembers for meals or services provided by the club; and

(2) a country club, or a club where meals are served, shall be presumed to be a club where business is conducted.

(b) ORGANIZATION.—As used in this resolution, the term "club where business is conducted" shall not include a fraternal, sororal, religious, or ethnic heritage organization.

SEC. 3. TRANSMITTAL.

The Chairman of the Committee on Labor and Human Resources is requested to transmit a copy of this resolution to the President and to all Members of the Senate, for such use as the President and Members determine to be appropriate in considering future nominations.

SEC. 4. EFFECTIVE DATE.

This resolution shall take effect February 1, 1992.

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Confirm. Process

Divider Title: _____

SENATE CONFIRMATION PROCESS: OVERVIEW

This paper briefly reviews the Senate confirmation process for Clinton Administration designees/nominees for Cabinet and Sub-cabinet appointments.

I. General Overview

The appointment process begins with the President's announcement that he intends to nominate an individual for a particular position. Following the announcement, the background investigations begin. As a general rule, it can be expected to take about six weeks from the time the President's announces his intention to nominate an individual and the time the President formally submits the nomination papers to the Senate. However, this time period can be longer or shorter given the designee's background.

While a nominee await a hearing, it is very helpful to demonstrate a willingness to communicate with the Congress and affected interest groups. Fairness and candor are qualities in a nominee that can help to promote a speedy confirmation, even where significant policy difference exist with members of the committee. It is also very important to respond promptly to committee requests for information -- a delay in responding is far more likely to slow a nomination than policy differences. Nominees should resist requests for information only when they have very good reasons for doing so which can be explained to the committee and its staff. If the public release of information would be harmful to family members, business associates, former clients or others, these concerns should be discussed with the committee. In the past most Senate committees have been willing to keep information confidential that might otherwise embarrass family members or compromise close relationships of the nominee.

II. Material to be submitted by the Designee

The designee will be asked to complete at least four sets of forms in connection with his or her appointment, and there may be considerable overlap in the information and data requested on these forms. These include (a) the personal data questionnaire for the White House Counsel), (b) the SF 86 form for the FBI, (c) the SF 278 form for the Office of Government Ethics, and (d) the biographical and financial data questionnaire for the Senate committee responsible for handling the nomination.

A. Personal Data Questionnaire

This form requests information of specific relevance to service in the Clinton Administration. While some of the information requested may overlap that requested on other forms

(see below), information on this form will assist the White House Counsel in evaluating the designee's background and possible areas of inquiry during the confirmation process.

B. FBI Questionnaire (SF 86)

The FBI's Questionnaire for Sensitive Positions forms the basis for the Bureau's full field investigation. The form requires the candidate for office to describe in detail his or her life history. It requires full information about the nominee's places of residence, military service, criminal record if any, family background, litigation history, education and employment.

The full field investigation typically takes from five to eight weeks, although an expedited investigation can be completed in two weeks. The FBI's review focuses on four main areas: character, associations, reputation, and loyalty. The background investigation covers the nominee's entire adult life, with particular emphasis on the past five years. The FBI may also ask the nominee to execute two consent forms: a DOJ-462, which authorizes the FBI to have access to the nominee's bank records and other protected financial data, and an FD-406, which grants the FBI permission to examine educational files. Medical records are not routinely examined by the FBI, but the FBI may ask the nominee for written permission to review pertinent mental health records, where appropriate.

The full FBI report will be provided only to the White House Counsel. A summary of the FBI report may be shown, but not copied, on request, to Senators on the confirmation committee. Committee staff will not be permitted to review any FBI material. Any Senator not on the confirmation committee may see the FBI summary with the permission of both the Committee Chair and the Ranking Minority Member or joint permission by the Majority and Minority Leaders.

C. Financial Disclosure (SF 278)

Under the Ethics in Government Act, the nominee must file the financial disclosure form (SF 278) within five days of the date the President submits the nomination to the Senate. The form requires the nominee to supply detailed information about ownership of securities, real estate, and other assets exceeding $1000 in value (by category of value), sources of income exceeding $100 (by category of value), liabilities exceeding $10,000 (by category of value), directorships and other positions held, and any relationships with employers or understandings regarding future employment. The Office of Government Ethics will review a draft SF 278 to assist a nominee in correct preparation of the form.

The review of the financial disclosure report to determine possible conflicts of interest is conducted by the appropriate Designated Agency Ethics Official (DAEO) in the agency in which the nominee will serve, and reviewed by OGE as well. The DAEO's role is to determine which relationships of the nominee might constitute a conflict of interest in light of the workings of the agency or department and its dealings vis-a-vis the private sector. The DAEO will complete the review within three days, and send an opinion letter to the OGE, along with a certification of the financial disclosure report.

The opinion letter will either state that no conflict of interest exists, or it will describe the specific actions to be taken -- including possible recusal, waiver, divestiture, or use of a qualified trust -- to resolve any conflict of interest. The OGE director will review the DAEO report, sign it, and transmit the report to the Senate committee handling the nomination within four days of receipt.

