

SUMMARY REPORTS

PLENARY SESSION 1: A SURGEONS GENERAL COLLOQUIUM. MAJOR HEALTH POLICY CHALLENGES AND OPPORTUNITIES FACING THE NATION

INTRODUCTION

Four former Surgeons General of the United States—three of them dressed in the uniforms they wore while serving as “our nation’s doctor”—shared the stage with the current Surgeon General Dr. Richard H. Carmona during the opening session of the 4th Annual Primary Care and Prevention Conference. Dr. Carmona delivered the keynote address for an audience that savored the unique experience of hearing the opinions and experiences of five medical experts with years of public health leadership.

The panel of former Surgeons General included the 12th Surgeon General, Dr. Julius B. Richmond; the 14th, Dr. Antonia Coello Novello; the 15th, Dr. M. Joycelyn Elders; and the 16th, Dr. David Satcher. This quartet of health-care pioneers brought insight, inspiration, and humor to an unprecedented panel discussion of “Major Health Policy Challenges and Opportunities Facing the Nation.”

PANEL DISCUSSION

The theme the experts hit the hardest was the need to overcome the health disparities that are preventing many people in the nation from receiving the care they deserve. The panelists also recommended policy changes that would contribute to equitable delivery of health services, including mental health care. They expressed support for disease prevention based on research findings, including health education at all grade levels in the schools and lifestyle changes for children and adults.

Dr. Robert K. Ross, president and CEO of The California Endowment in Woodland Hills, California, served as moderator for the seminar featuring for-

mer Surgeons General. He began by asking them to review the significant things that happened during their service as Surgeon General.

What Significant Events in Public Health Took Place During Your Leadership as Surgeon General?

Julius B. Richmond, MD

Dr. Richmond is the emeritus John D. MacArthur Professor of Health Policy at Harvard University. His areas of focus as Surgeon General were smoking prevention and behavioral health education. When he became Surgeon General in 1977, the nation had been witnessing a decline in acute infectious diseases in children and was about to see the demise of smallpox worldwide. “Something was happening globally,” Dr. Richmond said. “It was a growing realization that we had a knowledge base to eradicate smallpox but that we needed the political will to make it happen.” The World Health Organization (WHO) “generated the political will for a worldwide campaign to eradicate smallpox within 10 years,” Dr. Richmond continued. “It is important to keep in mind that tasks like this have been accomplished and that we have had remarkable successes.”

With a new threat of bio-terrorism involving the smallpox virus, Dr. Richmond reminded the audience, “Emergency preparedness is not a new thing for the US Public Health Service. We have faced tough issues like this throughout the decades.” He used as an example the accident at the Three Mile Island nuclear power plant in Pennsylvania in 1979 as a disaster that he said the nation was “fortunate” to avert.

During Dr. Richmond’s service, the American people had started responding

to new information about preventing cardiovascular disease and stroke: the mortality rate from heart disease declined 35% and the mortality rate from stroke declined 65%. “We determined that we had a knowledge base that was adequate to begin talking to people about health promotion and disease prevention,” Dr. Richmond said. As a result, he issued the first report in what would become a series titled “Healthy People: The Surgeon General’s Report on Health Promotion and Disease Prevention.” For the first time, the report established quantitative health goals for the nation—a process that has been institutionalized by the US Public Health Service.

Antonia Coello Novello, MD, MPH, DrPH

When her term began in 1990, Dr. Novello was the first woman and the first Hispanic to be named US Surgeon General. Her areas of emphasis were children’s health, minority health, and HIV/AIDS. A board certified pediatrician, she has been the State Health Commissioner in New York State for the past five and a half years. Instead of listing her accomplishments, she focused on the problem of health disparities. “Hippocrates said extreme illnesses require extreme remedies, and I think we have an extreme illness in this nation in the form of disparities,” she said. “The 87 million minorities who are living in the United States and paying taxes deserve better treatment than they are receiving.” Dr. Novello provided statistics: a newborn African-American boy’s life expectancy is 7 years less as compared to a White baby boy; a female African-American baby can expect to live 6 years less than a White baby; premature and low birth weight babies are born five times more frequently to African-American women than to White women; maternal deaths are four times more frequent among African Americans than among Whites; many African-American and Hispanic girls are obese.

