

**NOMINATION OF
JAMES W. HOLSINGER, JR., M.D., PH.D.**

HEARING
OF THE
**COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS**
UNITED STATES SENATE
ONE HUNDRED TENTH CONGRESS

FIRST SESSION

ON

NOMINATION OF JAMES W. HOLSINGER, JR., OF KENTUCKY, TO BE
MEDICAL DIRECTOR IN THE REGULAR CORPS AND TO BE SURGEON
GENERAL OF THE UNITED STATES

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JULY 12, 2007
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Printed for the use of the Committee on Health, Education, Labor, and Pensions



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**NOMINATION OF
JAMES W. HOLSINGER, JR., M.D., PH.D.**

THURSDAY, JULY 12, 2007

U.S. SENATE,
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, DC.

The committee met, pursuant to notice, at 10:05 a.m., in Room G-50, Dirksen Senate Office Building, Hon. Edward M. Kennedy, chairman of the committee, presiding.

Present: Senators Kennedy, Mikulski, Murray, Sanders, Brown, Enzi, Isakson, and Allard.

Also Present: Senators Bunning and McConnell.

OPENING STATEMENT OF SENATOR KENNEDY

The CHAIRMAN. Good morning. We'll come to order. We congratulate Mr. Holsinger of Kentucky of being nominated to be the Surgeon General and we have two of our very distinguished colleagues and friends that are here to present it to the committee. We know their busy program and schedule so without further adieu, we'll recognize the senior Senator from Kentucky and the distinguished minority leader, Senator Mitch McConnell. We certainly welcome you and then we'll hear from Senator Bunning.

We thank you for taking the time to tell our good nominee—this is a very special recommendation you're getting. It's not often we have colleagues coming and making statements and comments in terms of support of a nominee so he's extremely fortunate and we very much welcome your assessment and whatever you have to tell our committee that you think would be advantageous to us. Senator McConnell? Dr. Holsinger, if you'd like to just introduce your family first and then we'll recognize Mitch. I understand they are rather extensive and members of families, large families, being the ninth member of a large family, I appreciate this but I think we reached new records today.

If you want to just take a moment or several moments, whatever time but this is a special time, we know, for you and for them and I think to hear that is first priority.

Dr. HOLSINGER. Thank you, Mr. Chairman.

The CHAIRMAN. I think it just—

Dr. HOLSINGER. Thank you, Mr. Chairman. I appreciate the opportunity to introduce my family that are here today. I've had the rare opportunity of having lived out my life in the company of a remarkable group of women. Dr. Barbara Craig Holsinger and I have been married for 44 years, my wife, Barbara. The fact that

she has been married to me for 44 years represents her staying power, I think, and it's appropriate to recognize that. We are the proud parents of four daughters, several of whom are able to be here with us today.

Our daughter, Dr. Anna Holsinger Bampton and her husband, Dr. James Bampton. Our daughter, Dr. Ruth Holsinger Lewellen and her family live in New Zealand and so, for obvious reasons, they're not able to be with us today but our daughter, the Reverend Sarah Holsinger-Freisen and her husband, Dr. Tom Holsinger-Freisen are here with us and she is en route to having our sixth grandson. Now, if anyone thinks that God doesn't have a sense of humor, we have four daughters and now six grandsons. Also with us is our fourth daughter, Rachel Holsinger. Rachel.

Now, like everyone else, my life has been heavily influenced by the home in which I grew up. My father, Brigadier General James Holsinger is buried in Arlington National Cemetery but my 98-year-old mother, Ruth Holsinger, is here with us today and she's on this side. My mother, Ruth Holsinger. In a few short years, on June 15, 2009, a lucky President of the United States will have an opportunity to send her a 100th birthday card and we're looking forward to that celebration with great interest.

Also with us is my mother-in-law, Barbara's mother, Betty Craig and she is the woman that has made every mother-in-law joke a bad joke because she treats me as her oldest son. I have a number of other friends and relatives here with us today. I just want to thank all of them for taking the time out of their busy lives to come and be here in support of me sitting before your committee. Thank you, Mr. Chairman. I appreciate the opportunity.

The CHAIRMAN. So, Senator McConnell, try and match that as an opener here, if you can.

STATEMENT OF SENATOR MCCONNELL

Senator MCCONNELL. The only thing I can think of is that Dr. Holsinger doesn't have nearly as many grandchildren as Senator Bunning does, who must have—what's the latest count?

Senator BUNNING. Thirty-nine.

Senator MCCONNELL. Thirty-nine grandchildren. So match that, anybody in the room. Thank you, Chairman Kennedy—

The CHAIRMAN. The Republicans are taking over here.

[Laughter.]

It could be the Irish Catholics that are ahead.

[Laughter.]

Senator MCCONNELL. Thank you. Senator Kennedy, Senator Enzi and members of the committee, I appreciate the opportunity to be here today to introduce Dr. James W. Holsinger, Jr., the President's nominee to be Surgeon General of the United States.

During his inspiring and impressive career, Dr. Holsinger has led the Nation's largest healthcare system, the Commonwealth of Kentucky's healthcare system and the Medical Center of Kentucky's flagship university. As Surgeon General, Dr. Holsinger would be the government's leading spokesman for public health. I've come to know him very well over the years. He is an outstanding individual with a lifetime of public service and I can't think of a finer choice for this office.

Certainly no one is prouder today than Dr. Holsinger's wife, who you just met, Dr. Barbara Craig Holsinger and their daughters, Anna, Ruth, Sarah and Rachel. All of these folks have just been introduced—his mother and his mother-in-law. The whole clan is just about here. Their pride can only grow as he embarks on his greatest role yet in public service.

Dr. Holsinger is currently a Professor at the University of Kentucky and teaches at both the College of Public Health and the College of Medicine. From 1994 to 2003, he served as Chancellor of the University of Kentucky, AB Chandler Medical Center. In that role, he oversaw several graduate schools and two hospitals. Yet, Dr. Holsinger has the bedside manner of a Kentucky doctor, he also has the skill and experience to lead a large agency, as the Surgeon General must, by virtue of heading up the U.S. Public Health Service Commission Corp and its 6,000 members.

By appointment of the governor, Dr. Holsinger served as Kentucky's Secretary of the Cabinet for Health and Family Services from 2003 to 2005. As Secretary, he oversaw Kentucky's public health system. He modernized the State's \$5-billion Medicaid program that serves hundreds of thousands of Kentuckians.

Dr. Holsinger served for 25 years at the Department of Veterans' Affairs, ultimately as Chief Medical Director and Undersecretary for Health at the Veterans' Health Administration. As Chief Medical Director, he ran the country's largest healthcare system, serving over 26 million veterans in all 50 States.

Dr. Holsinger also served as Director of the VA Medical Center in Lexington, Kentucky. In 1993, he was awarded the Surgeon General's Medallion for Exceptional Achievement to the College of Public Health and Medicine. He earned his M.D. and Ph.D. in Anatomy at Duke and as a retired Major General in the U.S. Army Reserve, surely must have only one reservation about taking this job. He will have to wear a Navy uniform.

If confirmed, Dr. Holsinger will be the Nation's 18th Surgeon General and the first from the Commonwealth of Kentucky. As Surgeon General, he will focus on educating parents and children about the risk of childhood obesity. Scores of people who have worked with him throughout this career can attest to his commitment to helping people live longer, better and healthier lives.

My fellow Senators, there can be no debate on the breadth or depth of Dr. Holsinger's experience in medicine and public health. Being Surgeon General is a bit like being a doctor with a large stethoscope. The Office gives its occupant the power to recognize health trends across America and the bully pulpit to dispense health information for all.

The nomination of Dr. James Holsinger is the right prescription to help America confront today's health challenge. I have every confidence he will succeed. I appreciate this committee's expeditious handling of this nomination and I look forward to his confirmation and I thank you, Senator Kennedy, for the opportunity to be here on his behalf.

The CHAIRMAN. Very fine. Thank you very much. Now, we'll hear from Senator Bunning.

STATEMENT OF SENATOR BUNNING

Senator BUNNING. Thank you, Senator Kennedy, Senator Enzi, the rest of the committee. Today it is my great honor to introduce to you Dr. James Holsinger, who has been nominated to be the next Surgeon General. Kentuckians are proud to call him one of their own.

Dr. Holsinger's life has been dedicated to serving the Nation and improving the health of our citizens. His commitment to public service is outstanding. My colleague from Kentucky gave you his experience—26 years at the Department of the Veterans' Affairs, 31 years in the Army Reserve, Chancellor of the University of Kentucky's Medical Center and Secretary of the Kentucky Cabinet for Health and Human Services.

I asked Dr. Holsinger what was the proudest moment of his time as Kentucky Secretary and he mentioned a couple of important accomplishments that I think show his dedication to healthcare. He said he was proud of helping pass legislation to fight obesity and to improve the health of children in our schools. In fact, on the 2006 School Food Report Card, Kentucky scored the highest grade of A, largely based on many of the changes Dr. Holsinger helped make.

He also mentioned he was proud of modernizing Kentucky's Medicaid system without having to remove anyone from its rolls. Getting a handle on spending without cutting enrollment is quite an accomplishment, as we all know and Kentucky's effort can serve as a model to other States.

Dr. Holsinger is well respected by many in our State and across the Nation for his hard work and dedication to healthcare. When people talk of Dr. Holsinger, they use words like integrity, conviction, honesty and ethical. In a letter of endorsement, C. Everett Koop called him an impressive choice. The Kentucky Medical Association said he is an excellent nominee. The Kentucky Hospital Association enthusiastically endorses Dr. Holsinger's nomination and says that his contribution to healthcare and numerous other things in his life will serve him well to lead the highest level of healthcare.

I hope the members of this committee will look at Dr. Holsinger's record in public service and dedication to improving healthcare and come to the same conclusion that I have—that he would serve admirably as Surgeon General and be an asset to this country. Thank you, Senator Kennedy.

The CHAIRMAN. All right. I want to thank both of you very much. You know you have many responsibilities and we are very grateful for your presence here and for the excellent comments that you've made. They've been very helpful to us. We thank you.

We have effectively two tasks before us today. One is to see that the best possible candidate fills the position of U.S. Surgeon General. Today's hearing is to help determine whether James Holsinger is the right person to fill that important role but our second task is to see that the new Surgeon General has the independence needed to provide objective, reliable, scientific advice to the Nation. As the Nation's top doctor, the Surgeon General must be free from political interference.

Sadly, in recent years, the reverse has been true, as revealed by former Dr. Carmona's shocking testimony, the Office of Surgeon General has been the victim of outrageous political manipulation during the Bush administration. So to restore the integrity and independence of the Office of the Surgeon General, I'm today introducing the Surgeon General Integrity Restoration Act and that legislation will one, require the nominee for this important position be drawn from a list of the Nation's most eminent physicians prepared by the Institute of Medicine, give the Office of Surgeon General budgetary independence by allowing the Surgeon General to submit budget requests directly to the public, Congress and to the President by passing manipulation by political appointees in the Department of HHS, allow the Surgeon General to hire his or her own staff directly without having to undergo political litmus tests and prohibit censoring the work of the Surgeon General for political reasons and bring greater transparency to any changes to the Surgeon General's reports and speeches, all of that for another time.

But today, we want to make sure that we have the best possible candidate to be the Surgeon General for the United States and few positions in government offer the greater opportunity to improve the lives of so many citizens. The past Surgeon Generals who have used their power well include Dr. C. Everett Koop's historic and dedicated fight against the country's AIDS epidemic, Dr. Luther Terry's groundbreaking report on smoking that increased the American people's concerns about tobacco and led to a broad-based anti-smoking campaign; Dr. David Satcher's emphasis on the unacceptable racial and ethnic health disparities that continue to plague us. These are big shoes to fill.

The next Surgeon General must be a strong champion of public health. At a time when the Nation is deeply polarized on so many issues, we need someone who can unite Americans and who can be trusted by all and we must be confident that the Surgeon General will put public health first and leave politics and ideology behind.

At this week's testimony from former Surgeon General Richard Carmona showed that standard had not been met, far from it. His testimony showed that the Office of Surgeon General has become a morass of shameful political manipulation and distortion of science.

Dr. Holsinger has the responsibility to provide strong assurances and a clear plan for seeing that these abuses are not repeated during his tenure, if he is confirmed. Many of us are concerned about aspects of Dr. Holsinger's record that indicate that Dr. Holsinger has let his ideological beliefs cloud scientific judgment and these concerns are serious at any time but all the more so in light of Dr. Carmona's alarming testimony.

Many concerns were raised by a paper that Dr. Holsinger wrote in 1991 on homosexuality for a study committee at the Methodist Church. Dr. Holsinger wrote this paper from his perspective as a medical doctor and he drew on his medical training to analyze the scientific studies he cited. Yet as I read it, it cherry-picks the science and is widely disputed scientifically. For example, I recently received a letter from nine doctors, highly respected in their fields, including one of the authors of the papers cited by Dr.

Holsinger's paper of 1991, denouncing that paper as unscientific, biased and incredibly poor scholarship.

Indeed, William Owen, a co-author of one of the papers prominently cited in the 1991 paper, stated recently that he was particularly incensed that Dr. Holsinger misrepresented his paper, which was actually written to help physicians feel comfortable in dealing with gay patients.

Dr. Holsinger's paper is ideological and decidedly not an accurate analysis of the science then available on homosexuality. It is not even an accurate representation of the scientific papers, which it cites as authority. Dr. Holsinger's paper cherry-picks and misuses data to support his thesis that homosexuality is unhealthy and unnatural. For example, a disproportionate amount of the data Dr. Holsinger relies on in his paper is pulled from emergency room and trauma studies, which are not at all representative of the homosexual population as a whole.

Dr. Holsinger also artificially padded his paper's bibliography by adding citations to three sources that either had nothing to do with either homosexuality or actually directly refuted his paper's thesis. This misuse of science gravely concerns me and I need to hear from Dr. Holsinger himself that he will not similarly misuse his position to push personal ideological beliefs over scientific research. We know that Dr. Holsinger has strong personal views, as we all do, about homosexuality. Our country is involved in an important national conversation about it and we will continue to have that conversation. We've heard reports of Dr. Holsinger's kindness toward people who are gay or lesbians and I have no reason to doubt any of these individual accounts of benevolence. But as Surgeon General, Dr. Holsinger will be responsible for providing the best medical and scientific information to all Americans and we must be assured that he can do so, freely, free of interference from his personal views.

Dr. Holsinger brings with him a wealth of experience as Kentucky's former Secretary of Health Services and 26 years of service to the Veterans' Administration. I've heard impressive comments about his work against smoking and his passion of ending childhood obesity. His colleagues at the University of Kentucky speak very highly of him.

But we need to be confident that he is committed to decision-making based on sound science and good judgment. The Surgeon General must be a person who can be an indisputable, respected and trusted voice about health, wellness and safety. The Surgeon General's message should be able to reach across the divisions that arise in a pluralistic society such as ours, to educate, to inform and protect all Americans. So I welcome Dr. Holsinger and I look forward to hearing from him.

Senator Enzi.

OPENING STATEMENT OF SENATOR ENZI

Senator ENZI. Thank you, Mr. Chairman. The position of Surgeon General has a long and prestigious standing within our Federal Government that dates back to the 1870s, when the title of Surgeon General was created. The mission of the Surgeon General is to be America's top doctor and to act as the chief medical educator

and communicator to the American public on public health and safety issues. Over the years, the Surgeon Generals have played a key role in making sure that all Americans understand the public health safety issues facing our Nation, from the dangers of cigarette smoking and the need to address obesity, advocating for effective disease prevention, such as pandemic flu and HIV/AIDS.

Equally important is the Surgeon General's role in overseeing the U.S. Public Health Service Commission Corps. The Corp is comprised of more than 6,000 men and women dedicated to the promotion of effective and sound health policy and to assist in times of national public health crisis. The Surgeon General, as the Head of the Commission Corp, has the vital responsibility to ensure that the Corp is trained and ready to handle our Nation's current and future public health safety needs.

At today's hearing, we will hear from the President's nominee for Surgeon General, Dr. James Holsinger. There is little doubt about Dr. Holsinger's ability to be the manager and administrator of the Public Health Service Commission Corp. He spent a considerable part of his career working in public service, including being the top doctor of the Department of Veterans' Affairs as well as Undersecretary for the Department.

However, there have been concerns raised as we just heard in the preceding speech, about whether Dr. Holsinger should be the Surgeon General and whether he could be the top doctor for all of the people. I don't know why anybody ever puts their name up before the U.S. Senate. You take a reputation and submit it to a scrutiny that no other position in the United States would ever have.

In my recent meeting with Dr. Holsinger, I asked him a bunch of difficult questions, including whether he can be committed to representing all the people of this Nation and I found his responses to be open, forthcoming, knowledgeable, compassionate—all of the qualifications that you expect from a doctor. In addition, he stated unequivocally that he can serve as the top doctor for all of our Nation's people. I'm looking forward to having him make these statements in public today and to be given the chance to answer the difficult questions from our committee members.

Recently, his peers, medical colleagues, former co-workers have written the committee, praising his work and his dedication to the medical profession. In addition, former Surgeon General C. Everett Koop wrote to the committee in support of this nomination and Mr. Chairman, I would request that all of these letters be entered into the record.

The CHAIRMAN. They will be so included.

Senator ENZI. In conclusion, I know that Dr. Holsinger's nomination has received widespread press attention, however Dr. Holsinger hasn't had the opportunity to speak public about the allegations and concerns raised against him. I look forward to his testimony today so that he can finally address them and I hope the committee gives him a fair hearing and we'll listen to his responses so that we can determine and review his qualifications to be the next Surgeon General. Thank you so much for putting your name up for this office and agreeing to serve our country and I wish you good luck today.

The CHAIRMAN. Thank you. Dr. Holsinger. The floor is yours.

**STATEMENT OF JAMES W. HOLSINGER, JR., M.D., PH.D., OF
KENTUCKY FOR MEDICAL DIRECTOR AND SURGEON GEN-
ERAL OF THE PUBLIC HEALTH SERVICE DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Dr. HOLSINGER. Well, thank you, Mr. Chairman, Senator Enzi and members of the committee. It is indeed an honor for me to appear before the Health, Education, Labor, and Pensions Committee to discuss my confirmation as Surgeon General of the United States.

You know, this is a remarkable position. It may be one of the most remarkable positions in our Federal Government. It's a position that is held in deep affection by the American people. It's a position that is unique, perhaps unique, in being able to make a difference in the lives of all Americans.

So why would I even dream of being able to fill this position? When I look over the last 40 years of my career in public service, I've had the sense, as I've done that in the last few months that perhaps each position that I've held, in its own way, has helped to bring me to this place where I might be considered to become the family physician for all Americans.

Now, I've got a deep love of public service. It comes out of the home in which I was reared. I've spent a lifetime in medicine, trying to provide quality healthcare to everyone and I've got a deep passion for education. Public service is a high calling and being Surgeon General is a position in which one is held in high esteem.

I think that I can meet that challenge. I think that I can proudly serve all Americans as their Surgeon General. Now, I know there have been a lot of statements made about me. Questions have been raised about my faith and about my commitment to the health and well being of all Americans, including gay and lesbian Americans. I'm deeply troubled personally, as you might guess, by these allegations because I don't feel that they represent who I am, what I believe or how I have practiced medicine for the past 40 years. So I'm anxious to have the opportunity to answer those questions with the members of this committee today.

I can only say that I have a deep, deep appreciation for the essential humanity of everyone, regardless of their personal circumstances or their sexual orientation. I have tried to live out my life in the practice of medicine caring for people regardless of their personal circumstances. I am deeply committed to doing so and should I be confirmed as Surgeon General of the United States, I pledge to you today that I will continue that commitment to serve all Americans, regardless of sexual orientation or any other personal characteristic.

Thank you, Mr. Chairman. I appreciate the time to be here and appear before the committee and I'm anxious to answer the questions.

[The prepared statement of Dr. Holsinger follows:]

PREPARED STATEMENT OF JAMES W. HOLSINGER, JR., M.D., PH.D.

Mr. Chairman, Senator Enzi and other members of the committee, it is indeed an honor to appear before the Health, Education, Labor, and Pensions Committee to discuss my nomination to be Surgeon General of the United States. I would also like to thank Senators McConnell and Bunning for their support.

With your permission I would be pleased to introduce some of my family members present today. I have lived my life in company with a group of remarkable women. First, Dr. Barbara Craig Holsinger and I have been married for nearly 44 years. That fact alone indicates that she is a person with exceptional stamina! We are the parents of four daughters, several of whom are able to be here today. Dr. Anna Holsinger Bampton and her husband, Dr. James Bampton, live in Richmond, VA where Jim practices family medicine. Our second daughter, Dr. Ruth Holsinger Lewellen and her family reside in New Zealand. The Reverend Sarah Holsinger-Friesen is a deacon in the United Methodist Church and her husband, Dr. Tom Holsinger-Friesen, teaches at Spring Arbor University in Michigan. Rachel Holsinger and her husband live in Lexington where she chairs the Science Department and teaches Biology at Sayre School.

As is the case with all of us, I am the product of the home in which I grew up. My father, Brig. Gen. James Holsinger, is buried in Arlington National Cemetery beside his brother, RADM Raymond Holsinger. My 98-year-old mother, Ruth Holsinger, is here with us today. On June 15, 2009, the President of the United States will have the pleasure of sending her 100th birthday card. My parents imbued in me a love of public service and through their example in serving the American people as a part of our greatest generation; I have attempted to live out a life of service to all Americans. Barbara's mother, Betty Craig, is also here today. She makes every mother-in-law joke a bad one, as she considers me her oldest son.

Mr. Chairman, I am deeply honored to have been nominated for the position of Surgeon General. This is one of the most remarkable positions in our national government; a position held in deep affection by the American people; a position unique in its ability to make a difference in the lives of all Americans. The Surgeon General has the opportunity not only to make an impact on the lives of the people of the United States but on the lives of individuals around the world. Other nations have long desired to have such a position and even some of our States are in the process of creating State Surgeons General in order to provide health education to their people.

So, why would I even dream that I could fill such a position? As I look back over my 40-year career in public service, I believe that in many respects my previous positions seem to have uniquely prepared me to serve in this role. Through these various roles, I have been able to support significant improvements in public health and quality health care. I have attached a brief summary of specific work that I have accomplished. I bring to the position a deep love of public service, a lifetime of providing quality healthcare to everyone, and a passion for education. Impacting on the health of all Americans will require using all my skills and persuasion to make a difference in their lives. Public service is a high calling and the Surgeon General of the United States is held in high esteem. I believe that I can meet the challenge and proudly serve all Americans.

Should I be confirmed as Surgeon General, my major priority will be engaging in an all out fight against the obesity epidemic in America, and indeed around the world. Obesity is second only to smoking as the leading cause of death in the United States. Its impact on our children is becoming devastating and if we don't tackle the issue now its consequences will be too great to bear. Secondly, I will continue my predecessors' efforts to eliminate tobacco use in the United States. In my own State of Kentucky, we have pursued ordinances to ban smoking in restaurants and bars with minimal effect on their financial condition. Thirdly, I will focus on the readiness of the Commissioned Corps of the U.S. Public Health Service to meet man-made or natural disasters, including the development of rapid response teams which will place the Public Health Service at the forefront in capability for alleviating suffering in such situations. The Public Health Service Commissioned Corps should be second-to-none in its skill in dealing with these issues in the post-9/11 and Katrina era.

Now, since my nomination on May 24, there have been several statements made about me. Questions have been raised about my faith and about my commitment to ensuring the health and welfare of all Americans, including Gay and Lesbian Americans. I am deeply troubled by these claims, which do not reflect who I am, what I believe or the work I have accomplished in over 40 years of practicing medicine. I am grateful for the opportunity to address those issues with you today. Let me be clear—I have a profound respect for the essential human dignity of all people, regardless of background or sexual orientation. Throughout my 40-year career, I have dedicated myself to serving all Americans regardless of their circumstances. I pledge to you to continue that commitment especially if I am confirmed as Surgeon General.