Under the Ethics in Government Act, the SF 278 form is available for inspection and copying by any member of the public.

D. Senate Committee Questionnaire

The questionnaire used by Senate committees varies from panel to panel, but most require nominees to provide detailed information on personal background, employment experience, publications, political activities, and future employment arrangements. Nominees generally are required to supply a net worth statement, and to identify sources of income for the past three years.

On most panels, all biographical and employment data is treated as public information. Financial data is generally treated as confidential. Access to all information is available to any Senator, and most committees permit professional staff and staff of any Senator to review the material.

III. Pre-hearing Activity

After being nominated, the nominee should offer to make courtesy calls on all members of the confirming committee. Not all members will accept this offer.

Committee staff will begin their review of the nominee but not until the nominee has returned the completed copy of the committee's biographical and financial data questionnaire, and the committee has received the completed SF 278 form and the OGE certification. Such a review will focus on the nominee's qualifications, personal character, policy views, potential conflicts of interest, and the nominee's ability and willingness to work with the committee and the Congress once confirmed.

Some committees employ investigators specifically trained in handling nominations, who independently investigate the personal background and financial activities of desingees. At a minimum, committee staff conduct a thorough Lexis/Nexis search on the designee. Committees that do not employ their own investigators usually rely on the FBI to handle investigative work; if questions arise during the confirmation process, these committees may ask the FBI to reopen its investigation and pursue any questions that have arisen.

On conflict of interest matters, Senate committees rely heavily on the certification by the DAEO and the OGE.

IV. Confirmation Hearing

Most confirmation hearings are not adversarial, unless the nominee has provoked major controversy and has aroused substantial opposition among groups interested in the appointment. In most sub-cabinet nominations, the committee hears a panel of nominations, but usually not more than three at one time. On occasion, however, the confirming committee may choose not to have a hearing at all. In these cases, the committee will usually tack on the confirming recommendation vote to an already scheduled hearing or mark-up.

If the committee intends to hold a hearing, majority committee staff may be willing to provide advice about questions that are likely to arise at the hearing or about issues that are of particular concern to the committee members. A designee should plan to review any statements on policy contained in a recent publication or recorded speech, since this could form the basis for questions during the confirmation hearing.

To the extent possible, a nominee should seek to avoid making policy commitments on specific constituent-driven matters that may arise during a confirmation hearing. A nominee can usually avoid making such commitments by agreeing to work closely with and to consult with committee members about such matters once he or she is in office.

LABOR AND HUMAN RESOURCES COMMITTEE

Major positions subject to confirmation:

The Labor and Human Resources Committee confirms top positions in the Departments of Health and Human Services, Labor and Education.

Committee Leadership[1]:

Senator Edward Kennedy (D - MA), Chairman
Nancy Landon Kassebaum (D - KA), Ranking Minority Member

Key Staff Members:

Nick Littlefield -- Majority Staff Director (Senator Kennedy)
Susan Hattan -- Minority Staff Director (Senator Kassebaum)

Committee Nomination Process:

The Committee Nomination Rule, attached hereafter, requires that a designee's/nominee's statement of background and financial interests be sworn. The Committee has adopted a resolution, also attached hereafter, which provides that is "inappropriate" for a nominee to belong to any club which discriminates "on the basis of race, color, religion, sex, disability, or national origin," if the club is a place where business may be conducted. Membership in such a club is "an important factor" for Senators to take into account when considering a nominee's "fitness and ability."

The Committee Questionnaire requests information on a designee's personal background, work experience, publications and financial background. A net worth statement is required, and the Committee requests a list of all sources of income for the past three years. Designees have the option of submitting federal tax returns for the past three years. All responses are to be sworn. Approximately half of all nominees file a list of income sources, and half make their tax returns available.

The Committee, concerned in the past that it could not always rely on the FBI to vigorously investigate controversial nominations, has strengthened its investigative staff. On a case-by-case basis, the Committee will hire its own accounting and auditing experts.

The personal background and experience statement is made available to the public. All financial data is treated as confidential, but is available to any member or staff on the committee who wishes to inspect the material. Staff work is generally conducted by the majority staff, but minority staff is kept informed of all material received.

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[1] A complete list of Labor and Human Resource Committee members is attached at Tab 3.

101st Congress
2d Session

COMMITTEE PRINT

S. PRT.
101-107

RULES OF PROCEDURE

OF THE

SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

PREPARED BY THE

COMMITTEE ON LABOR AND HUMAN RESOURCES UNITED STATES SENATE

JULY 1990

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

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Rule 18.—Presidential nominees shall submit a statement of their background and financial interests, including the financial interests of their spouse and children living in their household, on a form approved by the committee which shall be sworn to as to its completeness and accuracy. The committee form shall be in two parts—

(I) information relating to employment, education and background of the nominee relating to the position to which the individual is nominated, and which is to be made public; and,

(II) information relating to financial and other background of the nominee, to be made public when the committee determines that such information bears directly on the nominee's qualifications to hold the position to which the individual is nominated.