Speaking from experience, Dr. Novello said 80% of African-American and Hispanic adolescents with the HIV virus believe they will escape AIDS. “They see role models who have the HIV virus feeling healthy and looking good, and this sends the wrong message,” she said. What can health professionals do about disparities? “We have to eradicate the root causes—the lack of health education, lack of economic opportunities, lack of health insurance, lack of quality health care, discrimination, and even mistrust of the system,” Dr. Novello stated.

Five Actions to Overcome Disparities. Dr. Novello listed what she considers to be the nation’s top five needs in overcoming disparities in health care:

1. Provide health education. “If minorities don’t know what to do, how are they going to get the health care they deserve?”
2. Overcome minorities’ distrust of the healthcare system. “Healthcare providers who cannot speak a patient’s language often talk loudly. Just because someone is a different color doesn’t mean he or she is deaf,” Dr. Novello declared.
3. Educate physicians. “We need to recruit, train, and retain more minority physicians to take care of minority people,” she said. Minority patients feel better and get more time with doctors of their own race or ethnicity.
4. Improve communication skills. “Many healthcare providers talk too fast and too loudly. They spend too little time with their patients.”
5. Eliminate institutional racism. Be fair in treating minority patients the way other patients are treated. Don’t assign only resident physicians to minority patients. See poor people on the same days as patients who have health insurance. “We must be good in cultural sensitivity as well as disease management,” Dr. Novello said. “Patients don’t care how much you

know until they know how much you care.”

M. Jocelyn Elders, MD

Dr. Elders is professor emeritus of pediatric endocrinology at the University of Arkansas School of Medical Science. Sworn in as US Surgeon General in 1993, she focused her leadership on childhood immunization and sex education. “We wanted to make health care available, accessible, affordable, equitable, and universal,” Dr. Elders said. “Every criminal has a constitutional right to a lawyer, but our nation does not believe every baby has a right to a doctor,” she stated in pointing out the need for accessibility. Dr. Elders believes “education, education, education” is the answer to “health illiteracy” in our society. “What good are reading, writing, and arithmetic if students aren’t physically, emotionally, and psychologically fit?” she asked. During her time as Surgeon General, the Public Health Service began to talk about human sexuality. “People said we couldn’t talk to young people about sex—that if we talked about it, they would do it. Well, they were already doing it!” The rate of pregnancy among African-American teens has declined by 32%, Dr. Elders said, but the rate of sexually transmitted diseases has gone up. Dr. Elders reviewed the seven characteristics of healthy people (eating breakfast; following a high-fiber, low-fat diet; maintaining ideal body weight; sleeping 6 to 8 hours a night; exercising 20 minutes per day; eliminating tobacco and drinking responsibly; and avoiding high-risk sexual behavior). Her recommendations for policy changes in raising healthy children who become healthy adults are: 1) teach health education in kindergarten through the 12th grade; 2) include physical education in the school curriculum; and 3) provide nutrition education and healthier school lunches.

David Satcher, MD, PhD

Dr. Satcher had the distinction of serving as both the US Surgeon General

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and the US Assistant Secretary for Health and Human Services from 1998 to 2001. His areas of focus were obesity, mental health, and health disparities. He is now director of the National Center for Primary Care at Morehouse School of Medicine. The Healthy People 2010 report, issued when Dr. David Satcher was Surgeon General, contains a new set of goals for the reduction of economic, social, geographic, ethnic and racial disparities in improving the health of all people. In his opening remarks on the panel, he recommended five actions that health care professionals can take in the policy area to eliminate healthcare disparities:

1. Make sure the nation continues to focus on its goal of eliminating health disparities, regardless of who is in the White House.
2. Insist on universal access to health care. "African Americans and Hispanics are most likely to be uninsured and unable to get access to care," he said. "We should all be united in a commitment to universal access to health care."
3. Promote equitable insurance coverage for mental health patients. A new bill, the Paul Wellstone Mental Health Parity Act, a proposal to treat mental disorders as we treat other health problems, has yet to be brought before the US Senate.
4. Improve the environment by cleaning up hazardous waste sites. "We must be firm in insisting that communities should be free of toxic wastes" that endanger people's health.
5. Support lifestyle changes that reduce obesity and other health problems. Policy actions, such as better food labels, more information about the fat content of fast foods, and requirements for physical education and comprehensive sex education courses in schools, would enable communities and individuals to make greater strides in improving health.