Mr. Chairman, this concludes my opening remarks and I would be happy to respond to any questions.

PUBLIC HEALTH ACCOMPLISHMENTS

As Chief Medical Director/Under Secretary for Health, DVA (1990–1993):

- Established a registry for Persian Gulf veterans with health problems that may be related to their Gulf service, as well as three referral centers for special diagnostic problems related to Persian Gulf Syndrome.
- Developed and led the implementation of national guidelines for preventive medicine programs in VA Medical Centers.
- Launched a major effort to increase veterans' understanding of the hazards of smoking in an effort to decrease smoking in veterans.
- Implemented a smoke-free environment in all VA Medical Centers and Clinics nationwide.
- Opened four new Geriatric Research, Education and Clinical Centers designed to develop additional understanding of the medical and social needs of elderly veterans.
- Published national infection control guidelines in an effort to reduce nosocomial infections and prevent the spread of infectious diseases.
- Published the *Blueprint for Quality*, a national tool to coordinate, integrate, and streamline the quality management programs throughout all VA Medical Centers and clinics nationwide.
- Developed a physician and dentist credentialing and privileging system which was recognized and promulgated by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) as a state-of-the-art approach.
- Established the VA/DOD Contingency Planning System to provide support for Operation Desert Storm including a system of providing up to 25,000 beds for DOD usage on 72-hours notice during the ground campaign.
- Developed the first national health care plan, including preventive services, for VHA and its facilities nationwide including prevention programs.
- Supported the development and first implementation of performance measures in the VHA, which became the foundation for culture change and improvement in the system.

International Activities:

- Led an international team of Chinese, Zimbabweans, and Americans which determined the need for and planned the development of a School of Health Sciences at Africa University, Mutare, Zimbabwe, including nursing and public health programs in an effort to train young men and women for combating HIV/AIDS.
- Assisted in obtaining a USAID grant to build the facility to house the School of Health Sciences at Africa University (Includes a HIV/AIDS laboratory).
- Trained Chinese academics in Public Health approaches at Szechwan University and Shandong University, PRC.

As Chancellor of the University of Kentucky Medical Center (1994–2003):

- Developed Corporate Compliance programs to ensure access to quality care for all patients requiring treatment at UK Hospital.
- Oversaw the creation of the College of Public Health at the University of Kentucky, the first new college created at the University since 1966.
- Developed and gained approval for two new public health degrees at the University of Kentucky—Master of Public Health and Doctor of Public Health.
- Developed the rationale for housing the College of Public Health on campus to facilitate a close interaction between the colleges.
- Developed and implemented a Ph.D. program in Gerontology to train scientists to address scholarly questions in the aging.
- Developed the funding for the new building to house the UK Rural Health Center in Hazard, Kentucky.
- Issued directives to make the Chandler Medical Center a non-smoking healthcare facility protecting patients from the effects of second-hand smoke.
- Directed the creation of a Women's Health Center to study the needs of women including issues of disease prevention.

As Secretary of the Kentucky Cabinet for Health and Family Services (2003–2005), led many efforts to expand health care coverage and services, including:

- Chaired the Board of Get Healthy Kentucky, an initiative to address obesity, smoking and sedentary lifestyle and create a healthier population in Kentucky.
- Modernized Kentucky's Medicaid system by improving technology, care and benefit management and thus maximizing the number of individuals being cared for as well as improving the quality of care.

- Launched a strategy to improve Kentucky's insurance market by attracting more insurance carriers to the market.
- Advocated to promote exercise and improve school nutrition in Kentucky elementary schools.
- Initiated legislation to expand Kentucky's newborn screening program from four tests to the national standard of 29 tests.
- Launched a comprehensive survey on the preparedness of Kentucky communities to meet the needs of the aging baby boomer population.
- Expanded the Kentucky All Schedule Prescription Electronic Reporting (eKASPER) System to an electronic format to prevent the abuse of prescription drugs.
- Worked with the National Alliance on Mental Illness, to preserve the use of second-generation anti-psychotic medications by identifying inappropriate prescribing of the drugs to other individuals.
- Initiated the redesign of the delivery of services for people with mental retardation, other developmental disabilities and mental illness.

As a Professor of Preventive Medicine and Environmental Health (2005–Present):

- Developing a Patient Safety Organization for Kentucky in cooperation with and between the Kentucky Medical Association and the Kentucky Hospital Association in an effort to provide quality and safe care to all Kentuckians.
- Assisting in development of a new residency training program in Preventive Medicine and Environmental Health.
- Assessing Kentucky certificate of need legislation and its impact on access to care.

The CHAIRMAN. Well, thank you. Thank you, Doctor. We have one member of our committee, Senator Brown is going to have to preside. We'll do 7-minute rounds. But he's going to have to preside. So we'll necessarily be absent and I'll be glad to have him yield for his questions at this time.

Senator Brown [presiding]. Thank you, Mr. Chairman. I appreciate that and Doctor, I also want to thank you for your visit to my office and your candor and particularly your comments about obesity, which I want to get to in a moment. But I wanted to address some other issues first.

The outgoing Surgeon General, as Chairman Kennedy said, testified before Congress and voiced his frustrations with the Administration this way. He said, "Anything that doesn't fit into the political appointee's ideological, theological or political agenda is ignored, marginalized or simply buried." To what extent do you think scientific evidence versus political or religious ideology should influence the Surgeon General's recommendations?

Dr. HOLSINGER. Senator, I am committed to using science as the method under which I deal with issues that might come before the Surgeon General. I believe that is the position of any Surgeon General that it is the science that drives the direction in which I would speak.

Senator BROWN. There have been reports that over 50 Arabic translators have been fired from the Pentagon simply because they are gay. Given your past statements on homosexuality, what do you see as a greater threat to the health and safety of Americans—un-translated documents and intercepts from Al-Qaeda or gay people?

Dr. HOLSINGER. Well, that's certainly an interesting question that you have posed, Senator. I've not had an opportunity to think through, as you might guess, an answer to that question at all. I think that I would have grave concern for having the effective

translators that we might need in order to be able to provide for the safety of our American people.

Senator BROWN. OK, thank you for that. I asked that because as we know, terrorist attacks claimed the lives of 3,000 people. The war has since claimed more than 3,600 American soldiers and too often, this Administration has allowed ideology to override qualifications when it comes to critical positions: Michael Brown at FEMA; Harriet Miers for the U.S. Supreme Court; and Monica Goodling at the Department of Justice. I just don't want to see us go down that road again.

Let me shift to the issue that we discussed for a moment, for a few moments in my office about obesity. A couple of specific questions and then I'd like to get your feelings generally on what we do with the questions of obesity and especially children. Then I'll just ask all three and then take the rest of the time for you to answer. Do you think that junk food, like sodas and soda pop, sugar cereals should be advertised on television to children? Do you think we should ban all junk foods from being sold to children in schools? And then, in the context of the larger question, what are the specific five things you would do to make a difference in the obesity epidemic among children, but specifically if you would, give us five but I'd like to hear your answer on soda, chips, sugar cereals and junk food being sold to children in schools.

Dr. HOLSINGER. Well, I think as you are aware, Senator, I had the opportunity to work diligently with one of our State Senators, Alice Forgy-Kerr in putting through a healthy children's bill through the Kentucky legislature in the 2005 legislative session. This was an effort to specifically deal with, in Kentucky, the issues surrounding the vending machines in our schools and the food served in our school cafeterias. There were remarkable things that came to light, obviously, as to what was available in the machines and we moved to try and develop a situation where our Department of Education and the School Board for the Commonwealth of Kentucky would issue the appropriate regulations to control the types of food that appeared in those vending machines. They did an outstanding job of doing that.

In addition, though, we found very remarkable things, such as taking already deep-fried chicken nuggets and thawing them by throwing them back into the deep fat fryer and re-greasing them once again. So we worked very diligently to try and develop an approach that would provide for much healthier food in our school cafeterias.

I believe that there is a real place for legislative action in the area of what appears in the vending machines within schools. Junk food certainly causes major issues as far as the obesity epidemic is concerned. I think that if you look at a variety of the kinds of things that can be done—first of all, let me say that should I be confirmed as Surgeon General, one of the first things I would try to do is to bring together a Best Practices conference to determine what are the best practices out there that we could attack the problem of childhood obesity in a concerted way, putting all of our time, effort, energy and money, both from within the Federal Government, the State and from private sources, into the fight for obesity, childhood obesity.

I think that it is awfully easy for us with so many organizations involved, to run in parallel and not to pull ourselves together where we are actually pinpointing the places where we can make the biggest difference in the lives of children the quickest. Clearly there are issues, as you mentioned, around the issue of various foods being advertised. I think that I would be willing to work very closely with the appropriate agencies to look at how we might address those issues in a way that would be positive for our children and for dealing with the obesity epidemic.

Senator BROWN. Would you lead an effort to ban advertising of junk food to children on television and radio and newspapers?

Dr. HOLSINGER. I think that that would be an effort that I could join in, with whichever was the appropriate Federal agency. It is obviously not the specific thing that a Surgeon General can put into place but he can certainly stand on the bully pulpit and deal with the issue of attempting—

Senator BROWN. And you would do that?

Dr. HOLSINGER. I would do that.

Senator BROWN. Last question. If this or a future administration pressured you to modify your medical advice in a way that counters prevailing science, what would you do?

Dr. HOLSINGER. Well, the first thing I would do is to work to use the tried and true leadership techniques that I've used throughout my life, which is one of bringing people to consensus in an effort based upon education and I would use the science to attempt to educate the policymakers that were involved in an effort to bring them to a point where the science would have the appropriate impact. I think that I would utilize my personal ability to do that kind of leadership in an effort to make a difference.

Quite candidly, if I were unable to do that and I was being overridden, if necessary, I would resign.

Senator BROWN. Thank you.

The Chairman [presiding]. Thank you. We're going to accommodate our colleagues on both sides, necessarily scheduled. As I said, we'll have 7-minute rounds. Doctor I want to come back to the issue of science because we have seen and it's important. I mean, you've had important references about your humanity and there is testimony. I want to indicate that I read letters from your children as well. You probably don't even know about it but that's certainly very decent and wonderful. I don't think there's any question about that.

The challenge that I think that we're facing in terms of your particular position is whether science and—ideology overrules the science of our time and the information that is available. As has been pointed out, we have seen with regards to the environment, global warming, the distinguished leader at EPA, Mr. Hanson saying that ideology overrode science. Many of us believe that that's been the same with regard to stem cell research, many of us. We saw it with regards to the FDA and the Plan B program. We listened to it on the networks and in testimony yesterday from Dr. Carmona, talking about it.

So this is something that is enormously relevant and you wrote a very important paper. In fact, it goes back to 1991, where there are so many that say that you did not look at the real science and

that you were controlled by ethics and by your morality and religion, all of which are admirable elements and all of which have value in terms of politics—ethics—and in terms of making judgments and decisions. But the issue is, did you avoid available science in terms of your particular document at that time?

That's a very important issue and a second related issue, particularly when we have, at this time, so many different studies that have been done by the American Psychiatric Society, American Psychological Association, American Academy of Pediatrics, American Public Health Association, World Health Organization—all of which had very important scientific information on what, as I understand in reading the notes from the meetings of your superiors when you were tasked to do this study, were directly related to the subject matter in which you were challenged to and all of that scientific information was effectively ignored. None included.

And what we also had in this situation, in this paper, is the fact that you quoted three different articles—your paper cited three sources in the bibliography that were not used or cited in the paper. Torre, Busch and Eckert. You cited these sources. They had nothing to do with the issue of homosexuality as sexual preference and I'm unsure why you included them. It looks like obvious padding of a bibliography, that's what it appears. I mean, you added this information and all of whose studies come to different conclusions than you raised. But you cited them in terms of support for your outcome.

This raises serious questions about your willingness to use the best in terms of science and it's against a very challenging background that we have seen on this and I want to give you an opportunity.

We're limited on the time as well but I want to give you an opportunity to address it and then I want to give you an opportunity to explain whether this is the same view that you have today as you had then and if it isn't your same view, do you have a different view and what is the basis for that different view? So that we can really give not just to the committee but really, to the American public, should you be confirmed that you are going to follow the science and that you are going to have the kind of basic and fundamental integrity to speak truth to power, should it come, as we've seen it out there. That's what I'd like to try and do, at least in my first round, if you'd be good enough to address that issue. I can get into greater specificity about it but you know what I'm talking about in this question.

Dr. HOLSINGER. Certainly, Mr. Chairman. Thank you. I think that it would be helpful to perhaps understand the context a little bit better on the paper. The paper I was asked to write, I was asked to deal with certain specific issues because the other ones had already been covered in other papers that had been presented to the committee over a significant period of time. I was asked to do essentially a letter to review the health issues surrounding the issue of homosexuality. It was not a paper dressed to the question of sexuality but to homosexuality specifically because that's what the committee's charge by the 1988 General Conference was.

There was no attempt to pad the bibliography, Mr. Chairman. The situation was simply that in the case of paper after paper that

were presented to this committee, we offered additional information besides what was quoted in the papers in an effort to provide reading material potentially for the individuals who were on the committee. Members of the committee brought in papers that they found or news articles that they had discovered.

I've gone back also and reviewed my files on the committee's work. They stand about a foot and a half tall. So there were a significant number of documents that were provided. I did not attempt to write a definitive scientific paper. I was writing for a lay audience composed of theologians, biblical scholars, pastors, individuals that had a Christian emphasis who had difficulty understanding some of the issues surrounding the practice of homosexuality and that was my sole intent, was to try and provide them with the information that they indicated that they needed in order to be able to make their own decisions about what direction things would go.

The CHAIRMAN. Well, your response is, your bibliography is just to add different, additional information so that it could be used as reference material for people? That's rather a bizarre view of a bibliography, isn't it? I mean, don't people generally include in the bibliography the references that support their positions or that are used about—that was always my sense about it.

Dr. HOLSINGER. Certainly for a scientific paper, it would be a bizarre use of a bibliography. This was not written as a scientific paper. It was written for a lay audience to have the assistance that they felt they needed in order to be able to move forward with their work. So I was simply using the same techniques that other people had used, which was to provide a maximum amount of information for other members who might want to have additional papers and information that they could look at.

The CHAIRMAN. But if it's the literature review, why would you not then reference the most prominent medical journals and scientific journals that the country has? I mean, in terms of the American Academy of Pediatrics, the Public Health Association, the Psychiatric Association, the Psychological Association or the World Health Organization? The list of distinguished publications that all come to rather dramatic different kinds of conclusions. If the bibliography is to try to inform and give greater information to people to understand what this issue is, why would you not—did you think about it, about providing it? And then I have one further question and then I'll yield.

Dr. HOLSINGER. I thought that much of that information had already been presented in previous papers and in previous discussion. I thought that I had a very narrow focus that I was asked to discuss and that was what I was attempting to do, Senator.

The CHAIRMAN. OK. Just finally, are we to understand then that your paper represented your understanding of the best science that was available at the time? Is that a fair characterization?

Dr. HOLSINGER. I'm sorry, I didn't mean to interrupt you, Senator. It represents the literature search that was done for me through our library. I happen to have a copy still in my file of that original Med-Law search and it was from that Med-Law search that I went to and worked to obtain the documents that I used to perform the literature review.

The CHAIRMAN. Just finally and your position today, given as a medical official and obviously as a doctor. Is your position the same as it was then, based upon your own understanding and reading of various journals and articles that are in the scientific community and if it is different, how is it different?

Dr. HOLSINGER. I think that the issue is very different today. We are nearly 20 years past with the majority of the papers that were cited. They were 1986, 1988 papers, as I went back and looked at it. We're now 20 years later. I don't even think the same questions, Mr. Chairman, would be asked today as were asked 20 years ago, at the height of when Dr. Koop was having his hardest work on the whole HIV problem. The issues that appeared in the review would not even be the major issues in front of our gay and lesbian community today.

The CHAIRMAN. I've overstayed my time. I'll come back. Thank you very much.

Senator Enzi.

Senator ENZI. Well, this isn't where I had intended to start but I will anyway because we can all see that there are—have been concerns I guess raised about your willingness to serve the gay and lesbian population if you are confirmed as Surgeon General. It seems to me an important question in this discussion is whether you would render medical information and treatment to all persons, regardless of race, sex, age or other status. So could you perhaps provide some examples where you've provided medical information or treatment to gays and lesbians and/or promoted initiatives that have been of benefit to the health of the gay and lesbian community?

Dr. HOLSINGER. I'd be happy to do that, Senator Enzi. Yes, I have worked diligently throughout my 40-year medical career to provide quality healthcare to everyone, regardless of the various personal characteristics that any of us may have, including our sexual orientation and I think I can demonstrate that through several ways.

First, in 2002, I came under intense fire politically in the Commonwealth of Kentucky because our Women's Health Center was holding a conference in which a major section of it was dealing with the needs, the health needs of our lesbian population. I believe absolutely that everyone needs to—everyone who is a practitioner—needs to understand the health needs of our gay and lesbian community in an effort to be able to provide quality healthcare to all individuals. So I fought fiercely for that, even though I had a huge political pushback on it. In fact, our budget was actually being threatened in the State legislature.

I have, as you all know from the letters that you have received, when I have been—I'm often asked by people to help them with healthcare issues. They come to me for advice on who to see as a physician and help to get into an appointment and this sort of thing. I clearly have done that regardless of a person's sexual orientation, as you know from some of the letters that you have received. I feel that it's part of my role as a physician to broker healthcare for all individuals. One of my dearest friends at the University of Kentucky, late one Friday night, received a phone call that he had been diagnosed with cancer of the colon. He called me

early on Saturday morning to tell me what had happened and I asked him, I said, "Where are you?" And he said, "I'm at home" and I said, "Well, stay right there. I'm on my way."

And I went to his home and I worked with him and his partner as we worked through the issues of what he might expect with a diagnosis of colon cancer. I walked with him through that entire period of 3, 3½ years until his death occurred. He was one of my dearest and closest friends. It was catastrophic, both to all of us and to our university when he died of his colon cancer.

I had the opportunity back in the late nineties and early part of this century, to work with Africa University in Mutare, Zimbabwe. In the creation, I led an international team of Chinese-American and Zimbabweans health care professionals in putting together a plan to help them deal with the AIDS crisis in Sub-Saharan Africa. There, as an educational institution, we came up with the fact that the best way to do that was through the creation of a School of Health Sciences with a program in nursing, which they did not have and one in public health, in an effort to educate young Zimbabweans and other Africans to be able to enter the fray on the field and deal with the AIDS crisis in Africa. I helped them obtain a USAID grant to build the buildings, which houses one of the few AIDS laboratories in all of southern Africa and they are in the process now of working with an American institution to field test an AIDS vaccine in Zimbabwe.

My point simply is that I don't believe there is a place in my life as a physician to do anything that would be inimical to the healthcare of anyone, regardless of their personal characteristics. The AMA has taken a strong position on this issue and as an AMA member, I'm proud of what we've done in trying to say that for physicians, it makes no difference what a person's personal characteristics are. We want to take care of them.

Senator ENZI. Thank you. I'll switch to a different topic then because I believe that smoking is a critical issue and you've indicated that reducing the health burden of tobacco is important to you. Being from Kentucky, how did you approach this issue and what role do you believe the Surgeon General can play in that issue?

Dr. HOLSINGER. I live in the largest burley tobacco growing State in the Nation and until just a few short years ago, my home county of Fayette County was the No. 1 burley producing county in America. It is a key issue in Kentucky and we tackled this—we had the lowest cigarette tax or the second lowest cigarette tax in the country at 3 cents a pack. I wanted to go to the national average. I pushed hard for 75 cents. Through the political process, we got 30 cents, a 10-times increase. But out of that just in the 3 short years since then, we have watched what we knew would happen because of the price sensitivity of tobacco products to teenagers, we've seen an 11 percent decrease in teen smoking in the Commonwealth of Kentucky.

When I was Chancellor of the University of Kentucky Chandler Medical Center, I made it a smoke-free facility. That, in its day, in the late—mid to late nineties, was a remarkable accomplishment in the Commonwealth of Kentucky. I took VA Medical Centers smoke-free back in the nineties.

I have testified for local ordinances. For example, in Louisville for local ordinances to ban cigarette smoking in restaurants and bars and I'm happy to say, the election in Kentucky in my hometown has one of the strongest local ordinances in Kentucky. We now have 12 to 15 different counties and cities that have taken this step and I believe that there is a strong place for commonwealths and States all across the country to move in this direction.

Senator ENZI. Thank you. I've almost used up my time.

The CHAIRMAN. Thank you.

Senator MIKULSKI.

Senator MIKULSKI. Thank you, Mr. Chairman. Well, Dr. Holsinger, we meet again.

Dr. HOLSINGER. Yes, Senator.

STATEMENT OF SENATOR MIKULSKI

Senator MIKULSKI. I remember our meeting from 1990 to 1993, you were the Medical Director of VA and I chaired the Senate committee on Appropriations that dealt with VA. As I recall during those 3 years, we did not have a good time together. We clashed on a number of issues.

As I recall those times and reviewed the record, our experience with you was that you resisted change in the area of quality control. You were often indifferent or dismissive of oversight when it came to the healthcare of women veterans and also sexual harassment at VA medical facilities. I'm going to review the record and then I'm going to ask you what's changed, if anything.

I recall that in 1991, soon after you were appointed, a GAO report, along with newspaper accounts indicated that there was a very serious issue of quality control at several VA hospitals and in particular, there were even a particular hospital in which six veterans had died. You told the committee that yes, there were management changes but no system was perfect and then you were resistant to changing some of the systemic problems at VA.

Then at that time of great reform coming from this committee, we worked on mammogram quality standards and also something called CLEA, the Clinical Laboratory Improvement. It came because a large part, we found, was laboratory problems and particularly in the area of pap smears. We asked you to implement CLEA at VA but you fought us tooth and nail to adopt CLEA standards at VA and when I directly watched your attention to problems with pap smears, the record will show, if one chooses to review it, that you told me it would not be a problem. VA didn't do a lot of pap smears.

Then we had the unhappy situation of sexual harassment at Atlanta Hospital that was so pervasive that even the Inspector General called it the worst scandal since Tailhook for which there was then a culture of silence in terms of both at the Atlanta Hospital and then others. I will not read what the Inspector General found that were often the comments that were directed at women staff. That would be too inappropriate to share with the committee.

There was a culture of silence and the response of your leadership at VA was just to kind of move people around. So we kind of went at it for some time, as you know and then when there was a change in administration, you then chose to go to Kentucky. But

for those 26 years, I can't speak to that. But I can raise those issues about when we did this.

You know, I believe we all change and this was 15 years ago. So my question to you is, what has changed? The Surgeon General is the advocate for all of the people. Senator Kennedy raised those issues. You know my concern about women's health. But it's also about quality and yet, our experience was that you advocated the status quo, whether it was on quality of care, the treatment of women in healthcare and also a culture of sexual harassment that had developed at some institutions.

So now, as we look at your role to be, the chief spokesman in the area of healthcare for the United States of America and to be an advocate, what has changed? And what can I count on you to have changed in those years that have transpired since that really very unfortunate time?

Dr. HOLSINGER. Yes, thank you, Senator for keying up that question. First of all, let me just simply say to begin with that I hope, should I be confirmed as Surgeon General, that you will give me the opportunity to work with you to work for the health and the well-being of the people of Maryland and of the United States. I would relish the opportunity to do that.

I could go back and provide countervailing arguments to many of the things that you've said. I think that would be nonproductive. I think what you want to hear from me is who am I?

Senator MIKULSKI. Who are you now?

Dr. HOLSINGER. Who am I now? I believe that as a person that I am a deeply compassionate person that I care greatly for the issues around women's health. As you have seen, I have four daughters, who I am exquisitely proud of. They are an outstanding group of young women. I have mentored women throughout the last 15 years, actually before that but specifically through the last 15 years and there are a number of women who come to me for mentoring because they feel that I am willing to do that when perhaps other people are not.