Information relating to background and financial interests (parts I and II) shall not be required of (a) candidates for appointment and promotion in the Public Health Service Corps; and (b) nominees for less than full-time appointments to councils, commissions or boards when the committee determines that some or all of the information is not relevant to the nature of the position. Information relating to other background and financial interests (part II) shall not be required of any nominee when the committee determines that it is not relevant to the nature of the position.

Committee action on a nomination, including hearings or meetings to consider a motion to recommend confirmation, shall not be initiated until at least five days after the nominee submits the form required by this rule unless the chairman, with the concurrence of the ranking minority member, waives this waiting period.

102D CONGRESS
1ST SESSION

COMMITTEE RESOLUTION

IN THE SENATE OF THE UNITED STATES

Mr. KENNEDY submitted the following committee resolution, which was adopted by the Committee on Labor and Human Resources of the Senate on October 30, 1991

COMMITTEE RESOLUTION

Expressing the sense of the Committee on Labor and Human Resources concerning membership in clubs that engage in discrimination.

Resolved by the Committee on Labor and Human Resources, That it is the sense of the Committee on Labor and Human Resources of the Senate that—

(1) clubs where business is conducted, that by policy or practice intentionally discriminate on the basis of race, color, religion, sex, disability, or national origin, operate to exclude persons, including

women and minorities, from business and professional opportunities;

(2) in recent years, awareness has grown that such discrimination is invidious and that membership in such discriminatory clubs may be viewed as a tacit endorsement of the discriminatory practices;

(3) membership in such discriminatory clubs is not compatible with the responsibility required of persons appearing before this Committee seeking confirmation to positions with official duties that may require the interpretation, implementation, or administration of Federal law and the Constitution;

(4) it is inappropriate, for persons who may be nominated in the future to serve in such positions of responsibility, to belong to discriminatory clubs, unless the persons are actively engaged in bona fide efforts to eliminate the discriminatory practices;

(5) membership in discriminatory clubs is an important factor that Senators should consider in evaluating such persons, in conjunction with other factors that may reflect upon the fitness and ability of the nominees; and

(6) so as to promote a consistent policy on this issue in the legislative branch as well, any Senator

belonging to such a club should resign from membership in the club in light of this resolution.

SEC. 2. CLUB WHERE BUSINESS IS CONDUCTED.

(a) CHARACTERISTICS.—Except as provided in subsection (b), for purposes of this resolution—

(1) except as provided in paragraph (2), the term "club where business is conducted" means a club—

(A) to which club members bring business clients or professional associates for conferences, meetings, meals, or use of the facilities;

(B) for which club members or the employers of the members deduct dues, fees or payments as business expenses on tax returns;

(C) at which contacts valuable for business purposes, employment and professional advancement are formed; or

(D) that receives payments from nonmembers for meals or services provided by the club; and

(2) a country club, or a club where meals are served, shall be presumed to be a club where business is conducted.

(b) ORGANIZATION.—As used in this resolution, the term "club where business is conducted" shall not include a fraternal, sororal, religious, or ethnic heritage organization.

SEC. 3. TRANSMITTAL.

The Chairman of the Committee on Labor and Human Resources is requested to transmit a copy of this resolution to the President and to all Members of the Senate, for such use as the President and Members determine to be appropriate in considering future nominations.

SEC. 4. EFFECTIVE DATE.

This resolution shall take effect February 1, 1992.

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Nominee Info

Divider Title: _____

OUTLINE OF INFORMATION REQUESTED OF NOMINEES

A. BIOGRAPHICAL:

1. Name: (Include any former names used)

2. Address: List current residence address and mailing address

3. Date and place of birth

4. Marital status: (Include maiden name of wife or husband's name)

5. Names and ages of children

6. Education: List institution(s), dates attended, degree received and date degree granted

7. Employment record: List all positions held since college, including title or description of job, name of employer, location of work, and dates of inclusive employment

8. Government experience: List any experiences in, or association with, Federal, State or local Governments including any advisory, consultative, honorary or part-time service or positions

9. Memberships: List all memberships and offices held in professional, fraternal, scholarly, civic, charitable, and other organizations

10. Political affiliations and activities: List all memberships and offices held in or financial contributions and services rendered to all political parties or election committee during the last ten years

11. Honors and Awards: List all scholarships, fellowships, honorary degrees, honorary society memberships, and any other special recognitions for outstanding service or achievement

12. Published writings: List the titles, publishers and dates of books, articles, reports, or other published materials you have written

13. Speeches: Identify each speech which you have given during the past three years, the organization to which the speech was given, and supply two copies of each speech

14. Qualifications: State what, in your opinion, qualifies you to serve in the particular position to which you have been nominated

B. FINANCIAL DATA: (The information supplied under this heading will not be published in the record of the hearing on your nomination, but it will be retained in the Committee's files, and will be available for public inspection.)