"I hope you will join us in pursuing policy solutions to the problem of health disparities," Dr. Satcher invited the audience.

What Can the Nation Do to Deal with an Aging Population and to Continue the Effort to Promote Disease Prevention?

Dr. Sullivan, former US Secretary of Health and Human Services, and president emeritus of Morehouse School of Medicine, posed a question for Dr. Richmond on how the nation should deal with longer life expectancy and health prevention in the remaining decades of the 21st century.

Dr. Richmond said the nation must pay attention to issues affecting Americans over 85 years of age, which he described as the fastest growing demographic group in the United States. "These people must have access to services so that they can live a quality life and be happy and productive," he said. On the topic of prevention, Dr. Richmond said, "We have the knowledge base to prevent many illnesses, but we lack the political will to take action."

What Can Be Done about the 'Clash' Between Public Health and Public Policy?

Dr. Ross asked the panelists to discuss what is happening in public health policy and to give their views of the "clash" that often occurs between "good policy" and "safe politics."

Dr. Novello believes the states can do a lot to advance health care, even if the federal government does not act. The language barrier can be a problem in health care. "People in my state of New York speak 167 different languages, so we translate all of our health information materials into five main languages," she said. "If I have to produce materials in Yiddish or even Braille, I will." Secondly, she says doctors and medical students can set a good example by exercising and stopping smoking. "And third, we can be culturally sensi-

tive to mental health problems among minorities. When a minority woman tells a doctor she has a 'pain in her heart,' it may mean that she is depressed rather than having a heart attack."

Dr. Elders answered Dr. Ross's question about public health vs public policy by suggesting that health information for policy-makers needs to be written in an easy-to-read style that can be understood quickly. Harking back to her term as Surgeon General, she said Americans need to talk openly about sex as a way to prevent AIDS, other sexually transmitted diseases, unwanted pregnancies, and cancer. "I gave Americans the ability to talk about sex," she said.

Dr. Satcher said the "clash" between public health and public policy is revealed in two main issues—drug abuse and sexual responsibility. While serving as Surgeon General, he traveled across the country speaking out for a needle exchange program for drug users. Although "Washington believes in punishing people who use drugs" rather than helping them, Dr. Satcher said, the White House didn't intervene when he advocated federal funding for such a program. His Surgeon General's report on sexual health was met with non-support at the national level. "That sort of thing doesn't go over very well in Washington," he said, recalling humorously that he was "the only one at the press conference" to announce the report.

What Is Your Vision for Public Health in the Future?

Dr. Richmond called for continued emphasis on biomedical research for disease prevention and health promotion. "One of the great successes in this country has been our support of biomedical research, which has enabled us to live longer and healthier lives and to do more for those who need clinical care." He pointed to a "remarkable partnership" of health professionals, government, and an informed public. Access to health services is another issue that public health needs to tackle more vig-

ously in the future, Dr. Richmond said. “We need to push for universal entitlement” for the large numbers of people who are uninsured or underinsured. “We need new ethical standards for corporate America, which has not always supported—and has sometimes opposed—the efforts of public health,” Dr. Richmond said. “This is especially true in the tobacco industry,” he said, where executives still deny the harmful effects of smoking cigarettes and where the industry itself has been a role model for “deceptive practices” by other companies. Citing obesity as a current problem, Dr. Richmond said he hopes the leaders of the food industry will “see the

wisdom of collaboration with healthcare professionals” to save lives from obesity-related conditions.

Dr. Novello sees the future happening right now in the State of New York. The state uses its “tobacco money” (money that the courts ordered the tobacco industry to pay to the states) to provide free health care to all children up to the age of 19, regardless of race or ethnicity. Medicine is available on a “sliding scale” whereby no one pays more than a \$20 co-pay for a prescription. Seventeen local communities have approved needle-exchange programs for drug addicts. Confidentiality is assured for HIV/AIDS patients. In the future,

she hopes physicians will listen more carefully to their patients.

Dr. Elders wants public health to continue its efforts to educate America. One way is to enlist the schools to “teach students to be healthy,” she said. Ninety-seven percent of the healthcare dollar is spent on “sick people” rather than on prevention and education, she continued. “We need to invest in health.”

Dr. Satcher said, “The challenge in public health is to deliver the products of research to the people,” Dr. Satcher said. “How do we make sure everyone has access to quality health care?”