I have had the opportunity and for example, just in the past year and a half, as a faculty member at the University of Kentucky in our College of Public Health. Our College of Public Health has the most diverse student body of any college at the University of Kentucky. It has a predominant number of women that are our students in and among our faculty and I have the joy of working with them on a day-to-day basis.

Senator MIKULSKI. Well, first of all, I salute you in terms of your family and we acknowledge this. This is not easy. I know it's not easy for you and it's not easy for us to have to bring this up but we do have the responsibility of advise and consent. I want to go to organizations. I want to go to systemic change. I believe that the individual efforts that you've just recounted are really quite positive. But I want to go to where you would be as the Surgeon General and what do you envision?

Let's take the issue of quality of care. You say we have the best healthcare system in the United States of America, yet we do know we need to improve quality. We've been a great advocate of the new, electronic record system to eliminate errors, drug safety, et cetera. Where would you come in and how would this be different

because you seem to be resistant of regulatory change or Congress advocating change that improves quality. What have you done in that and where would you see being the Surgeon General in terms of quality care from an organizational and systemic and cultural approach?

Dr. HOLSINGER. Well, Senator, I am a strong advocate for change in our structural systems. Let me give you an example. I signed at the time, the largest contract ever signed at the University of Kentucky—\$70 million to put in a new electronic medical records system, including all the facets of it. I believe we must move in that direction if we're going to improve our quality of care in America. We know the IOM reports over issues surrounding deaths from errors in American hospitals and across our medical system. We can't stand to keep that going. We must make systemic changes. We do need the support of Congress to do that, obviously.

I served for 6 years on the Board of Commissioners, the Joint Commission on Accreditation of Health Care Organizations. I've been up to—

Senator MIKULSKI. Do you have ideas and recommendations that you would do as Surgeon General?

Dr. HOLSINGER. I believe—yes. I think that I would strongly advocate for an electronic medical record that would allow us to provide information across facilities, across practices in an effort to be able to take your record with you, in essence, so that you, as the individual, can have what you need, wherever you might be seen in a facility in America or in a physician's office. We've got a situation right now where it is so fragmented that we can't provide the kind of quality care to all Americans.

Senator MIKULSKI. So we're up to electronic records. Do you have any other ideas?

Dr. HOLSINGER. Yes. I think that we need to move ahead with dealing with the issues of drug/drug interactions in a way that will reduce the errors that occur that result in people's death or their additional impact on their lives. I think we need to move forward in looking at how we can, as a people, have a better understanding through our education of our healthcare practitioners and the needs of all Americans and how we take care of them.

Senator MIKULSKI. Mr. Chairman, I see our time is up. We'll come back. I know you've been generous.

The CHAIRMAN. Fine. Thank you very much.

Senator Isakson.

Senator ISAKSON. Thank you, Mr. Chairman. Dr. Holsinger, your prepared remarks make reference to your 98-year-old mother being in the audience. I've looked all over for a 98-year-old person. I don't see one.

[Laughter.]

Is she here?

The CHAIRMAN. Aww, there's a smooth-talking gentlemen here. We've got a smooth talker. We love it. We always benefit from that southern charm.

[Applause.]

Senator ISAKSON. I was hoping Senator Burr would be here for her to say hi to him. Doctor, you answered Senator Brown's question on scientific influence, on scientific decisions, I think in the fol-

lowing way. He asked you if the President of the United States or his or her emissaries tried to get you to take a position that you believed was scientifically incorrect, that you would do everything you could to advocate why you thought that was true but in the end, if you were being asked to take a position you believed was scientifically incorrect, that you would resign. Was that your answer?

Dr. HOLSINGER. That's potentially my answer but there's an awful lot that goes in between those two steps.

Senator ISAKSON. Which is my point. I want to ask a second question. Let's just assume that the President of the United States for whom you work, he or she, comes to you and asks you to take a position that you believe is morally wrong. You would advocate your moral position, reasons why and in the end, if you did not prevail, would you resign then?

Dr. HOLSINGER. I would.

Senator ISAKSON. Then you reached the \$64,000 question, which all of us in government have to deal with lots of times and that is, where there are both moral and scientific implications. What do you do in that case?

Dr. HOLSINGER. I think that you must balance those. I think we cannot have unfettered science without moral and ethical implications being looked at on all of those kinds of things. I think that it's clear that there are balances. I think we cannot have simply unfettered moral or ethical things that depend on our individual propensities. I think we need to work together to come to a consensus around the best approach to meet the needs of Americans and to meet our own moral and ethical standards as a people.

Senator ISAKSON. Well, I appreciate that answer because having been in an appointed administration position, nonelected position myself, chairing the State Board of Education, I had to deal with the whole issue of sex education—at what grade it was appropriate, what was appropriate and obviously that has many moral and scientific implications, which in the end, we came to the decision that the parents should make the decision. We should provide the information and they should know the curriculum. If they felt it was inconsistent with their beliefs, they could opt their child out of the curriculum but they couldn't deny everybody else because of it. Those are the types of issues where both morality and science, in fact, do come into play.

Dr. HOLSINGER. Correct.

Senator ISAKSON. And I appreciate the way in which you answered both of those questions. On the obesity question, I read and I'm sorry I didn't bring it. I meant to. I read a couple of days ago and one of the things I read that some of the obesity programs, information programs around the country that have been attempting to reduce student consumption of concentrated fats and fast foods and all those other things, had done a pretty good job of awareness but hadn't done anything to reduce it.

You've worked a lot on obesity in Kentucky. You've made reference to policies and procedures in the cafeterias in terms of frozen food, not refrying them, things like that. Are there other things like that you did in Kentucky in this obesity program that have actually paid dividends in reducing it?

Dr. HOLSINGER. We have also worked very diligently trying to bring about change in the whole area of our sedentary lifestyle. Kentucky is a remarkable State from a variety of points of view but we are also remarkable from a variety of points of view that aren't so positive. We have one of the largest percentages of our population being obese or overweight, both among adults and children, of any State in the country and we're also one of the most sedentary populations in the United States. The cogging of these two things are obviously exquisitely important and one of the problems that we have faced and which I think is not unusual across the various States of the union, has been the difficulty in getting the whole concept of how we can develop physical exercise within the school day without it impairing the ability for our teachers to teach and students to learn and meet the testing requirements.

It usually comes back to physical education as being the result. I'm talking about physical exercise. I think there are a number of ways that we could help our teachers, increase the amount of movement of children within the classroom that would allow for additional exercise than what is normal in the school day. So we worked hard to try and bring that about. We failed in our 2005 bill. We came back again in 2006, failed again. We're not through with that effort in Kentucky but I think we have to deal with the whole issue of our sedentary lifestyle as Americans and particularly for our children.

Senator ISAKSON. I too, appreciate that. You know, C. Everett Koop got great praise for his AIDS initiative but he also got me to quit smoking, which is one of the smartest things I ever did and he was a great advocate. I think the role of the Surgeon General and there are clear examples—Senator Kennedy's introduction pointed out, where there are clearly people in history in that position who've made a remarkable—had a remarkable impact on health without banning things or doing things by fiat but instead by taking the bully pulpit and using it.

On the obesity issue, I think that is the issue before the next Surgeon General and I think it is where that next Surgeon General can make a major difference. We have some good examples of where businesses and food producers have voluntarily gotten rid of trans fats or set targets to do that. The soft drink industry, both Pepsi and Coke have voluntarily began taking positions on what they will and will not vend in vending machines.

You as an advocate, being outspoken and talking about the benefits to people—which is ultimately why people do anything—can make a remarkable difference so I would just encourage you, should you be confirmed for this position, to take that advocacy role to its fullest, not only on obesity but the other initiatives that are so important to the quality of life of Americans. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very much.

Senator Murray.

Senator MURRAY. Dr. Holsinger, welcome to the committee. You and I have not met. I was one of the offices that you did not choose to come and talk to beforehand so this is my first opportunity to have a discussion with you and I think you may know from the past that I care deeply about the offices of FDA and the Surgeon

General and the independence of those offices because those of any in our government are ones that everyday, average citizens have to really count on, rely on. It takes an incredible, impeccable resume of a wide variety of people across this country to place their trust into somebody and we certainly do need that in a number of areas in the medical profession today, to have the trust of this country as we move forward, whether it's on obesity or whether it's on teen sex or whatever the issue is.

So this is extremely important and I am deeply troubled by a number of the decisions made by this Administration and that's why I'm looking at your background and your answers today as extremely important. Senator Mikulski and Senator Clinton and I have had to fight this Administration tooth and nail to ensure that women have access to safe and effective drugs and we've watched some pretty misleading ideology be placed in a number of very important critical positions that are deeply troubling and obviously, this week as we heard past Surgeon Generals testify that they were censored, their speeches were edited—these things are deeply troubling to all of us because we need someone in this office that can be independent that Americans trust.

So having said that, let me ask you, you obviously have heard the testimony of Dr. Carmona this past week and having been subjected to political interference based on ideology and religious beliefs and I wanted to know what your reaction was as you heard him testify.

Dr. HOLSINGER. Well, first of all, I've not had the opportunity Senator, that I know of, to ever have met Dr. Carmona so I have—

Senator MURRAY. You've certainly heard about his testimony this week.

Dr. HOLSINGER. Right. Oh, I have. But I'm just saying, I've not had the opportunity to have a direct conversation with him about his work.

Senator MURRAY. I'm not asking you about him. I'm asking you about the fact that he felt that he was told to edit his speech and do different things based on political beliefs, not based on himself. What was your reaction personally when you heard that?

Dr. HOLSINGER. Oh. I would obviously be deeply concerned that any Surgeon General would feel that that has occurred. Certainly from my perspective, I would commit myself to, should I fill this job, to using the science as the basis on what might—

Senator MURRAY. But do you think what he testified to was inappropriate or was it just part of his job?

Dr. HOLSINGER. Since I don't have the firsthand experience in knowing, it's hard for me to answer that question, Senator.

Senator MURRAY. Well. OK.

Dr. HOLSINGER. I would be troubled if that were to happen in my life, obviously. So I can understand where he might feel the same.

Senator MURRAY. But do you think it's appropriate for the White House or for HHS to edit speeches that you were to give?

Dr. HOLSINGER. I'm struggling with having an understanding of how I think that would happen. The three things that I think are of overriding importance going into this position, should I be con-

firmed are obviously obesity. The second one is smoking and the third—

Senator MURRAY. I heard your issues and I appreciate that. I want to know, if the White House told you that they wanted to edit your speeches, what would you tell them?

Dr. HOLSINGER. First of all, I would sit down and talk through the situation and find out what the issue was that they wanted to edit, if that were the case and then determine whether I thought it was appropriate for it to be so edited. If I didn't think it was appropriate to be so edited, then I would have a conversation with the appropriate people to discuss my position.

Senator MURRAY. If you were told to mention the President at least three times in every speech, would you do that?

Dr. HOLSINGER. Well, it would clearly depend on what the speech was, whether it was appropriate to or not. If there were no reason to, then I would probably not find myself in a position to do that.

Senator MURRAY. If you were Surgeon General and there was an extremely important scientific report that was out there and you were told, do not release that report, what would you do?

Dr. HOLSINGER. If I felt that it was of overriding importance, as I said before, I would resign.

Senator MURRAY. What would be of overriding importance to you?

Dr. HOLSINGER. It would depend on the particular situation and what the report was about. It's hard for me to speculate exactly what that might be. I have not had that experience. My problem is, I gave many, many speeches in 2 years as Secretary in the Commonwealth of Kentucky. I was never told by the Governor to mention his name. I was never told—my speeches were never vetted. I don't anticipate—

Senator MURRAY. And you may be asked to do this. What would you say to somebody from the White House if they told you that they did not want to release a report? What would you say?

Dr. HOLSINGER. I would say, I would sit down and say, "let's talk about it. Let's find out what the issue is. Let's find out whether we can reach any kind of consensus on what is the appropriate way to go." If we can't and I felt it was of overriding importance, I would quit.

Senator MURRAY. Can you give us an example of an area that you would see as a conflict between yourself and what you have seen from this Administration, regarding any of their decisions? At FDA or health-wise, in the last 4 years?

Dr. HOLSINGER. I'm struggling with trying to figure out how to pick out something because it's—I have not been tracking all of those kinds of issues as closely as I might of, if I had known I was going to be nominated for Surgeon General of the United States. I haven't had the reason to. I've been busy with Kentucky. So if you could help me—

Senator MURRAY. Let me ask you a specific one. For the past decade, the Federal Government has spent more than a billion dollars on unproven, dangerous abstinence only programs. It's been the most dramatic fundraising—or funding increase occurring during the Bush administration for the last 6 years and a 2004 report by the House Committee on Government Reform revealed that many

of the most common abstinence-only curricula contained errors, contained distortions, contained stereotypes. If you had that scientific report in front of you, what would you say to the Administration?

Dr. HOLSINGER. Well, if it was one that I was supposed to sign off on, I wouldn't be able to. I mean, if there were distortions and inappropriate—

Senator MURRAY. What do you think—tell me what you think of the abstinence only studies that have been done?

Dr. HOLSINGER. Well, I don't—I have not had an opportunity to study them or the science surrounding abstinence education and so until I was able to do that, I could not give you an informed opinion.

Senator MURRAY. So you don't have an opinion on abstinence only studies—abstinence only curricula at all?

Dr. HOLSINGER. Oh, I think abstinence is one of the mechanisms that we can use in dealing with issues around unplanned pregnancies.

Senator MURRAY. What about STDs?

Dr. HOLSINGER. And STDs as well. But I'm just saying, I have not studied the literature to be able to give you an informed answer. That's all I'm saying.

Senator MURRAY. As Surgeon General, if you were asked about whether or not the correct and consistent use of condoms or other methods of contraception is an effective way to prevent unintended pregnancy, how would you answer?

Dr. HOLSINGER. Well, I think condom use is an important approach to unintended pregnancy. I would encourage condom use.

Senator MURRAY. For young people? Unmarried people? Would you qualify it?

Dr. HOLSINGER. Well, yeah, I think that the—I would certainly do that for individuals that—

Senator MURRAY. As Surgeon General, you would be speaking across the country or talking to a group of high school students—

Dr. HOLSINGER. If you're talking about—

Senator MURRAY. If you're talking to a group of high school kids and you're asked a question about the use of condoms for young people, how would you respond?

Dr. HOLSINGER. I would respond that that is one of a number of appropriate means of birth control and prevention of STDs. I would also talk about others. It's just the fact that they need to have conversations with their families around their sexual lives and what's appropriate. I think that I would encourage them to consider abstinence as one of those possibilities. I think that they need to be fully informed as to what the science shows as far as the ramifications of unplanned teen pregnancies and the impact it has on the lives, usually on the mother, not the father and that we need to have a fully informed group of young people in this country.

Senator MURRAY. What about Plan B? How would you respond if you were asked about that?

Dr. HOLSINGER. I think Plan B is available. So I don't know why that would be an issue.

Senator MURRAY. Mr. Chairman, my time has expired. Thank you.

The CHAIRMAN. Thank you.
 Senator Allard.

Senator ALLARD. Mr. Chairman, thank you and I want to welcome you to the committee here, Dr. Holsinger. You do have an outstanding academic resume when I look at it, having graduated from medical school and then proceeding on to become a Ph.D. and then actually Chancellor of a university. You then spent a considerable amount of time in public service. I congratulate you on being willing to serve the people of Kentucky and also the people of the United States. Right now we're looking at you as a candidate for Surgeon General, which in my view, is an extremely important position as far as healthcare is concerned and I do think that your record as a public official is very important.

I'm interested in your serving, first of all, as Secretary of the Cabinet for Health and Family Services. During that time, Kentucky was the only State to receive an A on the school foods report card. Can you detail what changes you undertook that supported this award as well as discuss what you consider as some of your other accomplishments in that and if you think it's appropriate to carry that experience to the Federal office?

Dr. HOLSINGER. Thank you, Senator. I'm very proud of the fact that Kentucky, which has been noted for not often having very high marks in many of our health issues, received that No. 1 ranking in that report and it came about clearly because of our work on the Healthy Children's bill in our 2005 legislative session.

But we couldn't do that alone and as part of what I was involved with during that time, I also chaired the Healthy Kentucky Board for the Commonwealth of Kentucky. This was a group of individuals that came together to try and deal with these specific kinds of issues—whether we can make a difference in the lives of all Kentuckians. And with their strong support, we were able to get the bill passed and also with their strong support in working with our Department of Education and with the State School Board, we were able to get very, very good regulations written on the issue of vending machines and the school cafeteria program as well.

I think that the fact that we were able to work together in a collaborative method, in an effort to bring together all the people that needed to be there to make a difference is one of the reasons why we were successful and we were able to bring together both people from across the isle, because as maybe you're aware, we have a Democratic-controlled House of Representatives and Republican-controlled Senate and so it was necessary to work with both portions of our legislature in order to be successful.

I think that we also, though, need to be prepared to deal with the sedentary life issue as in Kentucky and that one has so far been slightly beyond us. We do have now a Governor's Physical Fitness Council, which is making inroads, I believe, in that problem but we're still going to need some legislative assistance to make the difference.

Senator ALLARD. And I assume that also, you view that as a problem nationally?

Dr. HOLSINGER. It is a problem nationally.

Senator ALLARD. Now, you were also Undersecretary of Health for the Veterans Administration under Secretary Brown and as a

part of the Clinton administration. When you left, I understand that you had some positive statements from Secretary Brown about your work there. Can you give us some examples of your work as Undersecretary of the VA?

Dr. HOLSINGER. Well, one of the key things that I was faced with in August 1990, when I arrived as Chief Medical Director and then became Undersecretary of Health in the VA was the issue of the quality of healthcare in VA hospitals. One of the first things I did was to bring in an Associate Chief Medical Director for Quality and Management, Dr. Galen Barber. And Galen's major assignment was to develop a Blueprint for Quality for the VA. That document was produced and was moved forward and became basically the basis for the growth in the development of all of the quality efforts within the VA over the years to come. It was a bedrock document that he produced under my overall leadership. We worked at—

Senator ALLARD. Is that document being used in this current Administration?

Dr. HOLSINGER. The document would be outdated now because things have progressed in quality management techniques beyond where we were but at the time when we came in, the quality management techniques in the Veterans Health Administration were over 20-years old. They had not kept pace with the scientific knowledge and quality management that was present at the time. Things have grown past that subsequently.

One of the first things I was also faced with was the fact that in the previous 11 years, in 8 of those, there had been a GAO or IG report stating that the VA's Credentialing Program for Physicians and Dentists was broken. One of the first things Secretary Diwinsky gave me as a task, he said, "You've got to fix it" and I told him, I could fix it and I would fix it. And that was clearly demonstrated a year later, when the Inspector General went out and did another survey and came back with a report that the system was fixed and part of the Joint Commission used that system as a best practice for years in their Joint Commission Accreditation visits.

Senator ALLARD. One other thing I'd like to clear up for the record. My understanding is that you did offer to meet with all members of the committee. Is that true?

Dr. HOLSINGER. That was my understanding that the staff of the Department of Health and Human Services—

Senator ALLARD. Had extended an invitation for you to meet with all members.

Dr. HOLSINGER. That's correct. I was hoping to meet with every member.

Senator ALLARD. And the staff had informed you they'd made that effort?

Dr. HOLSINGER. That was my understanding, yes.

Senator ALLARD. Yes. And did all of them choose to meet with you or not?

Dr. HOLSINGER. I did not have an opportunity to meet with every member of the committee, no sir.

Senator ALLARD. Well, did the staff inform you that any members of this committee chose not—said they just didn't have time to meet with you or what was the response?

Dr. HOLSINGER. I was not informed that that occurred. It was simply that——

Senator ALLARD. It was just that you just didn't have an opportunity to meet with all of them?

Dr. HOLSINGER. Well, these were the members that had been able to find time for me to meet with them and that apparently, others did not.

Senator ALLARD. I see. And, now——

Dr. HOLSINGER. To my knowledge, no one refused to meet with me is the point I'm trying to make, Senator. I have no knowledge of that.

Senator ALLARD. OK. But that was handled through the staff.

Dr. HOLSINGER. That's correct.

Senator ALLARD. Yes. Not through your own personal decision necessarily.

Dr. HOLSINGER. Well, I was willing—more than willing to meet with any member.

Senator ALLARD. Yes, it was important, I think. Can you tell me a little bit about some of your goals that you would like to see implemented when you are the Surgeon General?

Dr. HOLSINGER. There are three things that I think that are on the plate for—I mean, should I be confirmed as Surgeon General. One we've talked extensively about, which is the obesity issue. I am concerned that we're going to have a devastated group of children from obesity if we don't move rapidly to deal with the issue and the personal impact on their lives of the early onset of diabetes and other diseases will be devastating their lives, let alone as far as our budget is concerned, as far as healthcare is concerned. So we've talked about that extensively.

Smoking and tobacco use, I am committed to continuing all of my predecessors since Dr. Terry's efforts at making America a tobacco-free Nation. I think that's where we need to go and that's where I'm going to push to try and push one more step closer to that, should I be confirmed.

The third thing is that I am really convinced that one of the things that has to happen is the Commission Corp, the Public Health Service has to be that leading edge group for us to deal with manmade or natural disasters in this post-9/11 and Katrina period. We need to have an office—a Commission Corp that is second to none in their ability to respond as first responders to those kinds of issues and I am committed to making sure, should I be confirmed that they have the training that's necessary, the organization that's necessary, the logistical support that's necessary in order to be able to make a difference in the lives of Americans when those kind of disasters occur.

Senator ALLARD. Well, on your third suggestion, I think that there is a lot of foresight in that and obviously, with the current threats that we're having now from terrorism and what not, I think it's an important part of your responsibility, to make sure that the communities and the States and the Federal Government are well prepared to address many of those potential threats. I know historically, the Surgeon General has assumed that role. We haven't talked much about it because more popular items have been brought up, like the BC and smoking but, the third one is not one

where you have any special interest group pushing it but it's certainly very important to the health and welfare of this country. Thank you.

Dr. HOLSINGER. Thank you, Senator.

The CHAIRMAN. Senator Sanders.

Senator SANDERS. Thank you very much, Mr. Chairman. Mr. Chairman, the essential problem with the hearing today has nothing to do with Dr. Holsinger and his qualifications. It has to do with the fact that really the most important witnesses are not here and that is the President of the United States, the Vice President, Karl Rove and other political appointees because no matter how qualified you may be, Dr. Holsinger, what we are hearing from the White House is that you may not be able to do your job. They will dictate what your job is.

Let me just quote, if I might, from yesterday's New York Times.

"The Administration,

Dr. Carmona said,

would not allow him to speak or issue reports about stem cells, emergency contraception, sex education or prison, mental and global health issues. Top officials delayed for years and tried to water down a landmark report on second-hand smoke,"

he said. Released last year, the report concluded that even brief exposure to cigarette smoke could cause immediate harm. Dr. Carmona said he was ordered to mention President Bush three times on every page of his speeches. He also said he was asked to make speeches to support Republican political candidates and to attend political briefings. That's yesterday's New York Times.

I regard that as an outrage. I regard that as an extremist administration intimidating a public official who is supposed to be America's doctor and not just an exponent of a right-wing ideology. I consider that to be an outrage. What is your response to that report from Dr. Carmona?

Dr. HOLSINGER. Well, my sense would be very similar to yours, did I know that the facts were that. I simply, as I said—I've not had a chance to talk to Dr. Carmona so I have no idea as to the kinds of things he experienced. I would tell you that I intend—I met with Dr. Koop several weeks ago. I would intend to meet with all of my predecessors in an effort to understand what their life was like and what I might expect and how I might deal with issues.