1. Provide a complete, current financial net worth statement which itemizes in detail all assets (including, but not limited to, bank accounts, real estate, securities, trusts, investments, and other financial holdings) and all liabilities (including but not limited to debts, mortgages, loans and other financial obligations of yourself, your spouse, and other immediate members of your household). All assets and liabilities should be separately itemized and fully described.

2. List sources and amounts of all items of value received during each of the last three years (including, but not limited to, salaries, wages, fees, dividends, capital gains or losses, interest, gifts, rents, royalties,, patents and honoraria) of yourself, your spouse, and other immediate members of your household. (In lieu of the above, you may submit copies of your Federal income tax returns for these years.)

3. List sources, amounts and dates of all anticipated receipts from deferred income arrangements, stock options, executory contracts and other future benefits which you expect to derive from current or previous business relationships, professional services and firm memberships, employers, clients, and customers.

C. FUTURE EMPLOYMENT RELATIONSHIPS:

1. Will you sever all connections with your present employer, business firm, association or organization if you are confirmed by the Senate?

2. Do you have any plans after completing Government service to resume employment, affiliation or practice with your previous employer, business firm, association or organization?

3. Has anyone made a commitment to employ your services in any capacity after you leave Government service?

4. If confirmed, will you serve your full term of office?

D. POTENTIAL CONFLICTS OF INTEREST:

1. Describe all financial arrangements, deferred compensation agreements, and other continuing dealings with business associates, clients, or customers.

2. Indicate any investments, obligations, liabilities, or other relationships which could involve potential conflicts of interest in the position to which you have been nominated.

3. Describe any business relationship, dealing or financial transaction which you have had during the last ten years, whether for yourself, on behalf of a client, or acting as an agent, that could in any way constitute or result in a possible conflict of interest in the position to which you have been nominated.

4. Describe any activity during the past ten years in which you have engaged for the purpose of directly or indirectly influencing or affecting the administration and execution of law or public policy.

5. Explain how you will resolve any potential conflict of interest including any that may be disclosed by your responses to the above items. (Please provide a copy of any trust or other agreements.)

6. Written opinions should be provided directly to the Committee by the General Counsel of the Agency to which you have been nominated and by the Director, Office of Government Ethics, Office of Personnel Management concerning potential conflicts of interest or any other legal barriers to your serving in this position.

E. TESTIFYING BEFORE CONGRESS:

1. Are you willing to appear and testify before any duly constituted committee of the Congress on such occasions as you may be reasonably requested to do so?

2. Are you willing to provide such information as is requested by such committee?

F. OTHER:

1. Provide the full details of any civil or criminal proceeding in which you were a defendant or any inquiry or investigation by the Federal, State, or local agency in which you were the subject of the inquiry or investigation.

2. Give the full details of any proceeding, inquiry or investigation in which you were the subject of the proceeding, inquiry or investigation.

3. Have you ever been convicted (including pleas of guilty or nolo contendere) of any criminal violation other than a minor traffic offense?

4. Please advise the Committee of any additional information, favorable or unfavorable, which you feel should be considered in connection with your nomination.

_____ _____

(Signature) (Date)

STATEMENT FOR COMPLETION BY PRESIDENTIAL NOMINEES

PART I: ALL THE INFORMATION IN THIS PART WILL BE MADE PUBLIC

Name: _____ (LAST) _____ (FIRST) _____ (OTHER)

Position to which nominated: _____ Date of nomination: _____

Date of birth: _____ (DAY) (MONTH) (YEAR) Place of birth: _____

Marital status: _____ Full name of spouse: _____

Name and ages of children: _____ _____ _____

_____ _____ _____

_____ _____ _____

Education:

Institution	Dates attended	Degrees received	Dates of degrees

Honors and awards: List below all scholarships, fellowships, honorary degrees, military medals, honorary society memberships, and any other special recognitions for outstanding service or achievement.

Memberships: List below all memberships and offices held in professional, fraternal, business, scholarly, civic, charitable and other organizations for the last five years and any other prior memberships or offices you consider relevant.

Organization	Office held (if any)	Dates

Employment record: List below all positions held since college, including the title or description of job, name of employer, location of work, and dates of inclusive employment.

Government experience: List any advisory, consultative, honorary or other part-time service or positions with Federal, State, or local governments other than those listed above.

Published writings: List the titles, publishers and dates of books, articles, reports or other published materials you have written.

Political affiliations and activities: List all memberships and offices held in or financial contributions and services rendered to all political parties or election committees during the last five years.

Future employment relationships:

1. Indicate whether you will sever all connections with your present employer, business firm, association or organization if you are confirmed by the Senate.

2. State whether you have any plans after completing government service to resume employment, affiliation or practice with your previous employer, business firm, association or organization.