Senator SANDERS. See, the difficulty that I am having is not necessarily the strength or weaknesses of your qualifications, be that as it may. It's your willingness to stand up to this Administration and say, "I have a job to do to be the doctor for all of the American people and not just to espouse a right-wing political ideology and I must be honest with you." I have not heard you make that commitment to us. What happened to Dr. Carmona sounds more like what would happen, frankly, under Stalinist Russia than an American democracy—that a Surgeon General has to mention the President of the United States three times on every page? This doesn't sound like the America I know. I think it's an outrage. Tell me how you respond to what the New York Times reported.

Dr. HOLSINGER. Well, all I can say, Senator, is that, as I said before, I think that if I were faced with a situation that I felt I could not, in conscious, do, I think I have a clear response to that. I would resign. The point being, though, is—which I'm sorry. I didn't mean to interrupt you.

Senator SANDERS. No, no. Please.

Dr. HOLSINGER. The point would be this: I have a particular leadership style. Mine may be very different from Dr. Carmona's. As I said, I don't know him. I work under a process of trying to work with people to understand the issue, to determine what I might need to do or not do—

Senator SANDERS. But in all due respect, when you're dealing with people like the President, the Vice President, Karl Rove—these are very sophisticated political operatives. They are very smart. They know what they want to accomplish. Have you gone to the President and said, "Mr. President, under no circumstances will I take that kind of censorship and that kind of direction. I won't work under those conditions. I need to be an independent Surgeon General."

Dr. HOLSINGER. Well, I think that my approach would be that as I have stood forth for decades in my life, Senator, I believe in doing the right thing in the right way the first time. You know, it's just too expensive to do it the other way. I believe in doing only what is legally and ethically and morally right.

Senator SANDERS. Let me change direction here if I can, Doctor.

Dr. HOLSINGER. OK.

Senator SANDERS. OK. Let me ask you this. You are, if confirmed, will be America's doctor.

Dr. HOLSINGER. Yes, sir.

Senator SANDERS. In America today, we have 46 million Americans without any health insurance. The cost of healthcare is soaring. We are the only Nation in the industrialized world that does not guarantee health care to all people. There are studies that indicate some 17,000 people die every single year because they don't have health insurance. As America's doctor, will you advise the President that we have got to move to universal healthcare so that all of our people have healthcare as a right of citizenship?

Dr. HOLSINGER. I would clearly advise that we move to remove the uninsured. I don't know what the best way to do that is. I think that we need to have every American covered for healthcare. As I said, I don't know from a political policy point of view what is the best method. But I believe that is a position I could advocate strongly for across America, that every American needs full, unfettered, nonjudgmental access to healthcare regardless of their personal circumstances, period.

Senator SANDERS. With 46 million people uninsured—

Dr. HOLSINGER. Is unconscionable.

Senator SANDERS. Thank you. With 46 million people uninsured, we pay at least twice as much per capita for healthcare as any other Nation on earth. What can we do about that?

Dr. HOLSINGER. We have spent years bandaiding our system.

Senator SANDERS. I'm sorry?

Dr. HOLSINGER. We have spent years bandaiding our system. I think that it may be time for us to think about what is the system that we would like to see in place.

Senator SANDERS. Are you an advocate of a national healthcare system guaranteeing healthcare to all people, as every other major country has?

Dr. HOLSINGER. Well, you'll have to—you have to remember, Senator, that Ovy Rhinehart told me back when I was head of the VA system that I was running the largest socialized system in the world.

Senator SANDERS. Right. You were.

Dr. HOLSINGER. America's—the world's top socialized doctor.

Senator SANDERS. And it's a very cost-effective system, is it not?

Dr. HOLSINGER. I think there are methodologies that we can see in both the Federal Employee Health Benefits Plan. There is an approach in the VA, potentially is an approach. I think there are a variety of approaches. I think that's going to take a huge—

Senator SANDERS. Let me ask you this—and I'm sorry to interrupt you. It's just that there is a limit of time here. We have 9 million—I was shamed, I believe—9 million children in this country who have no health insurance at all—not to mention 46 million. Will you join some of us in advocating at least that every child in America, as soon as possible, has health insurance through the expansion of the ASTRA program or other programs?

Dr. HOLSINGER. I have worked diligently in Kentucky to get the maximum of children on the K-Chip program.

Senator SANDERS. Will you support those of us?

Dr. HOLSINGER. I support trying to get every child covered, one way or another but—and that's the reason why when I re-did the Medicaid program in Kentucky, I did it in a way that wouldn't cut people off the rolls, as my States around us are having to do.

Senator SANDERS. Let me—thank you. Let me just switch gears a little bit. As a Nation, we pay by far the highest prices in the world for prescription drugs, by far. It's a very serious problem for many people. The pharmaceutical industry in the last 10 years has spent something like \$900 million on lobbying to make sure that we pay the highest prices in the world. Do you have any views or thoughts about how Congress can get a handle on the escalating costs of prescription drugs and take on the pharmaceutical industry?

Dr. HOLSINGER. I do and it may not be palatable to the Congress.

Senator SANDERS. Well, let's hear it.

Dr. HOLSINGER. That would be to rescind legislation that allows the direct advertising of pharmaceutical agents to the public.

Senator SANDERS. OK. So your view is that the pharmaceutical companies putting ads on television, pushing their products—that should be rescinded, which I, by the way, would agree with you. Is that what you're saying?

Dr. HOLSINGER. Yes. What I'm saying is, is that puts an unconscionable pressure on America's physicians to prescribe the blue pill or the pink pill or whatever the pill of the month might be and I think that we have done a disservice to our physicians by allowing that to occur.

Senator SANDERS. Thank you. I would tend to agree with you. My last question. A lot of debate about the impact of environmental degradation on health. I come from a small State in the Northeast. A lot of my kids have asthma. We think it might be related to some of these coal-burning plants in the Midwest but that's not the only problem. What role do you see as the Surgeon General playing in terms of addressing the health problems caused by pollution and environmental degradation?

Dr. HOLSINGER. I think there is a clear role for the Surgeon General to speak to that issue from a bully pulpit. Asthma is a major issue in the Commonwealth of Kentucky. It is one of the highest costs in our Medicaid program. We are clearly aware of the issue and—

Senator SANDERS. Is it tied, do you think, to environmental degradation?

Dr. HOLSINGER. Well, I'm not 100 percent sure whether it's environmental degradation in our case or it's the large amount of pasture land that we have because we're such a major horse raising State and a major agricultural State. But I think that those are the places where I would look to the science to say, "What is the issue and where do we go from here?"

Senator SANDERS. Well, let me just conclude and I thank you for your presentation. It seems to me that the challenge that you face is convincing me and this committee that you are prepared to tell the President of the United States that you believe in science, you believe in medical knowledge and not extremist political ideologies.

Dr. HOLSINGER. If I could just say one thing, Senator. I've taken positions in my life that have not been comfortable positions. Back in 1991, following the end of the Persian Gulf Land Campaign, when we first saw the return of Persian Gulf veterans complaining of a strange syndrome, Persian Gulf Syndrome, I went out on a major limb and issued a directive to all VA Medical Centers that we would treat every single returning Persian Gulf veteran, whether they were service-connected or not because by that time, really they weren't and who weren't going to get care otherwise, just like we're treating individuals who claimed Agent Orange exposure from the Vietnam War. I took tremendous heat over that decision but was strongly supported in that decision by Congressman Sonny Montgomery, who was Chair of the House Veterans Affairs Committee at the time and who, within 6 months, was able to get the legislation I needed.

In 2002, I took a stand in a 10-years later report or hearing to say that the Secretary of Veterans Affairs needed to have congressionally approved standby authority to be able to move rapidly to take care of returning service men and women from a period of conflict before we actually would know what the issues were that were going to require them to be service-connected.

Quite honestly, I think if my recommendations had been taken in 2002, we may not be in some of the problems we're having today with our returning men and women from Iraq and Afghanistan. Those were not popular opinions to hold but they represent the fact that I am willing to take a stand. I was willing to take a stand for America's veterans. I grew up in the home of one. It was exquis-

itely important to me that America's veterans received care as the VA's motto is Second to None and I stand on that today.

Senator SANDERS. Thank you very much, Doctor.

The CHAIRMAN. Thank you. Thanks very much. I think you—certainly as a result of the hearing, during the course of the morning—have some understanding of the anxiety that exists on this committee and I think Senator Mikulski pointed out that these are tough issues. These are tough questions but we've got to meet certainly our responsibility in terms of advice and consent and I think you have to gather, from the sense of the questions that have been there, of those of us who have been committed to the science over the period of time and understand the importance of certainly ethics dealing with the science. I mean, you can go nuclear weaponry—there are many other issues but that's certainly a part.

But the whole question, as you've gathered, whether it's in the environment, particularly in the health areas, is the willingness of people to be—to stick with it and we've had—we have a marvelous head at the NIH, Dr. Zerhouni, who testified in terms of stem cell research. That took a position different from the Administration, a courageous position on his part. He was willing to face science but we have seen so many instances, as has been pointed out in these questions, where individuals have—and Carmona's testimony has really reflected, where the science has been subverted and that's just really unacceptable and these questions, obviously, to trying to get some ideas about where are your own kind of positions. We go back in terms of some of these other documents, the older documents, primarily to get some kind of an indication as to your adherence to science and good science over the past.

The troublesome aspect in terms of going back to the 1991 document is that it really represented more of a viewpoint rather than the best science that was available. The question that I asked you just before my time wound up is what your own kind of view about that study was. I think, quite frankly, it's a significant stretch to say that was based upon the science that was available at that time and we could go over that, whether it was a selection in terms of the Copenhagen study, one STD clinic there, representing a general population or whether the information that was gathered from clinics and from trauma centers represents a general population with regards to a homosexual community. I don't think that it does and I think we want to try and sort of move beyond but I want to be able to give you a fair opportunity to make just a final comment about that study.

Because I personally feel that it's flawed and failing to take advantage of the range of different information that was available and the publication on the bibliography not in—producing the other information that gave a more balanced and I think, more scientifically accurate information, I find troublesome. But I'm interested in moving on but I've got to know, quite frankly, where you stand on that document because I think, at least for me, it's somewhat of an indication. You may differ—I mean, you may say, "Well Senator, I think—I'm prepared to take the time, go over the document in detail and look at the other information. I think it was sound at the particular time." But I've got to know what your own view about that document is today and what your view is about the

issue that you were asked to write about in terms of your own understanding about the science and where it is today.

Dr. HOLSINGER. I think that's a very fair question, Mr. Chairman, and I'll attempt to answer it. First of all, the paper does not represent where I am today. It doesn't represent who I am today and it represented a specific time in a specific context and a specific purpose. It's not a published paper. I've published outstanding scientific papers. In fact, if somebody really wants to read a good paper that I wrote and I just published one last year, on what physician professionalism in the 21st century should look like and it says we need to get away from being independent as physicians and place our effort on the needs of the patient, for example. I think that—you know, you raised the Copenhagen study. I specifically selected this Copenhagen study for a specific reason. It's because of the things that were going on in the committee at the time. A paper from the United States would have been suspect from the point of view of American homophobia for the committee. A paper without male and female authorship would have been considered patriarchal by the committee. I was looking for a paper that addressed not just homosexuality but bisexuality and heterosexuality in an effort to give balance to the paper. It was a specific effort to try and do something that would be found by the committee members to have some substance. I was faced with major issues in this committee over those kinds of issues. That's the reason why it is a selected paper. It was not meant to be all inclusive and it was not meant to be a scientific paper that I would ever publish. The fascinating thing is, it's had wider distribution of anything I've ever written and yet it was never meant to be distributed beyond a few people for their own personal use. It's an amazing situation as far as I can tell. I'm sorry. I wish I could give it a different—

The CHAIRMAN. Well, let me just mention on the Copenhagen study, for example. You had one study, one single study and you mention the Copenhagen and it was one STD clinic.

Dr. HOLSINGER. Yes.

The CHAIRMAN. And yet your paper fails to mention the source of the data—relies—is from the STD clinic study and the reader is left to assume the figures were taken from a general population of Copenhagen, sort of a very small sample of men who visited one STD clinic and that's the type of issue and question in terms of science.

Dr. HOLSINGER. I understand that and that clearly wasn't my intent. My intent was to provide—

The CHAIRMAN. You can understand how people—

Dr. HOLSINGER. I can clearly understand and I understand the reason why people are concerned. And if I've hurt anyone, Senator, by that paper—

The CHAIRMAN. Now, it isn't a question of hurting, you know. We're not—it's just getting the science right.

Dr. HOLSINGER. But I'm also concerned that people take that as an example of my scientific work. I would simply ask you to read scientific papers that I've published as an example of my scientific work.

The CHAIRMAN. OK, fair enough. Let me go into, as the time is moving on, into stem cell research. Obviously, there's—I don't think there are probably many other areas that have been politicized and distorted as the issue of stem cell research. Basically, it's not a partisan issue. One of our colleagues, Senator Hatch, others on this committee, Mrs. Reagan, others have been strong supporters of it.

On March 20, 2002, at a Kentucky Senate Judiciary Committee hearing, you voiced opposition to a bill that would have criminalized embryonic stem cell research. Let me remind you of some of the other provisions of the Kentucky Human Cloning Prohibition Act. It banned both the cloning of a human and the development of stem cells for research purposes. It made embryonic stem cell research a Class C felony and could have led to the imprisonment of doctors, scientists and researchers. It also subjected doctors to millions of dollars of fines for working with stem cell lines that the National Institutes of Health were providing the funds for.

Do you remember which of the provisions caused you the greatest concern?

Dr. HOLSINGER. Well, the entire bill caused grave concern for me. The reason simply is, is that it would have banned all research, regardless of whether it met the President's decision in 2001. We were doing research under that decision on the current stem cell lines but it would have banned all research and not only that, any patient that left the Commonwealth of Kentucky and went to another State, should it have passed, and come back home to Kentucky with tissue implanted in them secondary to an ongoing study in another State, it would have criminalized the return to the State. It would have made it a Class C felony—in Kentucky, it's the same thing, same level, as a second-degree rape or a second-degree manslaughter. It's 5 to 10 years in prison.

It was a huge issue for me, likewise for our research scientists. Virtually every research scientist with a Federal grant has part of their salary paid off of that grant. That's part of what has to happen in order to pay their salaries. It would have criminalized that to the tune of a million dollar fine and a Class C felony.

The CHAIRMAN. Let me just ask, there's—and I won't take the time—the overwhelming scientific community, including the Director of the NIH, that the current restrictions on stem cell research are unjustified. How do you stand? Do you stand with the scientific community in agreeing that we ought to move ahead with the embryonic stem cell research?

Dr. HOLSINGER. Well, in the case of stem cell, I'm in favor of doing stem cell research. We are currently doing that. We are doing it effectively under the President's current 2001 decision, which allowed, as I remember, for the first time for Federal funds to be used for stem cell research. I think that, it seems to me that we're going with an effective program at the moment and that we should continue to track and see how things turn out if we go forward.

The CHAIRMAN. Senator Enzi. My time is up. I might just come back to that in a minute.

Senator ENZI. Thank you, Mr. Chairman. I came here directly from receiving a grant on behalf of the Wyoming State Historical

Preservation Society from the First Lady on behalf of President Bush and it was also an opportunity for an historic preservation program that President Bush is supporting that I think will make a difference in all 50 States. President Bush had Laura do an outstanding job of making that presentation.

Now, the reason I just mentioned this, is I just used President Bush in a speech three times. I don't think I impugned my integrity at all.

[Laughter.]

If anybody can't work the President into a speech when it deals with the United States three times without impugning their own integrity, they're not very conversant, probably. So I appreciated your answers where you mentioned that it mattered what context it was supposed to be in. That is a difference and I appreciate your integrity on your answers on that.

We've gone into a lot about what your public pronouncements might be and during the term of being Surgeon General, you might make some great pronouncement that would make a dramatic change in the health of this country and I would hope that would be the case.

But the job is really a lot about management and that's probably where the biggest difference will be made. You have the oversight for the Commission Corp and given the changes since 9/11 and our renewed Federal response after Hurricane Katrina, could you more fully describe your vision for this Commission Corp? What key items would be addressed so that the officers can appropriately respond? How do you keep those individuals focused on both the day-to-day public health activities as well as potential disaster response? That's going to be one of your major functions, I think.

Dr. HOLSINGER. You have just hit on a major issue, Senator Enzi. I think that one of the most important things that can come out of the next budget cycle for the Public Health Service Commission Corp is the rapid response team's additional 220 lines that I've heard are supposed to be in that budget.

This would allow for the Commission Corp to have two dedicated rapid response teams who would be full-time rapid response teams. As you know, currently every Corp Officer is assigned to an agency and in order to be able to pull the rapid response teams in requires pulling them from the agency in which they work full-time. That would then move to the second tier of individuals.

But in order to be able to have a Commission Corp that is ready to go into action in the case of a manmade or natural disaster, we need to have well-done, appropriate readiness training carried out and I would work to develop and make sure that we had the funds available to have that kind of outstanding training available. I've heard recently that there are some 800 officers going to Fort Sam in Houston, Texas to Camp Bullis for in-the-field training in this cycle. I think that is absolutely critical.

If there is one thing I learned out of 31 years in the Army Reserve, it's the importance of having your troops trained and ready to move at a moment's notice.

The other thing that's got to be key is making sure that the Corp has the logistics available that they need in order to be able to respond and be where they need to be in the time they need to be

there. But I think that we can work through those kinds of issues as part of the transformation of the Public Health Service Commission Corp, which is currently underway and which I would move to rapidly bring to fruition and finalize it in an effort to be able to move as forward in this post-9/11 and Katrina period.

Senator ENZI. Thank you and I appreciate the meeting that we had and more depth of questions that I was able to go into at that time. I really appreciate the management skills that I've learned about and read about and I appreciate the leadership that you provided when you were on the Cabinet of Health and Family Services in Kentucky, where your State did get the A in School Foods Report Card and the changes that you put into place to get that award.

I think you have a wide range of knowledge that would serve us well in the position of Surgeon General and I hope members of the committee will look at the record, probably ask some additional questions and then get you confirmed so that you can be in a position where you can do the kinds of things that will lead this country on as the Nation's doctor.

Thanks again, as I mentioned in my opening remarks, for subjecting yourself to this important process and it is an important process and seeing it as an opportunity to answer questions that may have been taken out of context before. So I appreciate the wonderful job you've done doing that.

The CHAIRMAN. Thank you. Let me, Doctor, I'll just conclude here. On the stem cell research, there are obviously moral and scientific judgments. I'm interested just in the scientific judgment. Would the opportunity for scientific and medical progress be greater if the President's restrictions on the Federal funding of stem cell research, if they were rescinded?

Dr. HOLSINGER. I have to confess, Senator Kennedy that I have since the 2002 hearing, not had a lot of reason to stay engaged in the stem cell discussions. So I'm not as informed on both the science on current stem cell work as well as some of the new alternative processes that are coming. I simply don't feel comfortable giving you my opinion when I don't feel like I've had the proper time to study it.

The CHAIRMAN. Let me just mention on one final item. On these first responders, if this moves ahead, it's going to be one of the key issues in public policy, is whether on this first—what kind of compensation they're going to receive and whether they are going to be indemnified if they get on into these dangerous situations. We're asking people to volunteer if we have a dangerous pandemic or biochemical kind of talk and asking the first responders—firefighters and policemen—to go over and check out something. If they are going to be contaminated and endangered and lose maybe their lives or be seriously injured, if we're not going to be able to invest in them and ensure that their well-being, themselves and also their families, this process isn't going to work. You have seen this in the past. So I hope—but that's very—that's an issue that's divided up to here in terms of what we ought to do about it. But another issue at another time, we'll come to grips with.

Thank you, thank you very much. We thank all your family for being very patient and we thank all of our audience for their courtesy in listening through. The committee now stands in recess.

Dr. HOLSINGER. Mr. Chairman, thank you so much for this opportunity. Senator Enzi, thank you.

[Additional material follows.]

ADDITIONAL MATERIAL

PREPARED STATEMENT OF SENATOR CLINTON

Chairman Kennedy and Ranking Member Enzi, I would like to thank you for holding this hearing on the Administration's nominee for Surgeon General.

We must not underestimate the crucial role the Surgeon General plays in promoting public health and raising awareness and educating the public about important health issues.

We witnessed the impact of this position in the early 1960s, when Surgeon General Luther Terry increased public understanding of the adverse impacts of smoking on our health, laying the groundwork for our current smoking cessation and secondhand smoke awareness efforts. We witnessed the impact of Surgeon General C. Everett Koop providing Americans with honest, scientific information about HIV and prevention methods at a time when there was much fear and ignorance about AIDS. And we saw the impact of Surgeon General David Satcher's focus on issues of health disparities, and the need to reduce the disproportionate burden of often-preventable diseases on our communities of color.

Unfortunately, this Administration has sought to use the Surgeon General's office not as a platform to provide accurate information about health care, but to advance an ideological and political agenda.

Earlier this week, former Surgeon General Richard Carmona testified before the House of Representatives, noting that during his tenure, he faced significant interference from the current Administration. In his testimony, he states that the Administration went so far as to discourage his cooperation with a Special Olympics event—an organization that has helped millions of children with special needs—because the group was founded by Democrats. As Dr. Carmona noted, "The job of surgeon general is to be the doctor of the Nation—not the doctor of a political party."

But I am concerned that President Bush is doing exactly that—placing ideological beliefs over the Nation's public health needs.

Among other duties, the Surgeon General is charged with protecting and advancing the health of the Nation through disease prevention and health promotion efforts. He or she is supposed to articulate scientifically based health policy analysis and advice for the President and the Secretary of Health and Human Services. And the Surgeon General is supposed to elevate the quality of public health practice in the professional disciplines through the advancement of appropriate standards and research priorities.

I have grave concerns about the ability of Dr. Holsinger to fulfill these duties.

A quarter century after the AIDS epidemic first appeared in our country, there is still stigma and ignorance about HIV. We need, as our Nation's chief health educator, someone who will be able to provide unbiased and accurate information about prevention and treatment.

Several of the comments Dr. Holsinger has made about homosexuality raise doubts about his ability to be effective in this role as chief health educator, especially if the American people cannot rely on him as a source of unbiased scientific information.

Many of our Nation's HIV and AIDS groups, including the New York AIDS Coalition, have stated their opposition to Dr. Holsinger because of these comments. If there is distrust between those who are on the front lines of our prevention efforts and the lead prevention advocate of our Federal Government, I fear that it will set back our efforts to prevent the more than 40,000 new HIV infections we face annually.

I am also concerned about Dr. Holsinger's management record while serving as Chief Medical Director for the Veterans Health Administration. During his tenure, the General Accounting Office released with a report documenting several cases where patients died because of substandard care at the VA. And during his tenure as Kentucky's Secretary for the Cabinet and Family Services, Dr. Holsinger failed to adequately address problems at a State institution for individuals with developmental disabilities, leading the Center for Medicare and Medicaid Services to notify the facility that it would be cutting off Medicaid funds due to lack of compliance with Federal regulations.

This experience does not bode well for the ability of Dr. Holsinger to elevate the quality and standards of public health practice in our Nation.

Indeed, our Nation's leading public health advocacy organization, the American Public Health Association, has stated their opposition to Dr. Holsinger's nomination. At a time when we have so many pressing public health issues facing us, it is critical we have someone who will inspire confidence among providers, patients and the public.

Because of the questions that have been raised about Dr. Holsinger's qualifications and ability to fulfill the duties of the job, I do not believe that he will be able to provide adequate leadership in the public health field as Surgeon General, and I must go on the record as opposing his nomination.

LETTERS OF SUPPORT

THE C. EVERETT KOOP INSTITUTE AT DARTMOUTH,
HANOVER, NEW HAMPSHIRE,
July 2, 2007.

Hon. EDWARD M. KENNEDY,
*U.S. Senate,
317 Russell Senate Building,
Washington, DC. 20510.*

DEAR TED: I am writing today in support of Dr. James W. Holsinger, Jr.'s nomination as Surgeon General of the U.S. Public Health Service. Since serving as Surgeon General 20 years ago, I have never written on behalf of a nominee.

As the Nation faces unprecedented rates of chronic disease and other public health threats (to say nothing of natural or intentional catastrophies), we need a physician with the experience and leadership to educate the American people as Surgeon General. His 40 years of public service as a physician and an educator make him an impressive choice. He has a proven record during that time of bringing diverse parties together to address challenging issues. Most recently, he has worked to address the growing obesity epidemic by successfully leading the Healthy Kentucky initiative in his home State. Those I know who know him well concur.

Since 1871, the Surgeon General has served as American's chief health educator, giving our citizens the best, most up-to-date information on how to improve their health and reduce the risk of disease. Surgeon General Luther Terry's 1962 report raised concern about smoking and health that led to today's broad-based efforts to reduce tobacco use. During my tenure as Surgeon General, I issued a report on AIDS, which helped provide accurate, comprehensive information to give Americans a greater understanding of a new and frightening disease, and proved tobacco was

addictive and side-stream smoke, a killer. I know that Dr. Holsinger will continue in this tradition and serve as a strong voice for the public health needs of all Americans.

Dr. Holsinger's experience is outstanding. I have confidence that he is an admirable choice to carry on as the 17 Surgeon Generals who preceded him. I urge the Senate to act quickly to confirm him.

Sincerely yours,

C. EVERETT KOOP, M.D., ScD.

PS: I miss the days you and I stood in the "swamp" in front of the Capitol and put the cigarette folks in their place.

WORLD METHODIST COUNCIL,
LAKE JUNALUSKA, NORTH CAROLINA,
June 8, 2007.

The World Methodist Council, a Christian World Communion, began in 1881 and today is composed of 74 denominations in more than 132 countries with ministries that reach 75 million persons. Dr. James W. Holsinger has been a leader in the World Methodist family since 1986. The following statements supporting his nomination as Surgeon General of the United States are from Dr. John C.A. Barrett, Chairperson, and the Officers of the Council. Dr. Barrett is an ordained member of the British Methodist Church and Principal of the Anglo-Chinese School in Singapore.

Dr. James Holsinger has been a leader in the World Methodist Council since 1986. The Council is the voice of the World Methodist/Wesleyan family around the world and speaks to issues such as war, injustice, poverty, HIV/Aids, etc. Dr. Holsinger's experience, insight, compassion and concern have helped to guide us in addressing concerns on behalf of the Methodist/Wesleyan family. He has worked with the leadership of Churches from around the world on behalf of the Council and is appreciated for his competency, intellect and concern for all persons, irrespective of their ethnicity, race, religion, wealth, status, gender or sexual orientation. I feel he will serve his country very well as the Surgeon General of the United States.

STATEMENT FROM JOHN C.A. BARRETT, UNITED KINGDOM, CHAIRPERSON,
AND THE OFFICERS OF THE WORLD METHODIST COUNCIL

As a leader in the field of medicine, education and healthcare administration, Dr. James W. Holsinger possesses the highest degree of integrity and commitment to excellence in his profession. As a leader in the World Methodist Council, he brings the same commitment in working with Church leadership around the world. As evident from his leadership, he is known for his compassion and concern for equal treatment of all persons, whatever their circumstances or location. His sense of fairness and commitment to justice are evident in all of his contributions to our work together through the World Methodist Council.

Dr. John C. A. Barrett, United Kingdom/Singapore, Chairperson, World Methodist Council; Dr. George H. Freeman, General Secretary, World Methodist Council; Dr. Fran Alguire, Chapel Hill, North Carolina, Honorary President, World Methodist Council; Bishop Heinrich Bolleter, Zurich, Switzerland, World Methodist Council Geneva Secretary; Dr. Eddie Fox, Nashville, Tennessee, Director of World Evangelism, World Methodist Council; Bishop William Hutchinson, Louisiana Area United Methodist Church, Baton Rouge, Louisiana; Bishop Lawi Imathiu, Methodist Church of Kenya, Chancellor, Kenya Methodist University, Meru, Kenya; Larry Malone, President, World Fellowship of Methodist and Uniting Church Men, Samuel Samuels, Panama, Methodist Church of the Caribbean and the Americas; Bishop Kyung Ha Shin, Presiding Bishop, Methodist Church of Korea; Rev. Jill Van de Geer, General Secretary, Methodist Church of New Zealand.

AMERICAN COLLEGE OF PHYSICIANS (ACP),
MAY 31, 2007.

Hon. HARRY REID,
Majority Leader,
U.S. Senate,
528 Hart Senate Office Building,
Washington, DC. 20510.

Hon. EDWARD KENNEDY,
Chairman,
Senate Committee on Health, Education, Labor, and Pensions,
317 Russell Senate Office Building,
Washington, DC. 20510.

DEAR MAJORITY LEADER REID AND CHAIRMAN KENNEDY: On behalf of the American College of Physicians (ACP), the Nation's largest medical specialty society representing 123,000 internal medicine physicians and medical students, I am pleased to express our strong support of the nomination of Dr. James Holsinger, Jr., M.D., MACP for U.S. Surgeon General. Dr. Holsinger's dedication to public health, academic achievement, and devotion to public service distinguish him as an excellent choice for this position.

Dr. Holsinger has served with distinction as the Secretary of Health and Family Services for the Commonwealth of Kentucky, the Chancellor of the University of Kentucky Medical Center, and as chief of staff or director of several VA medical centers during a 26-year career with the U.S. Department of Veterans Affairs. He successfully led the effort to construct a Women's Health Center and the creation of a School of Public Health at the University of Kentucky. In 1994, he established a new health center to provide care underserved and predominately minority population in northern Lexington, Kentucky. Dr. Holsinger has been a member of ACP since 1971 and has been awarded a mastership in the College, a highly distinguished honor bestowed upon those exhibiting preeminence in practice or medical research, holding positions of high honor, or making significant contributions to medical science or the art of medicine.

I strongly believe Dr. Holsinger's experience and accomplishments in the field of medicine make him an excellent choice to be the next Surgeon General. On behalf of ACP, I am proud to support his nomination.

Sincerely,

DAVID C. DALE, M.D., FACP,
President.

UNIVERSITY OF KENTUCKY (UK),
JUNE 15, 2007.

Hon. EDWARD M. KENNEDY,
U.S. Senate,
317 Russell Senate Building,
Washington, DC. 20510.

DEAR SENATOR KENNEDY: It is my great pleasure to support the nomination of James Holsinger, M.D., Ph.D. for Surgeon General of the United States, I am dean emeritus of the University of Kentucky College of Medicine and I currently direct the Office of Health Research and Development at the University. I worked with Dr. Holsinger in his capacity as Chancellor of the University of Kentucky Chandler Medical Center for 9 years. Please consider this my strongest recommendation.

I have great respect for Dr. Holsinger, and I fully endorse his nomination for Surgeon General. First, I don't think you will find a person better prepared for this important role. He has had a long and illustrious career as a physician, a cardiologist, a clinical anatomist, a teacher and a medical administrator. He has served these roles in many capacities including academic medicine, public health, Veterans Administration health system, university administration, and the Kentucky State health system. Second, when you have the opportunity to talk to Dr. Holsinger, you will find that he is a student of medicine and all aspects of health care. His knowledge and experience come from his capacity to read and absorb large amounts of material related to health care and other fields. His extensive education background further attests to his eagerness to learn and to expand his thinking. Third, I believe Dr. Holsinger will excel in this position because he is an experienced administrator. The people of this Nation face many behavioral risk factors such as smoking, poor eating habits, and decreased physical activity that result in chronic diseases, causing decreased productivity and often premature death. If we are going to deal with

problems such as these, we will have to start in early childhood. His interest in addressing childhood obesity will speak to this need. His knowledge and experience in the health of the public and his administrative experience at both national and State levels greatly enhance the likelihood of his success in this position. Finally, I think you will find that Dr. Holsinger has the personal and professional attributes which are necessary for this responsibility. He is disgustingly pleasant and relates to all people as colleagues. When he first came to the University of Kentucky, I had concerns about his prior history as a military person and as a VA administrator. I must now say that I have never known anyone more collegial and more caring.

Quite frankly, the concerns expressed by certain groups that Dr. Holsinger would not be appropriate for this position was a surprise to me. In the 9 years I worked with him, I never once heard negative remarks or connotations toward any such groups or any other segment of the population. In fact, he was an advocate for accessible and affordable health care for everyone. He is above any remarks or any position that would denigrate any segment of the population.

In summary, I urge you and the other members of the Senate to confirm and even endorse Dr. Holsinger as Surgeon General. I will assure you that he will not embarrass you or others in this Nation. If I can provide additional information on his behalf, I will be happy to do so.

Sincerely,

EMERY A. WILSON, M.D.

UNIVERSITY OF KENTUCKY,
LEXINGTON, KENTUCKY,
June 16, 2007.

Hon. EDWARD KENNEDY,
Chair,
317 Russell Senate Building,
Washington DC. 20510.

DEAR SENATOR KENNEDY: I am writing to support the nomination of Dr. James Holsinger for the position of Surgeon General of the United States. I have known Dr. Holsinger for nearly 10 years, first when he served as Chancellor of the University of Kentucky Medical Center, followed by his work as Secretary for the Cabinet of Health and Family Services and now as a faculty member at the University of Kentucky. Through all these years, I have consulted with Dr. Holsinger, and he with me. We have discussed student social work internships in the Medical Center; we have discussed inter-professional education, including his support of problem-based learning and we have discussed the place of academic social work in University medical centers.

When he was appointed Secretary for the Cabinet of Health and Family Services, he immediately sought my assistance as well as assistance from our faculty in the College of Social Work. I was a member of his "kitchen cabinet" as we attempted to take on thorny issues of child welfare service delivery, the funding problems for such services and the questions around academic preparation for front line social workers in public child welfare.

Through these years, I know Jim Holsinger only as a wonderful human being who works toward human betterment whether he is working with individual patients or setting policy in State government. His concern in working with me has always been, how can we "fix things" to make systems work better for people. How can we insure that at-risk children receive the services they must have and how can we create a more able workforce to serve vulnerable people? These are all big questions based upon big ideas.

I know of his special interests in vulnerable children. He and his wife were foster parents themselves, many years ago. His own children have all grown to be people who serve others. I believe that he would articulate and support health policies that would insure a better future for children. I completely support him for Surgeon General.

Sincerely,

KAY HOFFMAN,
Dean and the Dorothy A. Miller Professor
in Social Work Education.

HOUSE OF REPRESENTATIVES,
COMMONWEALTH OF KENTUCKY,
June 19, 2007.

Hon. EDWARD M. KENNEDY,
U.S. Senator,
317 Russell Senate Building,
Washington, DC. 20510.

DEAR SENATOR KENNEDY: It gives me great pleasure to express my wholehearted support for the appointment by President George W. Bush of Dr. James Holsinger as our country's 18th Surgeon General.

As a State representative and Chair of the Budget Review Subcommittee on Human Resources in the Kentucky Legislature, I have had the privilege of working extensively with Holsinger in decisionmaking processes that affect health care for Kentuckians. Time after time I witnessed Dr. Holsinger making decisions that he believed were right and would be in the best interests of the people, rather than doing what would have been "politically popular" for him. I firmly believe that he would serve with an even deeper commitment to the best interests of all Americans in his capacity as Surgeon General.

Dr. James Holsinger is deeply committed to providing quality, affordable health care for all Americans. As you know, our Nation faces public health issues that require immediate attention of the Surgeon General, including childhood obesity. The challenges that have faced Surgeon Generals in the past and continue to face them today are to ensure that Americans live longer, better, and healthier lives. I have no doubt that Dr. Holsinger is a perfect fit to confront the task before him.

Thank you for your thoughtful consideration of Dr. James Holsinger's appointment as America's 18th Surgeon General. Please feel free to contact me if you wish to discuss this further.

Sincerely,

JIMMIE LEE,
State Representative.

JUNE 7, 2007.

Hon. MITCH MCCONNELL,
U.S. Senate,
Washington, DC. 20510.

DEAR SENATOR MCCONNELL: I am writing in support of the nomination of Dr. Jim Holsinger as U.S. Surgeon General.

I was employed during Dr. Holsinger's tenure at the University of Kentucky in the Chancellor's Office. As a lesbian employee, I have nothing but the highest regard and respect for Dr. Holsinger. He was not only a kind and fair leader, but also a caring friend.

I have many personal anecdotes of his justness and equanimity in the workplace. Much has changed in the world in the 16 years since he wrote the papers which has attracted unfortunate media attention. I believe this was evidenced most clearly by Dr. Holsinger's support of the Lesbian Health session at the Women's Health Conference.

I will also share that during my pregnancy (via artificial insemination), Dr. Holsinger was kind enough to assist me in getting in to see a specialist that had no openings. He was no longer at the University and still came to my assistance. I consider Jim Holsinger not just a former employer, but also a friend, *A man who does not discriminate.*

I am a liberal democrat and a member of gay and women's rights organizations. Still, I strongly support Dr. Jim Holsinger as a leader and administrator who is able to see across divisive issues and relate with integrity to people, no matter their life circumstances. He is the right candidate for U.S. Surgeon General and I am proud to support him.

Thank you for your consideration.

Yours sincerely,

MARIA KEMPLIN.

EXODUS,
ORLANDO, FL 32854,
June 6, 2007.

EXODUS SUPPORTS WHITE HOUSE NOMINEE'S POSITION ON CHANGE
IN HOMOSEXUALITY

ORLANDO, FL.—President Bush's nominee for Surgeon General, Dr. James W. Holsinger, has recently come under attack for supporting the fact that homosexuals can change. Dr. Holsinger founded Hope Springs Community Church, a church that offers help to individuals seeking an alternative to homosexuality. Alan Chambers, president of the world's largest outreach to those affected by unwanted same-sex attraction, issued a response:

"As former homosexuals, we cannot ignore this hypocritical attack upon Dr. Holsinger. As a society, we should not disqualify an individual simply because of his belief that those conflicted by their same-sex attraction can and should be helped. Thousands of us have experienced inner distress and external devastation when we were living as homosexuals and have found a faith honoring a psychologically sound way out. We know that change is possible because we have experienced it. Opposing this alternative is incompatible with free thinking and personal choice.

"While we do not support or oppose the nominee, we are grateful that President Bush has put forth a candidate who supports individual autonomy and authentic diversity. We call upon members of the Senate Health Committee to offer the same tolerance afforded gay activist groups to former homosexuals as well."

NATIONAL EX-GAY GROUP DEFENDS SURGEON GENERAL NOMINEE HOLSINGER
AND EX-GAY COMMUNITY ATTACKED BY GAY GROUPS

WASHINGTON, DC.—Parents and Friends of Ex-Gays & Gays (PFOX) today condemned the bigoted remarks by gay activists being made about the new Surgeon General nominee. Gay rights groups are attacking Dr. James Holsinger's nomination because his church is inclusive of ex-gays and he supports the right to self-determination regarding one's sexual attraction.

Ex-gays and Americans who support the right to self-determination of same-sex attraction are routinely ridiculed by the very people who claim to be victims themselves. "Gay activists lobby to be included in tolerance policies, hate crimes and employment non-discrimination legislation, but work hard to deny ex-gays the right to the same treatment," said Regina Griggs, executive director of PFOX. "This demonstrates how far the gay rights movement has moved from self-described victims to proactive perpetrators."

"Ex-gays should not have to be closeted for fear of other's negative reactions or disapproval," Griggs said. "They do not think something is wrong with them because they chose to fulfill their heterosexual potential. We need to ensure the safety, inclusion, and respect of former homosexuals in all realms of society, but especially by the medical and mental health communities starting at the highest levels."

"As a medical doctor, it seems Dr. Holsinger is aware that contrary to distortions by gay activists, no professional medical or mental health associations deny the right of any individual to seek support in resolving unwanted same-sex attractions." Griggs said. "Indeed, these associations adhere to a code of ethics which call for their members to support the client's right of self-determination."

"Americans need to face the growing issue of bigotry perpetrated upon ex-gays and their supporters. Gay activists cannot claim sympathy as victims when they attack ex-gays for political purposes of their own," said Griggs. "Tolerance is not a one-way street. All individuals with unwanted same-sex attractions deserve the right to self-determination and happiness based on their own needs, and not the political inconvenience of others."

ACADEMY OF GENERAL DENTISTRY,
CHICAGO, ILLINOIS,
July 6, 2007.

Hon. EDWARD M. KENNEDY,
U.S. Senate,
Washington, DC. 20510.

DEAR SENATOR KENNEDY: The Academy of General Dentistry is a professional organization representing 35,000 general dentists. Our mission is to advance the value and excellence of general dentistry and one of the primary ways in which we accomplish this is by requiring our members to achieve 75 hours of continuing education over a 3-year time period.

Last month, I had the pleasure of meeting with Ms. Nicky Bassford, in your office to discuss several items of importance to the AGD and general dentists. Our legislative council is currently in the process of reviewing your Minority Health and Health Disparity Elimination Act of 2007, (S.1576). Today, I write you to request your support on another matter which AGD supports.

As you are aware, on June 5, 2007 the president nominated Dr. James Holsinger to be the 18th Surgeon General of the United States. AGD supports this nomination and requests that you shepherd his nomination through committee and vote to confirm him.

In Federal services, Dr. Holsinger served for over 31 years in the U.S. Army Reserve, with his Reserve career culminating with his assignment to the Joint Staff as Assistant to the Director for Logistics in 1989, and his promotion to Major General in 1990. Dr. Holsinger, likewise, served for 26 years in the Department of Veterans Affairs (VA), retiring on July 13, 1994. His career culminated in his appointment by the President of the United States as Chief Medical Director of the Veterans Health Administration on August 6, 1990. In 1992, he became Undersecretary for Health, Department of Veterans Affairs.

In academia, Dr. Holsinger served as Chancellor of the University of Kentucky Medical Center from 1994 to 2003. In State service he served as Secretary of the Kentucky Cabinet for Health and Family Services from 2003 to 2005. Dr. Holsinger currently serves as a Professor of Preventive Medicine and Environmental Health at the University of Kentucky.

Dr. Holsinger is a consummate professional with vast experience in health care systems administration, research, academia, and government. AGD is of the firm belief that, with confirmation, Dr. Holsinger will aid in the effort to secure access to oral health care for all Americans, especially those who are disadvantaged.

Sincerely,

VINCENT C. MAYHER, JR., DMD, MAGD,
President.

LETTERS OF OPPOSITION

CONGRESS OF THE UNITED STATES,
WASHINGTON, DC. 20515,
June 25, 2007.

Senator EDWARD M. KENNEDY, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC. 20510.

Senator MICHAEL B. ENZI, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC. 20510.

We write to express our serious concerns regarding the nomination of Dr. James Holsinger to the position of Surgeon General. Allegations have recently surfaced suggesting that Dr. Holsinger harbors anti-homosexual prejudices that make him ill-suited to serve the public health needs of all Americans.

As America's chief health educator, the Surgeon General must be relied upon to provide Americans with the best scientific information on how to improve their health and reduce the risk of illness and injury. However, given Dr. Holsinger's record, specifically writings in which he equates homosexual acts to pathology, we are concerned that his own biases will prevent him from objectively evaluating scientifically based health care information.

We therefore urge you to closely examine his record during the upcoming confirmation hearing and carefully scrutinize his record on gay, lesbian, bisexual, and transgender Americans as part of his qualifications to become the next Surgeon General of the United States.

Sincerely,

Tammy Baldwin, Raul Grijalva, Jim McDermont, Keith Ellison, Neil Abercrombie, Jan Schakowsky, Eliot Engel, Carolyn Maloney, Barney Frank, Zoe Lofgren, Shelley Berkley, Dianne DeGette, Linda Sanchez, Debbie Wasserman Schultz, Lois Capps, Sam Farr, Christopher Murphy, Peter Welch, Henry A. Waxman, Louise M. Slaughter, Mazie Hirono, Barbara Lee, Robert Wexler, Rosa DeLauro, Ellen Tauscher, Hilda L. Solis, Howard Berman, Anna Eshoo, James Moran, Jerrold Nadler, Rush Holt, Maurice Hinchey, Gary Ackerman, Gwen Moore, and Lynn Woolsey.

Members of Congress.

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA),
WASHINGTON, DC. 20001-3710,
July 11, 2007.

Hon. EDWARD KENNEDY, *Chairman,*
Senate Committee on Health, Education, Labor, and Pensions,
428 Senate Dirksen Office Bldg.,
Washington, DC. 20510.

DEAR CHAIRMAN KENNEDY: On behalf of the American Public Health Association (APHA), I write to express our serious reservations regarding the nomination of James Holsinger, Jr., M.D., for surgeon general of the United States. APHA is the Nation's oldest, largest and most diverse organization of public health professionals in the world representing more than 50,000 members from over 50 public health occupations—dedicated to protecting all Americans, their families and their communities from preventable, serious health threats and assuring community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States.

As our Nation's most trusted advisor and leading educator on health, the surgeon general plays a vital role in promoting health, preventing disease and protecting the public. Scientific objectivity must be the standard for any nominee.

APHA is very concerned with Dr. Holsinger's past writings regarding his views on homosexuality, which put his political and religious ideology before established medical science. We have long opposed discrimination against individuals based on their sexual orientation. At a time when one of our association's top priorities is to eliminate disparities in health, including disparities in the gay and lesbian community, we cannot support a nominee with discredited and non-evidence-based views on sexuality. While we have no doubt that Dr. Holsinger has made positive contributions throughout his medical and public health career, we believe his previously expressed views on sexuality are inconsistent with mainstream medicine and public health practice and ask that you thoroughly examine them.

We are hopeful that the Senate will reject his nomination and urge the President to put forth another nominee. This nominee must be an established leader on a broad range of public health and health care issues. The nominee should have experience and training in population health and be respected and accepted by his or her counterparts at the Federal, State and local levels. Finally, he or she must be able to engender trust, bring people together and be a professional with the highest level of ethics and objectivity while working to protect the health of all Americans.

Thank you for your attention to our concerns regarding Dr. Holsinger's nomination.

Sincerely,

GEORGES C. BENJAMIN, M.D., FACP, FACEP (EMERITUS),
Executive Director.

JUNE 7, 2007.

NEWS RELEASE

LOG CABIN REPUBLICANS* URGE SENATE TO REJECT NOMINEE FOR
U.S. SURGEON GENERAL

WASHINGTON, DC.—Log Cabin Republicans urge the Senate to reject Dr. James Holsinger's nomination to serve as U.S. Surgeon General. "Dr. Holsinger's professional views about sexual orientation fall far outside the scientific mainstream, and call into question his ability to fairly deal with critical medical issues," said Log Cabin President Patrick Sammon. While the President should ordinarily receive the benefit of the doubt in his appointments, the post of U.S. Surgeon General requires a nominee who relies on science and fact."

Holsinger's professional opinion on gays and lesbians is contained in an eight-page report that he wrote in 1991 for the United Methodist Church, entitled, "Pathophysiology of Male Homosexuality." The report, which goes into graphic detail about sexuality, has received harsh criticism from medical experts for its ideological overtones and false statements about the nature of gays and lesbians. He argued in the report that homosexuality is biologically unnatural.

Holsinger was a founder of Hope Springs Community Church in Lexington, Kentucky. The church operates a so-called "ex-gay" ministry, which seeks to change a person's sexual orientation—a concept that has been debunked by every major medical and psychological association and mainstream researcher who has studied this issue.

"The medical community has long rejected the notion that sexual orientation can be changed," said Sammon. "The fact that Dr. Holsinger advocates this type of junk science is troubling and represents a wholesale rejection of accepted and mainstream scientific opinion."

"During the Senate confirmation hearings, we expect a thorough examination of Holsinger's professional views," said Sammon. "Absent a full and complete explanation from him, one that makes it clear that he rejects the junk science he once embraced, the Senate should reject his nomination."

JUNE 5, 2007.