3. Has a commitment been made to you for employment after you leave Federal service?

4. Do you intend to serve the full term for which you have been appointed or until the next Presidential election, whichever is applicable?

Potential conflicts of interest:

1. Describe any financial arrangements, deferred compensation agreements or other continuing financial, business or professional dealings with business associates, clients or customers who will be affected by policies which you will influence in the position to which you have been nominated.

2. List any investments, obligations, liabilities, or other financial relationships which constitute potential conflcts of interest with the position to which you have been nominated.

3. Describe any business relationship, dealing or financial transaction which you have had during the last five years whether for yourself, on behalf of a client, or acting as an agent, that constitutes a potential conflict of interest with the position to which you have been nominated.

4. List any lobbying activity during the past 10 years in which you have engaged for the purpose of directly or indirectly influencing the passage, defeat or modification of any Federal legislation or of affecting the administration and execution of Federal law or policy.

5. Explain how you will resolve any potential conflict of interest that may be disclosed by your responses to the above items.

PART II: INFORMATION IN THIS PART WILL BE DISCLOSED WHEN THE COMMITTEE DETERMINES THAT IT BEARS DIRECTLY ON YOUR QUALIFICATIONS TO HOLD THE POSITION TO WHICH YOU HAVE BEEN NOMINATED

FINANCIAL STATEMENT

NET WORTH

Provide a complete, current financial net worth statement which itemizes in detail all assets (including bank accounts, real estate, securities, trusts, investments, and other financial holdings) all liabilities (including debts, mortgages, loans, and other financial obligations) of yourself, your spouse, and other immediate family members of your household.

ASSETS				LIABILITIES			
Cash on hand and in banks				Notes payable to banks—secured			
U.S. Government securities—add schedule				Notes payable to banks—unsecured			
Listed securities—add schedule				Notes payable to relatives			
Unlisted securities—add schedule				Notes payable to others			
Accounts and notes receivable:				Accounts and bills due			
Due from relatives and friends				Unpaid income tax			
Due from others				Other unpaid tax and interest			
Doubtful				Real estate mortgages payable—add schedule			
Real estate owned—add schedule				Chattel mortgages and other liens payable			
Real estate mortgages receivable				Other debts—itemize:			
Autos and other personal property							
Cash value—life insurance							
Other assets—itemize:							
				Total liabilities			
				Net worth			
Total assets				Total liabilities and net worth			
CONTINGENT LIABILITIES				**GENERAL INFORMATION**			
As endorser, comaker or guarantor				Are any assets pledged? (Add schedule.)			
On leases or contracts				Are you defendant in any suits or legal actions?			
Legal Claims				Have you ever taken bankruptcy?			
Provision for Federal Income Tax							
Other special debt							

SOURCES OF INCOME LAST 3 YEARS

1. List sources and amounts of all income received during the last 3 years, including all salaries, fees, dividends, interest, gifts, rents, royalties, patents, honoraria, and other items exceeding $500 or more. (If you prefer to do so, copies of U.S. income tax returns for these years may be substituted here, but their submission is not required.)

	19.....	19.....	19.....
Salary			
Fees, royalties			
Dividends			
Interest			
Gifts			
Rents			
Other—exceeding $500			
Total			

2. List sources, amounts and dates of all anticipated receipts from deferred income arrangements, stock options, uncompleted contracts and other future benefits which you expect to derive from previous business relationships, professional services and firm memberships or from former employers, clients, and customers.

Affiliations:

List the names of all corporations, companies, firms, or other business enterprises, partnerships, nonprofit organizations, and educational or other institutions:

—with which you are now connected as an employee, officer, owner, director, trustee, partner, advisor, attorney, or consultant. Any listed relationship or affiliation that you wish to continue during the term of your appointment should be noted with an asterisk.

—in which you have any financial interest through the ownership of stocks, stock options, bonds, partnership interests, or other securities, which you wish to retain during your period of government service should be noted with an asterisk.

Personal Data:

1. Have your tax returns been the subject of any audit or investigation or inquiry at any time by Federal, State or local authorities, which resulted in a tax lien or other collection procedure?

2. Have you ever been convicted for violation of any Federal, State, county or municipal law, regulation or ordinance? If so, please give full details (do not include traffic violations for which a fine of $100 or less was imposed).

3. Are you currently under Federal, State, or local investigation of you for a possible violation of a criminal statute? If so, please provide full details.

4. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by, or are you currently the subject of a formal complaint procedure in any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, please give full details.

5. Have you ever been involved in civil litigation, or administrative, regulatory or legislative investigation of any kind, either as plaintiff, defendant, respondent, witness or party in interest, which may have a material effect on the position for which you are being considered?

AFFIDAVIT

) ss

, being duly sworn, hereby states that he/she has read and signed the foregoing Financial Statement and that the information provided therein is, to the best of his/her knowledge and belief, current, accurate, and complete.