THE NATIONAL PHYSICIANS ALLIANCE EXPRESSES DEEP CONCERN OVER THE NOMINATION OF DR. JAMES HOLSINGER, JR. FOR SURGEON GENERAL OF THE UNITED STATES

RESTON, VA.—The National Physicians Alliance today announced that it has serious reservations regarding Dr. James Holsinger's nomination for surgeon general of the United States. The concern is based on Holsinger's apparent authorship of a piece entitled "Pathophysiology of Male Homosexuality," which wields the jargon of medical science in support of his strong, well documented religious opposition to homosexuality.^{1,2} If Holsinger did indeed author this document, the implications are worrisome.

According to the U.S. Department of Health and Human Services, "The Surgeon General serves as America's chief health educator by providing Americans the best scientific information available on how to improve their health and reduce the risk of illness and injury."³

"We cannot abide a surgeon general prejudiced against an already underserved and medically stigmatized population," said Dr. Lydia Vaias, president of the National Physicians Alliance. "It is imperative that the Nation's chief health educator publicly recognize and work to address the health concerns of all people, including the GLBT community. Homosexuality itself is not an illness and prejudice based on the religious exclusion of gay and lesbian people is not consistent with medical ethics. The surgeon general should not be a person predisposed to denigrate an entire swath of our population."

*Log Cabin Republicans is the Nation's largest organization of Republicans who support fairness, freedom, and equality for gay and lesbian Americans. Log Cabin has State and local chapters nationwide, full-time offices in Washington, DC. and Sacramento, CA, a Federal political action committee and State political action committees. www.logcabin.org.

¹James W. Holsinger, Jr., M.D., "Pathophysiology of Male Homosexuality," Prepared for the Committee to Study Homosexuality of The United Methodist Church (Jan. 14, 1991).

²<http://confessingumc.org/Newsletter/cmnewsma98.html>.

³<http://www.surgeongeneral.gov/aboutoffice.html>.

United across medical specialties, the National Physicians Alliance seeks to restore physicians' primary emphasis on the core values of our profession: service, integrity, and advocacy. We work to improve health and well being, and to ensure equitable, affordable, high quality health care for all people.

To learn more about the National Physicians Alliance, our strategic priorities, and what makes us different, please visit us online at <http://www.npalliance.org/>.

AIDS ACTION,
June 6, 2007.

Hon. EDWARD KENNEDY,
U.S. Senate,
317 Russell Senate Office Bldg.,
Washington, DC. 20510.

Hon. MICHAEL ENZI,
U.S. Senate,
379 Russell Senate Office Bldg.,
Washington, DC. 20510.

DEAR CHAIRMAN KENNEDY AND RANKING MEMBER ENZI: On behalf of AIDS Action I am writing to express our opposition to the confirmation of Dr. James W. Holsinger, Jr. as the Surgeon General of the United States.

The mission of the Surgeon General is that "The Surgeon General serves as America's chief health educator by providing Americans the best scientific information available on how to improve their health and reduce the risk of illness and injury." The Surgeon General of the United States has long been called America's doctor. There should never be a question about the Surgeon General's devotion to helping Americans to lead fit and healthy lives, nor their commitment to science.

Dr. Holsinger has a long, documented history of prejudice towards lesbians and gay men. This includes attempting to put a scientific veneer on his prejudice. In a paper prepared for the Committee to Study Homosexuality of the United Methodist Church, Dr. Holsinger argues that male homosexuality is "pathophysiological" (an abnormal function) largely on his descriptions of the difference between the alimentary and reproductive systems. This was an unscientific argument even during the 1990s and is less scientific today. Perhaps even more troubling, Dr. Holsinger helped to found Hope Springs Community Church which "ministers to people who no longer wish to be gay or lesbian." Reparative therapy, also called conversion or reorientation therapy has been repeatedly discredited by mainstream medical, psychiatric and psychological organizations, including the American Medical Association and the American Psychiatric Association. Unfortunately, Dr. Holsinger's writing and support for a widely disputed and potentially harmful approach leads AIDS Action to conclude that he is not able to commit to the bedrock principles of science.

AIDS Action believes that the Surgeon General must be committed to all Americans including those who have been left behind by our Nation's healthcare system (as several people living with HIV are). As you are well aware, HIV/AIDS is a disease, made all the more insidious because of the high levels of stigma made against men, women and even children who are living with the disease. Such stigma is often compounded by biases towards race, gender, sexual orientation or income levels. The personal biases of Dr. Holsinger are likely to perpetuate the stigma associated with HIV/AIDS and homosexuality, hindering efforts to combat the HIV epidemic in the United States.

In the past, the Surgeons General of the United States have been at the forefront of leadership against HIV. For example Surgeon General C. Everett Koop, the Surgeon General under President Ronald Reagan took the unprecedented action of mailing information about HIV to every U.S. household. Surgeon General David Satcher who served under President Clinton certified, on the basis of all available scientific evidence, that needle exchange both lowered the rate of transmission of HIV infection and did not increase substance abuse. Both of these decisions were made in the face of strong political opposition but faithfully adhered to the current science. We must expect no less of the next Surgeon General.

One of the duties of the Surgeon General is to provide leadership in promoting special departmental health initiatives such as HIV prevention efforts. Regretfully AIDS Action does not believe that Dr. Holsinger, will ever be able to inspire the confidence of people living with HIV/AIDS, nor will he be able to overcome his background of leadership in efforts to specifically stigmatize lesbians and gay men, who

continue to be highly affected by HIV. Consequently we oppose his nomination and ask that you do so as well.

Sincerely,

REBECCA HAAG,
Executive Director.

July 11, 2007.

Hon. EDWARD KENNEDY,
*U.S. Senate,
317 Russell Senate Office Bldg.,
Washington, DC. 20510.*

Hon. MICHAEL ENZI,
*U.S. Senate,
379 Russell Senate Office Bldg.,
Washington, DC. 20510.*

DEAR CHAIRMAN KENNEDY AND RANKING MEMBER ENZI: We, the undersigned HIV/AIDS, lesbian, gay, bisexual and transgender (LGBT), women's rights and human rights service and advocacy organizations, are writing to express our opposition to the confirmation of Dr. James W. Holsinger, Jr., as the Surgeon General of the United States.

As you deliberate Dr. Holsinger's nomination, please remember that the mission of the Surgeon General is to serve as America's chief health educator by providing Americans the best scientific information available on how to improve their health and reduce the risk of illness and injury. The Surgeon General of the United States has long been called America's doctor. As America's doctor, the Surgeon General must be devoted to helping ALL American's lead healthy lives and be firmly committed to science.

Dr. Holsinger has had an extensive medical career; however, he also has a long documented history of prejudice towards lesbians and gay men. HIV/AIDS continues to be one of the most devastating public health crises facing our Nation, heavily impacting the gay community. HIV/AIDS is a disease made all the more insidious because of the high levels of stigma surrounding homosexuality. Dr. Holsinger's personal biases, which he has expressed publicly, are likely to perpetuate stigma associated with homosexuality, hindering efforts to combat the HIV/AIDS epidemic in the United States. It is doubtful that Dr. Holsinger will be able to advance objective public health policies for the LGBT community if he believes that homosexuality should be discouraged and altered.

In 1991, Dr. Holsinger prepared a paper for the United Methodist Church entitled "Pathophysiology of Male Homosexuality," in which he attempts to give a scientific and medical rationale for his opinions that homosexuality is abnormal and that the sexual practices of gay men pose health dangers. In this paper, he repeatedly misrepresents and distorts medical science, including the studies he cites in order to support his own beliefs. Furthermore, Dr. Holsinger makes several fallacious claims in his paper, which were refuted by widely published and well respected medical and public health journals. Some of these studies were published as much as a decade before Dr. Holsinger's paper.

His record also shows his support for reparative therapy to "cure" homosexuals. Reparative therapy, also called conversion or reorientation therapy, has been repeatedly discredited by mainstream medical, psychiatric and psychological organizations, including the American Medical Association, the American Psychological Association and the American Psychiatric Association. This practice has been shown to lead to depression and even suicide. If Dr. Holsinger has approved of its use, it conflicts with his duty to accept and promote sound science in the interest of public health.

Dr. Holsinger's attempts to put a scientific veneer on his prejudices and his writing and support for a widely disputed and potentially harmful approach leads us to conclude that he is not able to adhere to the bedrock principles of science and puts his ability to advocate for the better health of all those living with and at risk for HIV/AIDS into serious question. We believe that if confirmed, he will not gain the confidence of people living with HIV/AIDS and will further marginalize and stigmatize LGBT people.

In the past, the Surgeons General of the United States have been at the forefront of leadership against HIV. For example Surgeon General C. Everett Koop, the Surgeon General under President Ronald Reagan took the unprecedented action of mailing information about HIV to every U.S. household. Surgeon General David Satcher who served under President Clinton certified, on the basis of all available

scientific evidence, that needle exchange both lowered the rate of transmission of HIV infection and did not increase substance abuse. Both of these decisions were made in the face of strong political opposition but faithfully adhered to the current science. We must expect no less of the next Surgeon General.

A Surgeon General with a record of prejudice towards and bias against lesbians and gay men would likely be a divisive, polarizing figure and detrimental to the health and well-being of all Americans. Furthermore, a Surgeon General that is not committed to evidence-based science would jeopardize public health efforts such as the prevention, care, and treatment of HIV/AIDS.

Consequently, we oppose the nomination of Dr. James Holsinger, Jr., for Surgeon General. As confirmation hearings ensue, we ask that you also oppose his nomination.

Sincerely,

Advocates for Youth—Washington, DC.; AIDS Action Baltimore—Baltimore, MD; AIDS Action Coalition—Huntsville, AL; AIDS Action Committee of Massachusetts, Inc.—Boston, MA; AIDS Action Council—Washington, DC.; AIDS Care Ocean State—Providence, RI; AIDS Family Services—Buffalo, NY.; AIDS Foundation of Chicago—Chicago, IL; The AIDS Institute—Washington, DC.; AIDS Project Los Angeles—Los Angeles, CA; AIDS Resource Alliance, Inc.—Williamsport, PA; AIDS Services Foundation Orange County—Irvine, CA; AIDS Survival Project, Georgia's Statewide Resource for Community-based Advocacy and HIV Treatment Education—Atlanta, GA; AIDS Taskforce of Greater Cleveland—Cleveland, OH; Alliance of AIDS Services Carolina—Raleigh, NC; Altamed Health Services Corporation—Los Angeles, CA; American Academy of HIV Medicine—Washington, DC.; Americans for Safe Access—Washington, DC.; amfAR, The Foundation for AIDS Research—Washington, DC.; Association of Nutrition Services Agencies—Washington, DC.; Austin Health Center-CBC Initiative—Chicago, IL; Brothers Uplifting Brothers, Inc—Merrillville, IN; Campaign to End AIDS—Florida; Central Illinois FRIENDS of PWA, Inc.—Peoria, IL; CHAIN (Community HIV/Hepatitis Advocates of Iowa Network)—Des Moines, IA; Chattanooga CARES HIV/AIDS Resource Center—Chattanooga, TN; Community HIV/AIDS Mobilization Project (CHAMP)—Providence, RI; The Feminist Majority—Arlington, VA; Gay Men's Health Crisis—New York, NY; Hispanic AIDS Forum—New York, NY; HIVictorious, Inc—Madison, WI; Housing Works, Inc—Brooklyn, NY; Hudson Pride Connections—Jersey City, NJ; Human Rights Campaign—Washington, DC.; Legacy Community Health Services, Inc—Houston, TX; The Lesbian, Gay, Bisexual & Transgender Community Center—New York, NY; Liberty Research Group, HIV/AIDS Advocates and Consultants—Rochester, NY; The LIFE Program—VA; Lifelong AIDS Alliance—Seattle, WA; The LOFT: LGBT Community Center for New York's Lower Hudson Valley—White Plains, NY; Log Cabin Republicans—Washington, DC.; Milwaukee LGBT Community Center—Milwaukee, WI; Minnesota AIDS Project—Minneapolis, MN; Montrose Counseling Center—Houston, TX; The NAMES Project/AIDS Memorial Quilt—Atlanta, GA; Nashville Cares—Nashville, TN; National Alliance of State & Territorial AIDS Directors—Washington, DC.; National Association of Lesbian, Gay, Bisexual and Transgender Community Centers—Washington, DC.; National Association of People with AIDS—Silver Spring, MD; National Coalition for LGBT Health—Washington, DC.; National Council of Jewish Women—Washington, DC.; National Gay and Lesbian Task Force—Washington, DC.; National Minority AIDS Council—Washington, DC.; Needle Exchange Program of Asheville—Asheville, NC; New York AIDS Coalition—New York, NY; New York Association on HIV over Fifty—New York, NY; New York State Black Gay Network—New York, NY; North Shore Health Project—Gloucester, MA; Oklahoma Native American AIDS Coalition—Tulsa, OK; Open Door Clinic—Elgin, IL; Outreach, Inc.—Madison, WI; Parents, Families and Friends of Lesbians and Gays (PFLAG)—Washington, DC.; Pittsburgh AIDS Task Force—Pittsburgh, PA; Planned Parenthood Federation of America—Washington, DC.; Project HOPE of DEAF, Inc—Allston, MA; Project Inform—San Francisco, CA; Seacoast Outright—Portsmouth, NH; Sexuality Information and Education Council of the United States (SIECUS)—Washington, DC.; SMART, Inc- Sisterhood Mobilized for AIDS/HIV Research and Treatment—New York, NY; SmithBarnabee & Co., LPA—Bedford, OH; South Carolina Campaign to End AIDS—Columbia, SC; Special Audiences, Inc—Newark, NJ; Tapestry Health—Greenfield, MA; Tarzana Treatment Centers—Los Angeles, CA; Tennessee Association of People with AIDS—Nashville, TN; TII CANN—Title II Community AIDS National Network—Washington, DC.; Whitman Walker Clinic—Washington, DC.

THE AIDS INSTITUTE,
WASHINGTON, DC.,
June 6, 2007.

THE AIDS INSTITUTE REGISTERS GRAVE CONCERNS ABOUT NOMINATION OF THE NEXT
U.S. SURGEON GENERAL

WASHINGTON, DC.—The AIDS Institute is expressing grave concerns over the nomination of Dr. James Holsinger as the next U.S. Surgeon General. “While Dr. Holsinger does have a substantive medical background, there are a number of disturbing reports from his past that are raising red flags,” commented Dr. Gene Copello, Executive Director of The AIDS Institute. “Particularly troubling are his views on homosexuality. HIV/AIDS continues to be a major public health epidemic in the United States. With the gay community so heavily impacted by HIV/AIDS, we question if Dr. Holsinger is the right person to be ‘America’s chief health educator.’”

“If the nomination is ever considered by the Senate Committee on Health, Education, Labor, and Pensions, we trust Senators will carefully examine the many reports being made about Dr. Holsinger’s past to determine if he is the best qualified physician in the country to serve as the Nation’s Surgeon General for the next 4 years. The public health of all Americans, including gay, lesbian, bisexual, and transgender Americans, is just too important,” Copello continued.

According to numerous reports, Dr. Holsinger helped to found a church that ministers to persons changing their sexual orientation (so called “ex-gays”) and preaches that homosexuality is a chosen lifestyle not an orientation. He also endorsed a pastor who tried to prohibit an openly gay man from joining the church. Time magazine reported in 1991 that Dr. Holsinger quit a United Methodist Church panel on homosexuality “because he felt certain the report would follow liberal lines.” He also has written that when viewing homosexuality, “biological and anatomical incompatibility” should be considered.

Copello concluded: “It’s difficult to see how a person with these views would be able to reach out to and be accepted by the gay community as an effective health and wellness messenger, a central role of the U.S. Surgeon General.”

Hon. EDWARD KENNEDY, *Chairman,*
U.S. Senate Committee on Health, Education, Labor, and Pensions,
428 Senate Dirksen Office Building,
Washington DC. 20510.

Hon. MICHAEL ENZI, *Ranking Member,*
U.S. Senate Committee on Health, Education, Labor, and Pensions,
428 Senate Dirksen Office Building,
Washington, DC. 20510.

DEAR SENATORS KENNEDY AND ENZI: We are writing in anticipation of the hearing on President George Bush’s nominee for Surgeon General of the United States, Dr. James W. Holsinger, Jr. As medical professionals who have had a long interest in the many public health issues facing the United States we feel compelled to express our concerns about Dr. Holsinger’s 1991 paper, “Pathophysiology of Male Homosexuality,” prepared for the Committee to Study Homosexuality of The United Methodist Church. Among our contributors we feel compelled to point out that Dr. Owen is a co-author of one of the works that was specifically cited in Dr. Holsinger’s paper. Others of us have written about or worked directly on, the health issues of lesbians, gay men, bisexual and transgender (LGBT) people at the time the paper was written and through the present.

We start by stating that we recognize that the paper was specifically written to advocate in support of the position that homosexuality is a “pathophysiology” (abnormal function) for the purpose of a discussion within the Methodist Committee to Study Homosexuality and also that the paper was not submitted to peer review. However, the paper is medically significant because Dr. Holsinger specifically writes from his authority as a doctor with the intention of basing his beliefs in science. As such, Dr. Holsinger specifically cites consideration of anatomy, physiology, and pathophysiology. It is clear that the paper was meant to impress upon the committee the idea that there was a scientific consensus within some disciplines for concluding that homosexuality is abnormal. Were it not for his both explicit and implicit claim that the paper represents a consensus within parts of the scientific community we would not concern ourselves with the document. Unfortunately, we be-

lieve that the document misrepresents the actual scientific understanding of homosexuality in 1991.

The thesis of Dr. Holsinger's work is that male homosexuality is a pathophysiological (e.g., abnormal) function. Dr. Holsinger seeks to support this via one main assertion, that the male and female sex can be scientifically shown to be complementary. He implies, but does not specifically state, that if it can be shown that the sexes are complementary, sexual behavior outside of this complementary structure is necessarily abnormal. As proof of complementarity, he cites the separation of the alimentary and reproductive systems in humans. He then cites instances of elevated disease and injury levels among homosexuals as evidence that homosexuals have breached the complementarity of the sexes. In fact one of the key issues that Dr. Holsinger fails to note in this paper is that risky or unsafe sexual practices can lead to the health issues whether or not they occur in the heterosexual and homosexual population. This conclusion was widely understood at the time Dr. Holsinger wrote this paper. Dr. Holsinger makes much of this supposed elevation of disease and injury within the gay male community and in our opinion in several instances the data that Dr. Holsinger cites is either misrepresented or glaringly incomplete and thus does not reflect the scientific consensus as it was known even in 1991. The paper looks even less scientific in light of today's knowledge.

First it is important to note that we do not take a position on the concept of "complementarity" except to note that as the concept is used in this paper, it is essentially a religious or non-scientific concept and consequently not subject to proof under the scientific method. Dr. Holsinger begins his discussion on complementarity on pp. 1–2 by noting that there is a scientific consensus that the alimentary and reproductive systems are separate and then further asserts that the "vagina is *designed* to receive the penis" (emphasis added). He further seeks to show that this is true by noting that the vagina has a squamous epithelium (a protective layer of cells) and a muscular tube "*intended*" to receive the penis (emphasis added).

Unfortunately evidence of design is not a testable scientific hypothesis. It is certainly true to note that most scientists in 1991 (and today) may have accepted the concept that the vagina and penis mutually evolved. However, it would not have been possible at the time and is not currently possible now for scientists to take the next step and state that mutual evolution means that the vagina is "intended" to "complement" the penis. This is not a scientifically testable hypothesis. Unfortunately, it is difficult to tell whether this confusion over the scientific and religious meanings of the word "complementary" is intentional or simply in error.

While we take issue with the portrayal of science as we have stated above, we have greater concerns with the portions of the paper that purport to show elevated rates of disease among gay men. In our opinion, Dr. Holsinger misrepresented data from some of the studies which he cites by failing to include important points from those studies that would have undermined his points. Additionally although he cites 14 studies in his bibliography we do not believe that he accurately depicted the thrust of most of those studies and we also do not believe that he accurately represented the wide range of opinion and papers available in 1991.

First, Dr. Holsinger draws conclusions from samples that are not representative of men who have sex with men (MSM). The studies cited by Dr. Holsinger are neither random nor representative of the overall population of gay men. For example, on page 3 Dr. Holsinger purports to give data on the rates of STDs among men who have sex with men. However, the study he cites draws its data from a sample of 365 men at a single STD clinic in Copenhagen. This is a small sample based on a specific urban environment. It cannot be taken as representative of all gay men. Similarly, the major studies by Agnew, Bush, and Geist (pages 2–5) observe conditions in patients who visited an emergency room. Since the sample takes place in an emergency setting it will of necessity yield alarming instances of injury and sickness, but emergency room patients simply are not representative of all men who engage in anal intercourse with other men, indeed it is likely that very few gay men experience trauma due to anal intercourse sufficient to cause them to go to the emergency room. While the studies themselves are sound, Dr. Holsinger misuses them to attempt to support his own conclusions—conclusions that they are not intended to support.

A well-known, peer-reviewed study, "The Gay Report on Sexually Transmitted Diseases" found that "specific sexual activities such as anal sex and anilingus did not appear to be as important as the number of different lifetime sexual partners and furtive sexual activities." That study was reported 10 years prior to 1991 and was based on a large sample size of more than 4,000 answers to a survey on sexual health and practices conducted in 1977. While we do not believe that Dr. Holsinger should have attempted to cite every study available to him, it is a reality that there were hundreds if not thousands of studies available and many of these studies con-

cluded that safe sex between men who have sex with men was possible. Dr. Holsinger ignores this large body of work.

Even more problematically, Dr. Holsinger misapplies data from sources discussing heterosexual sex, non-consensual sex and sex in which proper safety precautions are not practiced to imply that consensual anal sex between men is more dangerous than vaginal sex between men and women. In doing so, we believe that he seriously mis-states the dangers of male-to-male anal sex and contravenes the scientific consensus about anal sex between males as it was known in 1991.

There are numerous examples of this. On page 2, the data from the Bush and Geist studies drew evidence largely from victims of sexual assault (generally female victims in the Geist study), which Dr. Holsinger does not mention in his writing. By excluding this important data Dr. Holsinger implies that his conclusions are about consensual sex between men rather than sexual assault on either a man or a woman. On the same page, Dr. Holsinger discusses abrasions and lacerations that result from penetration by foreign objects with the implication that this is typical of men who have sex with men. However, Agnew whose study is mis-cited by Dr. Holsinger actually discusses penile-anal intercourse separately with different findings. Data on harm from penetration by foreign objects cannot be used to support conclusions about intercourse, yet this is precisely what Dr. Holsinger attempts to do.

It was well known in 1991 that anal sex could be safely practiced both between straight men and women and between gay men. Unfortunately that anal sex between men could be practiced safely is never mentioned by Dr. Holsinger, despite the fact that it was explicitly stated in the very papers that he cites. This is a very serious omission. On page 5, Dr. Holsinger quotes the Bush study as saying,

“Consensual penile-anal intercourse can be performed safely provided there is adequate lubrication. Few anorectal problems and no evidence of anal-sphincter dysfunction are found in heterosexual women who have anal-receptive intercourse.”

Dr. Holsinger does not give any explanation as to why similarly safe anal sex cannot be practiced by men who have sex with men. Dr. Holsinger also fails to note that Geist states that lacerations to the anus are “neither uncommon nor serious” and describes similar vaginal lacerations that can occur during penile-vaginal intercourse.

Dr. Holsinger follows this dual reasoning throughout his paper and often implies that conditions which apply to both men who have sex with men and their straight male and female counterparts are exclusively problematic for men who have sex with men. Most dramatically on page 3 Dr. Holsinger, quoting from the Owen study, lists 26 sexually transmitted diseases that “may be encountered in homosexually active men.” However, all of these diseases may also be encountered in sexually active heterosexual men and women. Dr. Holsinger does not note that. On page 6 he discusses the presence of anal warts and their relationship to human papilloma virus (HPV). He does not additionally note that HPV is related to elevated levels of genital warts and cervical cancer among women. It should be stated that HPV was not as well understood in 1991 as it is today. However, it was known that HPV had a strong correlation with genital warts and cervical cancer and complete omission of this topic as being an issue among sexually active straight men and women also does not reflect the scientific consensus of that time.

One consequence of Dr. Holsinger’s exclusive focus on injury and sexually transmitted disease is that he implicitly and explicitly accuses all MSM of engaging in high-risk sexual practices. This is a complete exaggeration. A paper published in 1986 concluded after compiling survey answers from 403 MSM in New York City from 1982–1983 that the average number of sexual partners per month had declined by nearly 50 percent, and that 49.5 percent of MSM had cut down on or entirely stopped unsafe activities such as unprotected anal sex. Similarly, two other studies published in 1987 and 1989 reached the same conclusions: that promiscuity and unprotected sex had declined in response to education about the risks of HIV/AIDS.

Finally the paper significantly sidesteps the scientific consensus from fields other than those listed in the paper. This severely reductive approach thus allows Dr. Holsinger to bypass studies that directly undercut his theory that homosexuality is abnormal from fields other than biology, anatomy, physiology, pathology and pathophysiology. Most notable of course, the view of homosexuality as a mental illness (and thus abnormal in the sense that most people understood the term to mean) had long been rejected by the medical establishment. In 1973, the American Psychiatric Association removed homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, the official manual that lists mental and emotional disorders. The American Psychological Association passed a resolution supporting the removal within the next 2 years.

In 1991, the medical field did not believe that homosexuality was abnormal. Most of the medical field accepted the conclusion found in a lengthy review of the literature on men who have sex with men that, "Physicians can best help their homosexual patients by accepting them and their relationships nonjudgmentally and by understanding their special health needs."

In summation, we have deep concerns about Dr. Holsinger's paper. We are concerned that the paper misrepresents, in the aforementioned ways, the studies on which the paper was based. In addition, it explicitly seeks to show that there is a complementarity to the male and female sexes. Unfortunately the concept of complementarity as Dr. Holsinger describes it is not testable and is thus not scientific.

Finally the paper implicitly attempts to show that there is a scientific consensus for the proposition that homosexuality is abnormal, when in fact the scientific consensus in 1991 was much more strongly in favor of the concept that homosexuality is not abnormal and is not a disorder. Incidentally, that consensus has only strengthened over time. We are forced to draw the conclusion that Dr. Holsinger's paper is not based on science but rather is ideology with a veneer of science.

As "America's Doctor" and chief health educator, the Surgeon General of the United States must be firmly and undoubtedly committed to the best science available. Dr. Holsinger's paper puts his ability to base health policies on scientific evidence, rather than ideological principles, into question. We therefore urge you to reject Dr. Holsinger's nomination.

Jerry Cade, M.D., AAHIVS AAHIVM Public Policy Committee, UNLV University Medical Center, Las Vegas, NV; Judith Feinberg, M.D., AAHIVS AAHIVM Public Policy Committee, Infectious Disease Center, University of Cincinnati, Holmes Hospital, Cincinnati, OH; Jason Flamm, M.D., AAHIVS AAHIVM Public Policy Committee, Kaiser Permanente, Sacramento, CA; Eric Goosby, M.D., Pangaea Global AIDS Foundation, San Francisco, CA; Steve O'Brien, M.D., East Bay AIDS Center, Oakland, CA; William F. Owen, Jr., M.D., Co-author of "Trauma and Other Non-infectious Problems in Homosexual Men," San Francisco, CA; Jeffrey T. Schouten, M.D., JD, AAHIVS AAHIVM Public Policy Committee Seattle, WA; Charles M. Walworth, M.D., Center for Special Immunology, Fountain Valley, CA; and Michael T. Wong, M.D., AAHIVM Public Policy Committee, Beth Israel Deaconess Medical Center, Division of Infectious Disease, Boston, MA.

METHODIST FEDERATION FOR SOCIAL ACTION (MFSA)

To: The Senate Committee on Health, Education, Labor, and Pensions: Senators Edward Kennedy, Christopher Dodd, Tom Harkin, Barbara A. Mikulski, Jeff Bingaman, Patty Murray, Jack Reed, Hillary Rodham Clinton, Barack Obama, Bernard Sanders, Sherrod Brown, Michael B. Enzi, Judd Gregg, Lamar Alexander, Richard Burr, Johnny Isakson, Lisa Murkowski, Orrin G. Hatch, Pat Roberts, Wayne Allard, and Tom Coburn, M.D.

From: The Rev. Kathryn Johnson, Executive Director, Methodist Federation for Social Action, Bishop Clifton Ives, Co-President, Methodist Federation for Social Action, and Ms. Marilyn Outslay, Co-President Methodist Federation for Social Action

Date: June 22, 2007

Re: The Nomination of Dr. James Holsinger for Surgeon General

On behalf of the *Methodist Federation for Social Action*, a nationwide network of United Methodists, we are writing to express deep concern about the nomination of Dr. James Holsinger to the position of Surgeon General of the United States and to urge the Senators who will be acting on this nomination to take these concerns into account.

As church leaders, we are not in a position to critique Dr. Holsinger's medical credentials. We do feel qualified, however, to comment on his demeanor and effectiveness in positions of leadership within the United Methodist Church.

Dr. Holsinger serves as the President of the United Methodist Judicial Council, the "Supreme Court" of the United Methodist Church if you will. In the past few years an unprecedented number of decisions supported by Dr. Holsinger and the conservative majority of which he is part, have been challenged by the Council of Bishops and in two cases have been reversed. In a case decided last year related to the court's understanding of who has authority to determine church membership, the court's decision has caused an uproar throughout the church.

Both in his work with the United Methodist Committee to Study Homosexuality and in his position as President of the United Methodist Judicial Council, Dr.

Holsinger's actions often appear to be ideologically driven. This certainly seems to be the case with the paper he authored entitled, "Pathophysiology of Male Homosexuality." In this paper Dr. Holsinger lifts up health concerns related to the sexual behavior of some homosexuals. He writes about this not as a means to say that the medical field must therefore aid homosexual men in maintaining their health, but rather to propose that male homosexual behavior is "pathological."

In one of the most helpful articles we have found written about the work of Dr. Holsinger, author Jim Burroway has carefully studied Holsinger's "Pathophysiology of Male Homosexuality" and concludes that it has "very little scientific value." He writes, "Worse, it shows a startling eagerness to pull evidence out of context to provide damning evidence against gay men, while willfully ignoring counter evidence in the same literature which essentially destroys the core of his arguments." We strongly commend this paper to anyone in a position to make decisions related to Dr. Holsinger's fitness to serve as Surgeon General. It can be found at <http://www.boxturtlebulletin.com/2007/06/11/431>.

There have been reports in the press about Dr. Holsinger's respectful behavior with individual gay and lesbian persons. We have no reason to doubt accounts of acts of individual kindness. Dr. Holsinger has not been nominated, however, to serve as a chaplain to individuals. He has been nominated to a position as the Nation's chief health educator.

There have also been press reports challenging opponents to Dr. Holsinger for attacking him on the basis of his religious beliefs. We wish to be very clear that we are not doing this. We have no problem with persons of faith serving in public office. Nor would we discourage individuals from allowing their faith commitments to inform their ethics in making decisions. Indeed, as an organization, we encourage this. Our concern comes when we observe a person, such as Dr. Holsinger, appearing to sacrifice medical and scientific accuracy in support of his ideological commitments.

At a time when our Nation is deeply polarized on so many issues, it is important to have someone in the position of surgeon general who is widely trusted across the board, a person Americans believe will act with medical integrity. Americans must be confident that the surgeon general will promote the common good, making decisions and promoting policies in the best interest of all citizens.

Perhaps most important, national leaders, including the surgeon general, should be persons who can bridge the inevitable divisions that arise between citizens in a pluralistic society such as ours. We question whether Dr. Holsinger is such a person.

THE NORTH AMERICAN OLD CATHOLIC CHURCH,
WASHINGTON, DC. 20002-6427,
June 7, 2007.

Senator EDWARD KENNEDY, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
428 Senate Dirksen Office Building,
Washington, DC. 20510.

DEAR MR. CHAIRMAN: I write to you today regarding President Bush's nomination of Dr. John Holsinger for the position of Surgeon General of the United States.

In media reports, it has become apparent that Dr. Holsinger, through a church he helped to found in Kentucky, advocates a "treatment" for homosexuality called Conversion Therapy, which uses spiritual and unfounded, dangerous, and harmful "psychological" methods to "treat" the condition of being gay.

According to the Web site for the office of the Surgeon General of the United States, one of the chief responsibilities of the Surgeon General is ¹ *"To articulate scientifically based health policy analysis and advice to the President and the Secretary of Health and Human Services (HHS) on the full range of critical public health, medical, and health system issues facing the Nation."*

In reviewing The American Psychological Association Web site, it is apparent that Conversion Therapy is not based in any way on scientific fact, but on bias, prejudice, and ideological perspectives that are inconsistent with quality mental health standards. On the APA Web site,² they state:

"Some therapists who undertake so-called conversion therapy report that they have been able to change their clients' sexual orientation from homosexual to heterosexual. *Close scrutiny of these reports however show several factors that cast doubt on their claims.* For example, many of the claims come from organizations with an ideological perspective which condemns homosexuality. Further-

¹ <http://www.surgeongeneral.gov/aboutoffice.html>.

² http://www.apa.org/logics/orientation;htm;/conversion_therapies.

more, their claims are poorly documented. For example, treatment outcome is not followed and reported overtime as would be the standard to test the validity of any mental health intervention.

The American Psychological Association is *concerned about such therapies and their potential harm* to patients. In 1997, the Association's Council of Representatives passed a *resolution reaffirming psychology's proposition to homophobic in treatment* and spelling out a client's right to unbiased treatment and self-determination. *Any person who enters into therapy to deal with issues of sexual orientation has a right to expect that such therapy would take place in a professionally neutral environment absent of any social bias.*

It is apparent that Dr. Holsinger advocates a psychological "treatment" to homosexuality that is not rooted in science, but rooted in prejudice.

The person appointed Surgeon General of the United States should be a practitioner who advocates and participates in sound, proven medical treatments that have been accepted by the professional medical societies in the appropriate field of study. Conversion Therapy does not meet that litmus test.

While we respect Dr. Holsinger's right to freely practice his religious beliefs in his private life and medical practice, upon appointment to be America's physician, his practice becomes public, and he needs to represent only sound, accepted medical treatments to American Citizens.

His ready acceptance of this controversial treatment, a treatment that is opposed by practitioners specially trained in psychoanalysis demonstrates his inability to properly fill the role of Surgeon General of the United States.

On behalf of our clergy and members of our congregations in Wisconsin, Illinois, Tennessee, Kentucky and the District of Columbia, we strongly encourage you to vote AGAINST Dr. Holsinger's confirmation as the eighteenth Surgeon General of the United States.

Cordially,

THE MOST REVEREND MICHAEL V. SENECO, SPSA, DD, L.TH.,
Presiding Archbishop.

June 5, 2007.

Senator EDWARD M. KENNEDY, *Chairperson,*
Committee on Health, Education, Labor, and Pensions,
Russell Senate Office Building, Room 317,
Washington, DC.

DEAR SENATOR KENNEDY: I understand that you are the chair of the Senate Committee that will be reviewing the nomination of Dr. James Holsinger to be U.S. Surgeon General.

Attached is a commentary on serious questions being raised about Dr. Holsinger's qualifications. They are based on reliable research.

There are two questions about his integrity and qualifications:

1. Dr. Holsinger claims to be a cardiologist without board certification.
2. Dr. Holsinger is driven by personal views and has disregarded the sensitivities and insights of other persons, particularly as Chair of the Judicial Council of The United Methodist Church, The Judicial Council functions as a "Supreme Court" on interpretation of our *Book of Discipline*, the laws of our church. His partisan behavior in that position disqualifies him from being a Surgeon General for all persons.

I ask you to argue against his appointment as Surgeon General.

Thank you for your consideration.

ROY I. SANO,
Executive Secretary, The Council of Bishops,
The United Methodist Church.

ATTACHMENT.—BUSH TAPS JUDICIAL COUNCIL HEAD FOR SURGEON GENERAL

(By Cynthia B. Astia, Editor)

UM NEXUS

President George W. Bush has nominated Dr. James W. Holsinger, Jr., 68, currently president of the United Methodist Judicial Council, to become the Nation's 18th surgeon general.

Holsinger's confirmation hearings will be held before the Senate Committee on Health, Education, Labor, and Pensions, chaired by Senator Ted Kennedy (D-MA). If confirmed, Holsinger will succeed Richard H. Carmona, who resigned at the end

of his term in July 2006. At UM NeXus' deadline, no date had been set for the hearings because of Congress' Memorial Day recess.

As word of the nomination spread, media outlets began raising questions about Holsinger's qualifications and past performance, along with questions of continued cronyism on the part of President Bush, as with his previous nominations of Harriet Miers for the Supreme Court and Alberto Gonzales as Attorney General.

ANATOMY, THE BIBLE AND REPUBLICANS

A Kansas City, KS, native, Holsinger has a Ph.D., in anatomy and a medical degree from Duke University, along with a master's degree in hospital management from the University of South Carolina. He also has a master's degree in biblical studies from multidenominational Asbury Theological Seminary in Wilmore, KY.

Although trained in general surgery and cardiology, and described in President Bush's announcement as a cardiologist, Holsinger has no national board certification in any specialty, according to the *Website of the American Board of Medical Specialties*.

Holsinger currently holds the Wethington Chair in Health Sciences and serves as professor of preventive medicine at the University of Kentucky College of Public Health. Prior to his current UK post, Holsinger led the Commonwealth of Kentucky Cabinet for Health and Family Services from 2003 to 2005. Before that, he was chancellor of UK's A.B. Chandler Medical Center for 9 years, and directed the Veterans Affairs Medical Center in Lexington, KY, from 1993 to 1994.

Altogether, Holsinger served with the Veterans Administration, renamed the Department of Veterans Affairs in 1989, from 1969 through 1994. He rose to Chief Medical Director and Undersecretary of Health for the agency under President George H.W. Bush. Holsinger retired from the Army Reserve Medical Corps in 1993 with the rank of major general.

Holsinger has been a consistent contributor to the Republican Party, according to *Newsmeat.com*. The Web site lists close to \$17,000 in contributions to the national Cheney, both fellow United Methodists, and Senate Minority Leader Mitch McConnell (R-KY).

STAUNCH ANTI-GAY LEADER

In The United Methodist Church, Holsinger rose to national prominence through his membership on the 1989–92 churchwide Committee to Study Homosexuality. He resigned from the committee shortly before the 1992 General Conference in Louisville, KY, because he said the committee's report was "skewed toward liberal interpretations" of homosexual orientation and behavior. At the time, Holsinger declined the committee's invitation to be included in a minority report on the subject.

Since that time, Holsinger has consistently supported forces in the denomination opposed to the acceptance of gay, lesbian, bisexual and transgender people. He has served previously on the board of the Indianapolis-based Confessing Movement within The United Methodist Church, a 15-year-old unofficial organization dedicated to "preserving the apostolic faith," according to a statement on its *Web site*. Current Confessing Movement board members include Asbury Seminary chancellor Dr. Maxie Dunnam and layman David W. Stanley, also a director of the *Institute on Religion and Democracy*.

Holsinger was elected to the Judicial Council at the 2000 General Conference in Cleveland, OH. He was nominated from the floor along with Judicial Council members Mary A. Daffin, an attorney from Houston, TX, and Rev. Keith D. Boyette of Spotsylvania, VA, in one of the most successful political campaigns launched by the combined forces of the Confessing Movement and the Good News caucus.

During Holsinger's term on the Judicial Council, the church's "supreme court" has ruled consistently against acceptance of homosexual people. In 2005, the council upheld the defrocking of Rev. Beth Stroud, a lesbian, affirming the church's prohibition against ordaining GLBT people. Also that year, the Judicial Council set off a wave of debate in the church by siding with a Virginia pastor who refused membership to an openly gay man in *Decision 1032*. Several annual conferences this year have adopted resolutions challenging the views expressed in Decision 1032.

Holsinger currently serves in two other faith-based capacities, as treasurer of the World Methodist Council based in Lake Junaluska, NC, and as chairman of the Good Samaritan Foundation in Kentucky.

DEATHS AT VETERANS' HOSPITALS

According to a 1991 *New York Times* report, congressional investigator Mary Ann Curran testified before a House subcommittee that she found shoddy care at veterans hospitals, including several cases during 1989 and 1990 in which incom-

petence and neglect led to the deaths of patients. Curran visited six hospitals and studied the records of another 30 facilities in her investigation.

At the time, Holsinger testified to the House Government Operations Subcommittee on Human Resources and Intergovernmental Relations that the VA was "obviously not perfect," but said that he had begun management changes intended to improve quality. At a briefing prior to the hearing, Holsinger denied that there were systemic problems in the Veterans Affairs' medical system.

However, 3 months later, the government ruled that the unit Holsinger directed was responsible for *6 of 15 documented deaths* at a North Chicago veterans' hospital. Veterans' Affairs subsequently negotiated confidential settlements with the patients' families.

POOR HEALTH IN KENTUCKY

After a stint as chancellor of the medical center at the University of Kentucky, Holsinger was tapped in 2003 by Gov. Ernie Fletcher, also a physician, to serve as the commonwealth's secretary of health.

Holsinger's term reached a low point in July 2005 when the Louisville Courier-Journal published a special report showing that Kentucky citizens had the worst health in the United States, primarily through poor individual health habits such as smoking, bad nutrition and lack of exercise. Kentucky ranked second worst nationally for cancer deaths, fifth worst for cardiovascular deaths and seventh worst for obesity, according to *the paper*.

Major chronic diseases cost the Kentucky Medicaid program \$611 million for diabetes, \$422 million for cancer, \$372 million for coronary artery disease and \$728 million for chronic obstructive pulmonary disease in the fiscal year ending June 2003.

At the time of the Courier-Journal report, Holsinger said that Kentucky had "some big mountains to climb" in terms of promoting better health among its citizens. Although he is credited with initiating changes in the State's Medicaid system to save taxpayers money, Holsinger left his position halfway through his term, 5 months after the newspaper report, reportedly to spend more time with his family. He joined the teaching staff of the University of Kentucky College of Public Health.

\$20 MILLION LAWSUIT

While Holsinger's political and academic colleagues praised his nomination, United Methodist leaders in the Kentucky Annual Conference were notably silent. The frigid reception to Holsinger's nomination as Surgeon General most likely stems from a lawsuit still under way between the conference and the Good Samaritan Foundation that Holsinger chairs.

In January, Holsinger, on behalf of the foundation, said he planned to launch a second appeal of a decision by Fayette Circuit Judge Gary Payne. The judge ruled in 2003 that the Kentucky Annual Conference is the rightful owner of an estimated \$20 million from the foundation's 1995 sale of Good Samaritan Hospital in Lexington, KY, to Columbia/HCA Healthcare Corp. The conference had filed suit in 2000, claiming it owned the hospital through its historic relationship with the foundation, which until Holsinger's chairmanship reported regularly to annual conference sessions, according to the Rev. Chris Morgan's blog, *Assembled Reflections*.

Under Holsinger's leadership, the foundation put the \$20 million into an endowment that typically provides \$1 million in annual grants for health care and health education. Judge Payne has ruled the hospital was held in trust for the conference by the foundation, and that the Kentucky Conference rightfully owns the money. An appeals court upheld his ruling and returned the case to Payne, who last December reaffirmed his earlier decision and ordered the foundation's trustees to turn the money over to the conference. *The appeal is still pending.*

PRAISE AND CRITICISM

Holsinger was unavailable for comment because the White House instructed the doctor and his wife, Barbara, not to talk with reporters, as is typical for a nominee prior to confirmation hearings.

However, the Holsingers' enforced silence did not stop both friends and foes from discussing the doctor's nomination to serve as America's chief health educator.

National Public Radio interviewed Holsinger's colleague, Dr. Stephen Wyatt, head of the University of Kentucky's College of Public Health. Wyatt commended Holsinger as "a gentle man, with a sense of humor, but very serious" about public health. Wyatt said Holsinger "cut through academic and financial barriers" while chancellor of the university's health care center.

The Rev. George Freeman, executive director of the World Methodist Council, told United Methodist News Service: "This is an honor for Dr. Holsinger and a fitting acknowledgement of his competency as a physician, administrator, teacher and leader."

"Dr. Holsinger is a proven leader who has dedicated his career to improving health education and services in Kentucky and across the Nation," Senate Minority Leader Mitch McConnell (R-KY) told the Louisville Courier-Journal. "He is an excellent choice for surgeon general, and I look forward to his quick confirmation." [According to public records, Holsinger has given \$1,500 to McConnell's campaigns since 2001].

Meanwhile, the liberal site Buzzflash.com, after reporting on his past performance, sniped:

"Dr. Holsinger seems like a great choice for the VP to take hunting, but he hardly seems like the best candidate out of all the doctors in America to become our next surgeon general."

Also on Buzzflash, a reader who identified himself as a doctor wrote about Holsinger's lack of board certification: "While this probably matters less for someone who has chosen to make their life as a political hack than someone who actually takes care of patients, this is certainly something of note. As a physician, I take it to mean that he is someone who didn't care enough about his clinical training to demonstrate competence according to national standards."

Ultimately, the questions about Holsinger's performance, qualifications and political connections may not hamper his Senate confirmation.

The previous surgeon general, Dr. Richard Carmona, kept such a low profile that most people hardly knew his name compared to his more popular predecessors such as C. Everett Koop, Joycelyn Elders, a United Methodist from Arkansas, and David Satcher, formerly president of UMC-related Meharry Medical School in Nashville, TN.

Carmona, like Holsinger, has a controversial past. Among allegations about Carmona made during his confirmation hearing: he was an ineffective personnel manager, he had required three attempts to pass the board certification test for general surgery and he misrepresented the number of hours he actually had worked in the emergency room on an application for an emergency medicine board certification.

As a result, the consumer group Public Citizen opposed Carmona's nomination, but the Senate dismissed the allegations against him, and he was confirmed unanimously.

CAMBRIDGE HEALTH ALLIANCE,
CAMBRIDGE, MA.

Senator EDWARD M. KENNEDY,
Committee on Health, Education, Labor, and Pensions,
Hart Senate Building,
Washington, DC. 20510.

SANDRA M. GALLARDO,
Senior Counsel, Oversight & Investigations.

DEAR MS. GALLARDO: I have been asked to respond to the paper by Dr. James W. Holsinger, Jr., entitled: "Pathophysiology of Male Homosexuality," written in 1991 for the Committee to Study Homosexuality of the United Methodist Church. For the record, I am an Associate Professor of Psychiatry at Harvard Medical School and the Director of Adult Psychiatry Residency Training at the Cambridge Health Alliance, one of the Harvard Medical School residency programs in the Department of Psychiatry. I have been studying gender and sexuality for over 25 years and have written on this topic and taught sexuality at professional association annual meetings for many years.

At the outset, before I list the specific objections to this paper, let me state that current scientific thinking about sexuality in general, and the development of homosexuality in particular has continued to shift since 1991 to a more affirmative model of sexual identity development, with every major medical and mental health professional association now considering homosexuality as a normal variant of human sexual development. There is no scientific evidence that homosexual orientation itself is pathological, and the Diagnostic and Statistical Manual of Mental Disorders *removed* homosexuality from the nomenclature in 1973.

Thus, my comments that follow are based on the fact that this paper would not pass muster as a medical piece of writing. This is NOT a scientific piece of writing.

Without a doubt, this would never be published in a peer review journal. It is inaccurate, unsupported by current research findings, and draws conclusions which are illogical at best. As a reviewer of refereed journals, I can say that this would not even be considered for review by any of the mainstream medical journals.

That being said, the very title of the paper does not make sense. The title suggests the paper will explore the scientific (pathophysiology) of male homosexuality. This is not at all what the paper does, nor does it use the word pathophysiology as it is used in science:

“Pathophysiology is the study of the disturbance of normal mechanical, physical, and biochemical functions, either caused by a *disease*, or resulting from a disease or abnormal syndrome or condition that may not qualify to be called a disease.”