Subscribe and sworn before me this day of , 19

Notary Public

U.S.GOVERNMENT PRINTING OFFICE : 1982 O - 88-589

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Divider Title: **Vision of Change**

NOTICE

There should be no release of this document until 9 p.m., Wednesday, February 17, 1993

A VISION OF CHANGE FOR AMERICA

February 17, 1993

Skyrocketing Health Care Costs

Another legacy of the past 12 years is the crisis of rapidly escalating health care costs—a crisis that threatens the security of every American family and business. In 1992, Americans spent $840 billion on health care, or 14 percent of GDP compared with about 9 percent of GDP only a dozen years ago (Chart 2–13). At this rate health spending will reach an astonishing 18 percent of GDP by the year 2000: Americans will be devoting almost one dollar of every five they earn to health care, and the average family's health costs will rise to almost $10,000 a year.

Rising health care costs are straining the budgets of families, businesses, and government. They are eating up incomes and squeezing out other spending. Individuals are facing soaring insurance premiums and rising out-of-pocket bills. Skyrocketing premiums have forced many businesses to drop or curtail health coverage for their workers, swelling the ranks of the uninsured. More than 37 million people do not now have insurance coverage. Many are dependent on hospital emergency units for care.

Inflation in health care costs is also robbing government budgets of scarce resources needed for critical investment in our future—education, job training, infrastructure, and technology development. If current trends continue, by 1998 the Federal Government will spend one in every four dollars on health care (Chart 2–14). State and local spending for health will rise over the same period from 14 to 18 percent of total outlays. Exploding health costs threaten funding for other public priorities.

The rise in health care costs now projected will consume between 25 and 35 percent of total projected GDP growth for the rest of the decade and will account for over 40 percent of the total increase in Federal spending. In short, containing health care costs has become an economic imperative. Indeed, the potential "health dividend" is far larger than the peace dividend promised by the end of the Cold War. If America spent the same share of GDP on health as our main international competitors do, last year alone we would have had $230 billion more to invest in our people. Similarly, if spending by employers on health insurance had remained at the 1980 percentage of total compensation, cash wages for the average worker could have been $670 a year higher in 1991 without affecting corporate profits.

Despite these bleak statistics, widespread evidence suggests that we can control health care costs and maintain quality. Other advanced industrial nations have levels of health spending substantially below ours and have controlled cost growth more successfully—even while providing care that matches and often exceeds our own. Their success offers a strong basis for hope as we step up to the challenge of fundamental change.

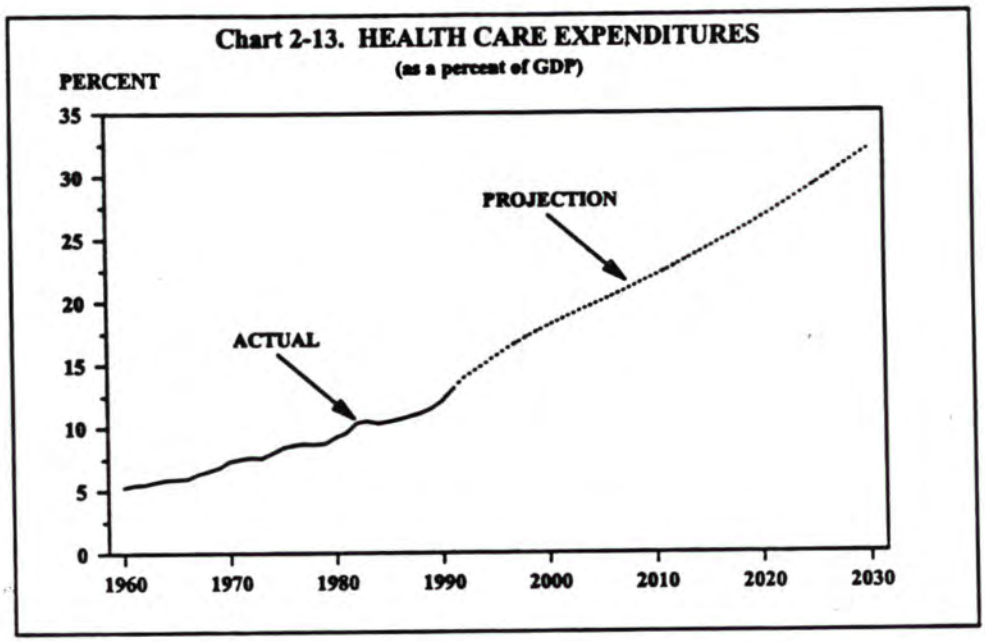
Chart 2-13. HEALTH CARE EXPENDITURES
(as a percent of GDP)
PERCENT
35
30
25
20
15
10
5
0
PROJECTION
ACTUAL
1960
1970
1980
1990
2000
2010
2020
2030