Two problems exist: (1) none of the existing medical associations (American Psychiatric association, AMA, American Association of Pediatrics, OBGYN) and (2) none of the mental health associations (American Psychological Association, National Association of Social Workers) consider homosexuality a “disease of abnormal syndrome” and therefore the word “pathophysiology” is inaccurate. Furthermore, it is not appropriate for a physician to express a personal opinion, which in this case rests on religious principles rather than science, to misuse a medical term.

The entire article rests on an assumption that somehow because we do not have a cloaca, but have separate alimentary and genitourinary tracts, that there is something inherently wrong with anal sex, although it is practiced by all populations throughout the world. Following this logic, oral sex, which uses the alimentary tract, would also be “abnormal” making the vast majority of humans diagnosable as “abnormal,” including heterosexuals who engage at least as frequently in oral sex as homosexual men.

Furthermore, if the principle that one orifice be used only for the expressed purpose, it would follow logically that those who eat with their mouths should refrain from talking with them as well, a very distinct and biologically developed function as well.

The entire premise of this paper is based on the blaming of sexual orientation for physical illness associated with biological organisms passed from person to person. Kissing transmits infectious agents all the time, as do almost all types of human intimate contact. The participation of a relatively small number of people in more fringe sexual behavior does not justify the determination that the sexual orientation itself is pathological. After all, from a purely statistical point of view, heterosexuality is responsible for 95 percent of HIV cases in the world, through so called “normal heterosexual behavior.” The author also confuses sexual lifestyle which may enhance the risk for certain sexually transmitted diseases with sexual orientation. The articles quoted are taken out of context.

One might even make the point that the marginalization of homosexuality oriented people promotes the development of counterculture behavior. Two gay men, for example, in a mutually monogamous relationship are at less risk for STD's than heterosexuals with multiple partners. This then reduces the authors point to the basics; he is opposed to anything but a sanctified, monogamous heterosexual relationship in which penile vaginal intercourse is the ONLY permissible behavior to preserve his principle that one organ can only be used for one purpose.

He further conflates historical use of the words male and female to a discussion of “pipe fittings.” For thousands of years people believed the earth was the center of the universe and that the earth was flat. We still talk about the “Salt Lake Flats, or as flat as Nebraska” when in fact we can not simply discern with the human eye the ever so minimal curvature of the earth which is scientifically now known.

To reduce a discussion of the complexity of human sexuality to a discussion of pipe fittings is hardly a scientific argument supported by either research or logic.

Homosexuality is known in almost all species and cultures across throughout recorded time. Cave drawings, ancient paintings, have all indicated homosexual behavior in many cultures and religions. This author is conflating Christian religious doctrine with science, a shameful excuse for the lack of scientific understanding. The author conveniently leaves out the evidence that so called “primitive cultures” knew about the separation of the alimentary and reproductive systems—and yet there is much evidence to show that homosexual behavior and anal sex between men and women occurred and continues to occur frequently, with estimates of anal intercourse ranging from 5–40 percent.

This is not a scientific paper. It is an opinion piece by a physician who has allowed personal religious beliefs to distort what the body of scientific literature provides as our best understanding to date of the great range of human gender identity and sexual orientation development. The prevalence of homosexuality and the cur-

rent knowledge of the interplay of genetics, early development and complex biological events in human development suggest that homosexual orientation is a normal variant of the human condition.

Please let me know if I can be of further help in elucidating the issues above.

Respectfully submitted,

MARSHALL FORSTEIN, M.D.,
Associate Professor of Psychiatry, Harvard Medical School,
Director, Adult Psychiatry Residency Training.

NATIONAL GAY AND LESBIAN TASK FORCE,
JUNE 14, 2007.

Senator EDWARD KENNEDY, *Chairman,*
Health, Education, Labor, and Pensions Committee,
U.S. Senate,
Washington, DC. 20510.

DEAR SENATOR KENNEDY: On behalf of the National Gay and Lesbian Task Force—the oldest national organization advocating for the rights of lesbian, gay, bisexual and transgender (LGBT) people—we urge you to oppose the nomination of Dr. James Holsinger to be the Surgeon General of the United States. His record on LGBT issues causes us serious concern.

In 1991, in his capacity as a medical professional, Dr. Holsinger authored a troubling report filled with misconceptions and medical inaccuracies. In a paper prepared for the Committee to Study Homosexuality of the United Methodist Church, Dr. Holsinger argued that male homosexuality is an abnormal function, a theory considered unscientific by the medical community. Dr. Holsinger has also supported reparative therapy, another theory discredited by mainstream medical, psychiatric and psychological communities, including the American Medical Association and the American Psychiatric Association. This record indicates that Dr. Holsinger is unable to separate ideology from science.

As America's doctor, the Surgeon General is required to consider the health interests of all Americans. Dr. Holsinger's record shows that his own biases will not allow him to look objectively at scientific information. Consequently, he is not qualified to be Surgeon General and we call upon the Senate to promptly reject his nomination. Please feel free to contact Becky Dansky, Federal Legislative Director, at (202) 639-6315 or bdansky@thetaskforce.org if you have any questions.

Sincerely,

MATT FOREMAN,
Executive Director.

JUNE 4, 2007.

HUMAN RIGHTS CAMPAIGN®—WORKING FOR LESBIAN, GAY, BISEXUAL AND
TRANSGENDER EQUAL RIGHTS

HOLSINGER'S ANTI-GAY VIEWS MAKE HIM "UNWORTHY" OF SURGEON GENERAL POST

("It is essential that America's top doctor value sound science over anti-gay ideology," said Human Rights Campaign President Joe Solmonese.)

WASHINGTON.—The Human Rights Campaign spoke out today in opposition to President Bush's nomination of Dr. James Holsinger to the position of Surgeon General. Among other things, the U.S. Surgeon General is charged with educating Americans about public health.

"Dr. Holsinger has a record that is unworthy of America's doctor," said Human Rights Campaign President Joe Solmonese. His writings suggest a scientific view rooted in anti-gay beliefs that are incompatible with the job of serving the medical health of all Americans. It is essential that America's top doctor value sound science over anti-gay ideology.

In a document titled *Pathophysiology of Male Homosexuality*, Holsinger opined, in his capacity as a physician, that biology and anatomy precluded considering gay, lesbian, bisexual and transgender equality in his denomination. The opinion very clearly states that this is his scientific view, stating that theological views are separate.

Additionally, Holsinger and his wife were founders of Hope Springs Community Church which, according to the church's pastor, ministers to people who no longer wish to be gay or lesbian. The pastor, the Rev. David Calhoun, said that the church

has an “ex-gay” ministry. “We see that as an issue not of orientation but a lifestyle,” Calhoun said. “We have people who seek to walk out of that lifestyle.” This type of “ex-gay” conversion therapy has been condemned by almost every major, reputable medical organization—including the American Psychological Association, which issued a condemnation more than 10 years ago.

“Although the church’s theology isn’t being nominated, this discredited practice purports to be a psychological and medical service, and if Dr. Holsinger is involved in any way, it conflicts with his duty to accept and promote sound science in the interest of public health,” continued Solmonese.

“We are hopeful that during the hearing process Congress will fully examine Dr. Holsinger’s background and part of that examination will include issues affecting our community, including his stance on conversion therapy. Too often, we have seen President Bush send nominees to Congress that have proven their inability to separate their personal beliefs from their professional duties. As the Nation’s chief medical doctor, the Office of Surgeon General is an extremely important position that has an impact on the lives of gay and lesbian Americans and the hearing process should involve a discussion about where Dr. Holsinger stands on medical issues relating to our community,” Solmonese concluded.

(The Human Rights Campaign is America’s largest civil rights organization working to achieve gay, lesbian, bisexual and transgender equality. By inspiring and engaging all Americans, HRC strives to end discrimination against GLBT citizens and realize a nation that achieves fundamental fairness and equality for all.)

JUNE 5, 2007.

TRUTH WINS OUT.—HOLSINGER DOES TOO MUCH HARM

(By Wayne Besen)

With an approval rating hovering at Nixonian levels and Rush Limbaugh firing spitballs from the right over immigration, it didn’t take a brain surgeon to guess that George W. Bush would try to appease conservatives by nominating a Neanderthal for Surgeon General.

Out from the cave ambled James W. Holsinger, the most homophobic doctor since Isaiah Washington—the Grey’s Anatomy’s star who had to go to rehab for dropping F-bombs. But Washington was a make believe doctor, while Holsinger is very real and has the potential to inflict great harm on the GLBT community.

The Lexington Herald-Leader *reported* that Holsinger started Hope Springs Community Church in Kentucky. Rev. David Calhoun, the pastor of the big aluminum trailer church said that Hope Springs has an “ex-gay” ministry.

“We see that as an issue not of orientation but a lifestyle,” Calhoun said. “We have people who seek to walk out of that lifestyle.”

Holsinger also served on the Judicial Council for the United Methodist Church where he opposed a decision to allow a lesbian to be an associate pastor. He was even so extreme that he endorsed a pastor who tried to prohibit an openly gay man from joining a church.

Clearly, Holsinger is an ideologue whose medieval medical views on gay and lesbian people resemble sorcery more than sound science. The last thing America needed was another deplorable nominee who isn’t up to the job, but this is exactly what Bush delivered.

When this Nation required a humble Secretary of Defense—we got Rumsfeld. When we wanted a legal scholar at the Justice Department, we got the “tort-meister of torture,” Alberto Gonzales. When a soothing voice was necessary to repair America’s tattered image, Bush sent John Bolton—a man with the diplomatic touch of Napalm—to the United Nations. Now, Bush is poised to make us the laughingstock of the world by nominating Dr. Discrimination as the Nation’s top doctor.

It appears Holsinger is the latest example of affirmative action for religious zealots in the Bush administration. The President has stocked the ranks with fundamentalist Christian cronies, such as Monica Goodling, whose only notable achievement was covering a naked statue at the Justice Department with a drape. Indeed, The Boston Globe reported in May that 150 Regent University alumni had been hired to Federal Government positions since Bush took office in 2001. That’s right, the fate of our Nation has been put in the hands of graduates of Pat Robertson U.

Of course, the fact that Holsinger is a person of faith is not the problem. The issue is his archaic views about gay and lesbian people that are rejected by every respected medical and mental health organization in America. Just because he is religious does not give Holsinger a “get out of reality free card” when it comes to out-

dated ideas that are incompatible with modern medicine. There are many highly qualified people of faith Bush could have nominated who choose to live in the 21st Century and reject religion-based discrimination—but he elected to nominate a retrograde relic who must be defeated in the Senate.

Holsinger's nomination has drawn howls from my organization, Truth Wins Out, as well as the Human Rights Campaign, The National Gay and Lesbian Task Force, SoulForce and the Gay and Lesbian Anti-Violence Project in Boston. This chorus of heated opposition will only grow in the coming weeks, as people learn more about Holsinger.

"For the last 20 years, James Holsinger has been the worst kind of bully inside the United Methodist Church," said Rev. Troy Plummer, Executive Director of Reconciling Ministries Network of United Methodists. "As a member of a sexuality study team in 1991, he used his position as a medical doctor to promote skewed and inaccurate information regarding gay men."

Holsinger's nomination will go before the U.S. Senate Committee on Health, Education, Labor, and Pensions, chaired by Senator Edward M. Kennedy (D-Mass.) Presidential candidates Senators Barack Obama (D-IL), Hillary Clinton (D-NY) and Christopher Dodd (D-CT) sit on this committee. It will be interesting to see what they do about this troubling nomination and if they ask Holsinger questions about his anti-gay activities.

These Senators must be made to understand how deeply offensive this nomination is for GLBT people. Our history is littered with those who endured shock treatment, lobotomies and other forms of torture in the name of medicine. At Truth Wins Out, I often deal with victims of "ex-gay" psychological abuse who are scarred for life by people who operate ministries—like the one reportedly run by Holsinger's church.

If doctors live by the dictum "first do no harm," Holsinger in no way can reconcile his suitability for Surgeon General, with the often-catastrophic consequences caused by "ex-gay" programs.

JUNE 6, 2007.

SOULFORCE* ISSUES STATEMENT ON THE NOMINATION OF DR. JAMES HOLSINGER
FOR SURGEON GENERAL

INTERNATIONAL CONFERENCE JUNE 29—JULY 1 TO ADDRESS EX-GAY MINISTRIES

(AUSTIN, TX—Soulforce today expressed deep concern over the nomination of Dr. James Holsinger for United States Surgeon General.)

"As the leading spokesperson for matters of public health, the Surgeon General should be guided by sound medical science, not anti-gay views rooted in religion-based bigotry," said Soulforce Executive Director Jeff Lutes.

Dr. Holsinger is the current president of the United Methodist Judicial Council. As a member of the council, he opposed the 2004 decision to allow Rev. Karen Dammann, a lesbian, to continue serving as a minister. He also upheld the 2004 defrocking of Rev. Beth Stroud, another lesbian minister, and sided with a Virginia pastor who denied church membership to an openly gay man. Soulforce stood in solidarity at the trials of Rev. Dammann and Rev. Stroud, challenging the unjust policy that bars gay men and lesbians from ordination in the United Methodist Church and the false doctrine that homosexuality is "incompatible with Christian teaching."

Holsinger co-founded Hope Springs Community Church, in Lexington, Kentucky, which operates an "ex-gay" ministry aimed at changing homosexuals to heterosexuals. Recent events have brought national attention to the existence of programs intended to modify same-sex desires, which continue to multiply in spite of the consensus of the major medical and mental health organizations that sexual orientation is not a disorder and is, therefore, not in need of a cure. The American Psychological Association identifies "depression, anxiety, and self-destructive behavior" among the possible risks associated with ex-gay therapies.

Later this month, on June 29–July 1, Soulforce will sponsor an international convention in Irvine, California, for those who have attended ex-gay ministries or reparative therapy, but ultimately concluded that the programs did more harm than good. The *Ex-Gay Survivor Conference* will feature the testimonies of former "ex-gays," including men and women who founded and directed ex-gay programs but are

*Soulforce is a national civil rights and social justice organization. Our vision is freedom for lesbian, gay, bisexual, and transgender people from religious and political oppression through the practice of relentless nonviolent resistance. For more information go to www.soulforce.org.

now speaking publicly about the injury the programs can cause. For more information about the conference, go to www.soulforce.org/article/1226.

Soulforce Executive Director, Jeff Lutes, is a licensed psychotherapist in private practice and has treated dozens of victims of so-called “ex-gay ministries” and “reparative therapy.” In a statement released Wednesday, Lutes said “America doesn’t need a Surgeon General who supports “reparative therapy” and anti-gay dogma masquerading as science. If Holsinger bars gays and lesbians from his own church, how will he treat them as the Nation’s chief physician? What America needs now is some “reparative theology”—a force of fair-minded people of faith who will take an unwavering stand against religion gone bad and choose instead to welcome and affirm gay and lesbian people into full citizenship.

JULY 11, 2007.

SIECUS OPPOSES HOLSINGER FOR SURGEON GENERAL

PREJUDICE AND BIAS MAKE NOMINEE UNFIT FOR POSITION

WASHINGTON, DC.—The Sexuality Information and Education Council of the United States (SIECUS) today announced its opposition to the nomination of Dr. James W. Holsinger for the post of U.S. Surgeon General. Dr. Holsinger’s confirmation hearings are taking place tomorrow in front of the U.S. Senate Committee on Health, Education, Labor, and Pensions.

“Dr. Holsinger has a record showing prejudice towards and bias against gays and lesbians,” said William Smith, vice president for public policy at SIECUS. “HIV/AIDS continues to be a devastating public health epidemic, heavily impacting the gay community. Dr. Holsinger’s efforts to put a scientific veneer on his prejudices puts his ability to advocate for the better health of all those living with and at risk for HIV/AIDS into serious question.”

Dr. Holsinger is a member of the United Methodist Judicial Council, the denomination’s “Supreme Court.” In his role on the Council, Dr. Holsinger opposed a decision to allow a lesbian to be an associate pastor and supported a pastor who would not permit an openly gay man to join the church. More disturbingly, as a member of the United Methodist Church’s Committee to Study Homosexuality, Dr. Holsinger authored a paper titled “Pathophysiology of Male Homosexuality,” in which he equates homosexuality with disease and argues that homosexuality runs counter to anatomical and physiological truths. His record also shows his support for reparative therapy to “cure” gays and lesbians, an approach widely discredited by mainstream medical and scientific organizations.

The hearing falls only 2 days after an appearance by former Surgeon General Richard H. Carmona before the House Oversight and Government Reform Committee. In his testimony Dr. Carmona said that officials within the Bush administration time and time again had made decisions on public health issues based on politics, not science, including dismissing global warming as a liberal cause and working to suppress a report on the dangers of second-hand smoke. Dr. Carmona was also suppressed when he tried to promote sex education that included discussions of contraceptives because such programs have been scientifically proven to be effective. “However, there was already a policy in place that did not want to hear the science but wanted to preach abstinence only, but I felt that was scientifically incorrect,” Carmona said.

“Given the testimony of the former Surgeon General, we see even more clearly the urgent need to have a candidate for this position who will not sacrifice the public health for political considerations and who will not kowtow to the Bush administration’s ideological agenda,” continued Smith. “We need a Surgeon General who is committed to science, not anti-gay bigotry that clouds and distorts scientific judgment.”

If Dr. Holsinger is confirmed, the government risks further marginalizing and stigmatizing gay people, which will hinder its ability to effectively battle the U.S. HIV/AIDS epidemic.

For more information, please contact Patrick Malone at (212) 819-9770 ext. 316 or at pmalone@siecus.org.

SOCIETY FOR PUBLIC HEALTH EDUCATION,
WASHINGTON, DC.,
July 11, 2007.

Hon. EDWARD KENNEDY,
U.S. Senate,
317 Russell Senate Office Bldg.,
Washington, DC. 20510.

Hon. MICHAEL ENZI,
U.S. Senate,
379 Russell Senate Office Bldg.,
Washington, DC. 20510.

DEAR CHAIRMAN KENNEDY AND RANKING MEMBER ENZI: President George W. Bush has nominated Dr. James Holsinger, Jr., to become the next U.S. Surgeon General. In the May 24th White House press release announcing his nomination, Dr. Holsinger was described as "America's chief health educator" (<http://www.whitehouse.gov/newsreleases/2007/05/20070524-2.html>).

The Society for Public Health Education (SOPHE), which represents more than 4,000 health education specialists, has serious reservations about his nomination, particularly given his past record with regard to gay, lesbian, bisexual and transgender (LGBT) populations. We are writing to strongly urge you to address this issue during his nomination hearing before the Senate Health, Education, Labor, and Pensions Committee this week.

The U.S. Surgeon has responsibility to:

- Protect and advance the health of the Nation through educating the public; advocating for effective disease prevention and health promotion programs and activities; and, provide a highly recognized symbol of national commitment to protecting and improving the public's health.
- Articulate scientifically based health policy analysis and advice to the President and the Secretary of Health and Human Services (HHS) on the full range of critical public health, medical, and health system issues facing the Nation. (<http://www.surgeongeneral.gov/>).

The U.S. Surgeon General also has responsibility for overseeing the accomplishment of the DHHS Objectives for the Nation. *Healthy People 2010: Objectives for the Nation* recognizes the need to eliminate health disparities, regardless of race/ethnicity, gender, sexual orientation, geographic location, income level, and other factors. *Healthy People 2010* also clearly states that all people are entitled to the same level of health and the best health outcomes that can be achieved.¹

SOPHE has serious reservations about whether Dr. Holsinger will vigorously pursue the Healthy People objectives related to LGBT persons given his past public record.

Dr. Holsinger was described in the June 2007 *United Methodist Nexus* as a "[s]taunch anti-gay leader . . . [who] has consistently supported forces in the denomination opposed to the acceptance of gay, lesbian, bisexual and transgender people."²

The same article states that Dr. Holsinger helped establish the Hope Springs Community Church, which operates a program for gays and lesbians, who "seek to walk out of that lifestyle." The American Psychological Association (<http://www.apa.org/pi/lgbt/policy/diagnoses.html>), the American Medical Association (<http://www.ama-assn.org/ama/pub/category/14847.html>), and many other scientific authorities do not support therapies or treatments whose purpose it is to "convert" people to heterosexuality.

Three years ago, as one of nine members of the Judicial Council of the United Methodist Church, Dr. Holsinger voted to expel a lesbian associate pastor from the clergy. In 2006, as president of the Council, he voted to support a pastor who blocked a gay man from joining his congregation.

Dr. Holsinger also wrote a report in 1991 for the United Methodist Church with the title "Pathophysiology of Male Homosexuality."³ The report has been widely criticized for misrepresenting scientific evidence and wrapping Dr. Holsinger's biases and prejudices toward GBLT people in the cloak of pseudoscience.

Thus, SOPHE urges you to pursue the following questions with Dr. Holsinger during his hearing related to the U.S. Surgeon General's responsibility to promote and protect the health of all people, including LGBT populations.

QUESTIONS SUBMITTED BY THE SOCIETY FOR PUBLIC HEALTH EDUCATION
FOR DR. HOLSINGER

Openly lesbian, gay, bisexual, or transgender (LGBT) people risk being considered “sinful, immoral, repugnant, and abhorrent” by some health care providers.⁴

Question 1. As U.S. Surgeon General, will you advocate for greater understanding and tolerance of LGBT patients by all health professionals? Will you advocate for public health and health care policy based on scientific evidence and not on religious beliefs or ideology?

Insurance companies, businesses, government institutions, hospitals, and health clinics often deny LGBT families the same privileges granted to married heterosexual couples and families. These barriers are impediments to access to health care and to honest disclosure of identity necessary for the provision of quality health care.⁵

Question 2. As U.S. Surgeon General, will you advocate for increased protection of LGBT people against discrimination based upon sexual orientation in matters of health care access, employment, housing, and public services?

Approximately 20 to 30 percent of LGBT youth attempt suicide compared to 10 percent of the general adolescent population.^{6,7} LGBT youth, despite their proportionately smaller number, account for up to 30 percent of completed suicides each year.⁶

Question 3. As U.S. Surgeon General, how will you address the public health problem of suicide for LGBT youth? How will you address stigmatization of LGBT youth and advocate for better mental health care for LGBT youth?

Young lesbians (under the age of 35) across all education levels are less likely to receive Pap smears relative to the general U.S. population, with percentages of lesbians receiving Pap smears ranging from 37 percent to 52.1 percent compared to 70.2 percent or 76.2 percent for heterosexual women.⁸ Lesbian and bisexual women are more likely to use tobacco and consume more alcohol than the general female population.^{9,10}

After 15 years of HIV prevention efforts, rates of new HIV infection of gay men in San Francisco and other AIDS epicenters are increasing, along with alarming rates of infections in urban African-American men who have sex with men.¹¹ Gay males are at higher risk for lung cancer and heart disease than heterosexual males due to higher rates of smoking. Gay bisexual men are at increased risk for anal cancer, non-Hodgkin’s lymphoma, and Hodgkin’s disease.¹²

Question 4. If appointed as U.S. Surgeon General, how will you address the issues of HIV/AIDS, smoking, cancer and, other major health problems among LGBT populations?

We request that you and other members of the Senate Health, Education, Labor, and Pensions Committee ask these questions of Dr. Holsinger during his testimony. And we further request that you carefully evaluate whether his responses to these important health policy and health care questions are direct, candid, and convincingly positive.

As “America’s chief health educator,” the U.S. Surgeon General must pursue the health and well-being of *all* people, regardless of their sexual orientation, gender, race/ethnicity, geographic location, income level, or other factors.

Thank you very much for your consideration of this matter and for your commitment to protecting and defending all people of this Nation.

Sincerely,

ELIZABETH H. HOWZE, ScD, CHES,
President, Society for Public Health Education.

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[Whereupon, at 12:00 p.m., the hearing was adjourned]

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