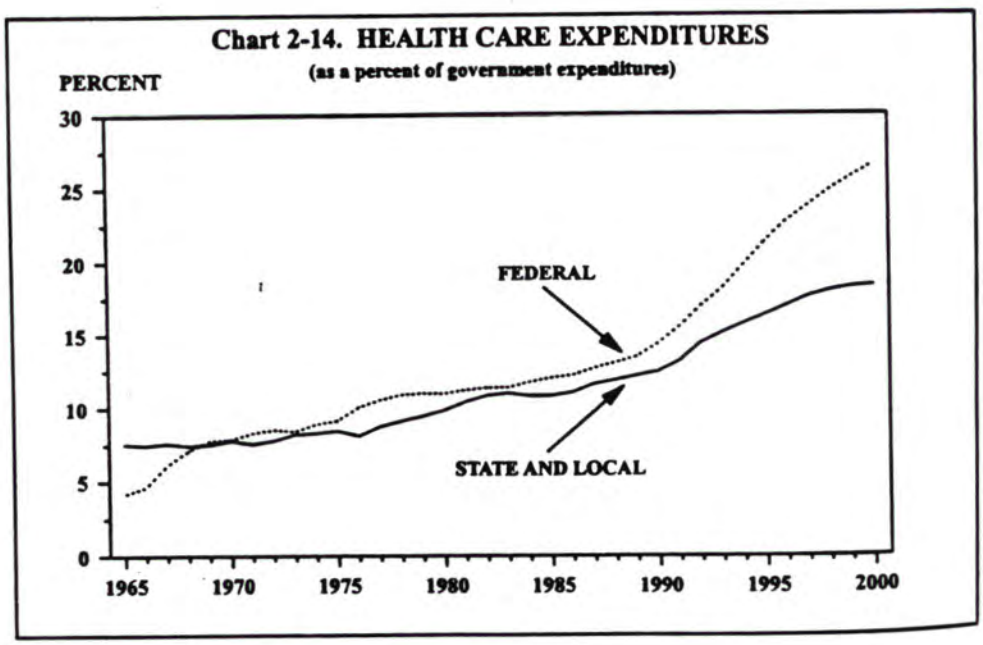
Chart 2-14. HEALTH CARE EXPENDITURES
(as a percent of government expenditures)
PERCENT
30
25
20
15
10
5
0
FEDERAL
STATE AND LOCAL
1965
1970
1975
1980
1985
1990
1995
2000

CLINTON/GORE POLICY STATEMENTS FOR HEALTH AND HUMAN SERVICES DEPARTMENT

ABORTION RIGHTS:

* Defend Roe V. Wade. Sign the Freedom of Choice Act.

* Urge Congress to repeal the Hyde Amendment which prohibits federally funded abortions.

* Repeal President Bush's "gag" rule which prohibits medical personnel in federally funded clinics from advising women on pregnancy options including abortion.

* Oppose any federal attempt to limit access to abortion through mandatory waiting periods or parental or spousal consent requirements. Support state efforts to require some form of adult counseling for underage girls who choose to have an abortion as long as workable and effective judicial bypass provisions are attached to such laws.

* Initiate measures to protect women and care-givers from intimidation, harassment, and threats posed by radical demonstrators who illegally block health clinics.

* Reduce the need for abortion by: urging Congress to re-authorize the Title X Family Planning Program; making research and development of safe, effective contraception at the National Institutes of Health a priority; providing improved family planning services and education programs; and ensuring the availability of contraceptives to low-income women.

* Support testing of RU-486.

* Appoint an AIDS policy director to coordinate federal AIDS policies, cut through bureaucratic red tape, and implement recommendations made by the National Commission on AIDS.

* Speed up the drug approval process and commit increased resources to research and development of AIDS-related treatments and vaccines. Insure that women and people of color are included in research and drug trials.

* Fully fund the Ryan White CARE Act. Work closely with individuals and communities that are affected by HIV to create a partnership between the federal government and those with knowledge and experience in fighting HIV. Insure that increased funding for prevention and services goes directly to community based organizations that are on the frontline of the battle against AIDS.

* Promote a national AIDS education and prevention initiative that disseminates frank and accurate information to reduce the spread of the disease.

* Promote AIDS education in America's schools. Educate our children about the nature and threat of AIDS.

* Support local efforts to make condoms available in schools.

* Reevaluate the AIDS prevention budget at the U.S. Centers for Disease Control to ensure that education is a top priority.

* Provide quality health coverage to all Americans with HIV as part of a broader national health care program. Work vigorously to improve access to promising experimental therapies for people with life-threatening illnesses. Improve preventative and long-term

* Encourage the Centers for Disease Control to periodically review their definition of AIDS to ensure that symptoms and infections that occur among women, people of color, and drug users are included in the federal definition, and promptly made eligible for all federal benefit programs for people with AIDS.

* Develop programs with the Department of Health and Human Services to ensure that America's health care professionals are kept fully and regularly informed about diagnosing and treating HIV. Have the National Institutes of Health (NIH) develop a formalized mechanism to make sure that state-of-the-art information is broadly and rapidly disseminated to health professionals and people with HIV disease.

* Work vigorously to develop a vaccine against AIDS and to find therapies that will destroy HIV, repair the immune system, and prevent and treat AIDS-related infections.

* Increase funding for both AIDS-specific and general biomedical research.

* Expand clinical and community based trials for treatments and vaccines, and raise the level of participation of under-represented populations.

* Reorganize the NIH infrastructure to streamline AIDS research efforts and improve planning, efficiency, and communication.

* Promote a more rapid review by the NIH of research grant applications and a speedier distribution of funding for approved studies.

* Facilitate greater access to drugs and work to speed up the drug approval process. Ensure that the FDA has the resources to assist

CONSUMER PROTECTION:

* Pledge to ensure safe products, accurate product advertising, competitive pricing, fully-staffed regulatory agencies and preservation of consumers' legal rights.

* Use the Federal Trade Commission, the Food and Drug Administration, the Federal Communications Commission and the other relevant agencies to ensure that consumers get a fair shake in the marketplace.

* Vigorously enforce the Cable Consumer Protection and Competition Act.

* Enforce food labeling regulations.

* Adequately staff consumer protection agencies. Give the necessary enforcement tools to protect the public.

* Reaffirm the Consumer Bill of Rights issued by President John F. Kennedy which includes the right to safety, the right to be informed, and the right to choose.

DEFENSE CONVERSION:

* Encourage states to offer incentives like alternative certification programs for military personnel who retire to take jobs in critical professions like education, health, or law enforcement.

targets and outline a core benefits package which includes ambulatory physician care, inpatient hospital care, prescription drugs, and basic mental health. Provide expanded preventative treatments such as pre-natal care, mammograms, and routine health screenings. Establish national spending targets for aggregate health care expenditures every year and a required comprehensive schedule of benefits offered at a minimum by employers.

* Expand long-term care choices for older Americans as well as those with disabilities and life-threatening illnesses. Preserve and expand Medicare for elderly and disabled to include more long-term care. Place special emphasis on home- and community-based care.

* Establish managed care networks. Offer consumers access to a variety of local health networks, made up of insurers, hospitals, clinics, and doctors. Provide the networks with a fixed amount of money for each consumer in order to give them the necessary incentive to control costs.

* Eliminate drug price gouging. Protect American consumers and bring down prescription drug prices by eliminating tax breaks for drug companies that rise their prices faster than Americans' incomes rise. Discourage drug companies from spending more on marketing than on research and development.

* Institute medical malpractice reform.

* Reduce duplicative technology.

* Phase in small employer and new business health care responsibilities until costs are reduced. Cover employees in the interim through the public health system which will include co-payments requirements to discourage over-utilization and encourage shared responsibility. Offer financial assistance to those small businesses overburdened by the new responsibilities through a tax

* Put a limit on what insurance companies can charge. End "pre-existing condition" insurance exclusions.

* Institute a broad-based community rating system to guarantee access and continuity of coverage.

* Institute a single claims form. Replace the existing billing system with electronic billing. Create "smart cards" coded with personal medical information for all Americans. Crack down on billing fraud and eliminate incentives that invite abuse.

* Ban underwriting practices that waste billions to discover which patients are bad risks.

MEDICARE:

* Protect Medicare benefits for the elderly. Generate savings for Medicare and the private sector through reducing bureaucracy and unnecessary care. Subject Medicare payments to budgetary limits.

* Raise Medicare-B costs for those with incomes over $125,000.

NATIVE AMERICAN COMMUNITIES:

* Include measures in the core benefits package for all Americans to combat and prevent Fetal Alcohol Syndrome and AIDS in Native American communities.

* Keep hospital clinics open longer, particularly in rural areas that are currently underserved.

SOCIAL SECURITY:

* Protect Social Security and ensure that it remains solvent in years to come. Lift the Social Security earnings test limitation.

VETERANS:

* Ensure the VA receives the funding it needs to provide excellent, timely care to veterans and oppose opening VA hospitals up to non-veterans.

* Cut bureaucracy at the VA to decrease waiting periods for outpatient services and to ensure that benefits arrive on time.

* Fund programs to deal with the common mental health problems of veterans, such as Post-Traumatic Stress Syndrome.

WELFARE:

* Institute real reform of welfare. Spend between $1 and $2 billion in the first year to provide people with the intensive education, training, placement assistance, transportation, health care, and child care they need. Provide services for up to two years, then require those able to work to take jobs either in the private sector or in community service.

WOMEN'S HEALTH:

* Sign into law the Women's Health Research Act, the Reproductive Health Equity Act, and similar legislative measures designed to address current deficiencies in the treatment of women's health problems. Use whatever means are available to find cures for diseases like ovarian cancer, breast cancer, and osteoporosis. Lift the ban on fetal tissue research.