

**NOMINATION OF SURGEON GENERAL DESIGNATE,
VIVEK HALLEGERE MURTHY**

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

ON
NOMINATION OF VIVEK HALLEGERE MURTHY, OF MASSACHUSETTS, TO
BE MEDICAL DIRECTOR IN THE REGULAR CORPS

FEBRUARY 4, 2014

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



Available via the World Wide Web: <http://www.gpo.gov/fdsys/>

U.S. GOVERNMENT PUBLISHING OFFICE

86-664 PDF

WASHINGTON : 2015

For sale by the Superintendent of Documents, U.S. Government Publishing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512-1800; DC area (202) 512-1800
Fax: (202) 512-2104 Mail: Stop IDCC, Washington, DC 20402-0001

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

TOM HARKIN, Iowa, *Chairman*

BARBARA A. MIKULSKI, Maryland	LAMAR ALEXANDER, Tennessee
PATTY MURRAY, Washington	MICHAEL B. ENZI, Wyoming
BERNARD SANDERS (I), Vermont	RICHARD BURR, North Carolina
ROBERT P. CASEY, JR., Pennsylvania	JOHNNY ISAKSON, Georgia
KAY R. HAGAN, North Carolina	RAND PAUL, Kentucky
AL FRANKEN, Minnesota	ORRIN G. HATCH, Utah
MICHAEL F. BENNET, Colorado	PAT ROBERTS, Kansas
SHELDON WHITEHOUSE, Rhode Island	LISA MURKOWSKI, Alaska
TAMMY BALDWIN, Wisconsin	MARK KIRK, Illinois
CHRISTOPHER S. MURPHY, Connecticut	TIM SCOTT, South Carolina
ELIZABETH WARREN, Massachusetts	

DEREK MILLER, *Staff Director*

LAUREN MCFERRAN, *Deputy Staff Director and Chief Counsel*

DAVID P. CLEARY, *Republican Staff Director*

(II)

C O N T E N T S

STATEMENTS

TUESDAY, FEBRUARY 4, 2014

Page

COMMITTEE MEMBERS

Harkin, Hon. Tom, Chairman, Committee on Health, Education, Labor, and Pensions, opening statement	1
Alexander, Hon. Lamar, a U.S. Senator from the State of Tennessee, opening statement	3
Warren, Hon. Elizabeth, a U.S. Senator from the State of Massachusetts	4
Isakson, Hon. Johnny, a U.S. Senator from the State of Georgia	15
Mikulski, Hon. Barbara A., a U.S. Senator from the State of Maryland	16
Enzi, Hon. Michael B., a U.S. Senator from the State of Wyoming	19
Murphy, Hon. Christopher, a U.S. Senator from the State of Connecticut	21
Scott, Hon. Tim, a U.S. Senator from the State of South Carolina	23
Casey, Hon. Robert P., Jr., a U.S. Senator from the State of Pennsylvania	25
Roberts, Hon. Pat, a U.S. Senator from the State of Kansas	27

WITNESS

Hallegere Murthy, Vivek, M.D., MBA, Boston, MA	5
Prepared statement	8

ADDITIONAL MATERIAL

Statements, articles, publications, letters, etc.:	
Richard Carmona, M.D., M.P.H., FACS, letter	31
Letters of Support	32
Response by Vivek Hallegere to questions of:	
Senator Alexander	56
Senator Enzi	60
Senator Burr	61
Senator Hatch	63
Senator Roberts	69
Senator Murkowski	73
Senator Murray	74
Senator Sanders	76
Senator Franken	76
Senator Casey	78

(III)

**NOMINATION OF VIVEK HLLEGERE MURTHY,
OF MASSACHUSETTS, TO BE MEDICAL DI-
RECTOR IN THE REGULAR CORPS**

TUESDAY, FEBRUARY 4, 2014

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

The committee met, pursuant to notice, at 10:32 a.m. in room SD-430, Dirksen Senate Office Building, Hon. Tom Harkin, chairman of the committee, presiding.

Present: Senators Harkin, Alexander, Mikulski, Casey, Murphy, Warren, Enzi, Isakson, Roberts, and Scott.

OPENING STATEMENT OF SENATOR HARKIN

The CHAIRMAN. Good morning, everyone.

The Senate committee on Health, Education, Labor, and Pensions will please come to order.

I am pleased to welcome Dr. Vivek Murthy, President Obama's nominee to be the next Surgeon General of the United States. I would also like to recognize all of his friends and family who are here with him, and I know that he will be introducing them later on.

As the Nation's Doctor, the Surgeon General serves as our Nation's primary spokesperson and advocate on matters of public health, and is a critical leader in the response to public health crises and national emergencies, including natural disasters, disease outbreaks, and terrorist attacks. Specifically, the Surgeon General is responsible for leading the U.S. Public Health Service Commissioned Corps, the Medical Reserve Corps, and the National Prevention Council, which I am proud to have created in the Affordable Care Act.

The Surgeon General is uniquely positioned to develop and implement strategies to promote safety, health and wellness, and to drive disease prevention strategies in our Nation. We need only look to the great work of previous Surgeons General to see the potential for transformational public health initiatives that can save millions of lives and change the course of our Nation's health and well-being.

Just recently, we celebrated the 50th anniversary of one such accomplishment in the landmark 1964 Surgeon General's Report on Smoking and Health, which paved the way for combating the epidemic of disease and suffering related to tobacco use. That initiative alone is estimated to have saved at least 8 million lives due

to smoking-related illnesses. In addition to powerfully spotlighting the dangers of tobacco use, Surgeons General have improved the health of the American people on issues as far reaching as HIV/AIDS, underage drinking, mental health, access to health care, chronic disease, and obesity. Countless lives have been lengthened and saved thanks to the extraordinary efforts of the men and women who have served in this all-important role.

Surgeon General Regina Benjamin, who served until last July, was the most recent example of the capacity for a Surgeon General to shed light on urgent public health issues, and we salute her good work. During her tenure, she developed national suicide prevention initiatives; partnered with the business community through the Million Hearts Campaign, which aims to prevent 1 million heart attacks annually; and released, "The Surgeon General's Vision for a Healthy and Fit Nation," laying out strategies to fight childhood obesity and to increase levels of physical fitness. And especially close to my heart, she also oversaw the release and implementation of the first-ever National Prevention Strategy and subsequent Action Plan which I had called for in the Affordable Care Act.

The importance of this role is made all the more clear by the role played by the U.S. Public Health Service Commissioned Corps in responding to emergencies including, in recent years, Hurricane Katrina, the earthquake in Haiti, and the Deepwater Horizon oil spill.

Should he be confirmed, Dr. Murthy's calm demeanor, his excellent ability to communicate with Americans from all backgrounds, and his medical and public health expertise will be an invaluable asset during the times that Americans are most concerned about their health and their safety.

Despite the Herculean efforts of previous Surgeons General, we still have many challenges to address to improve the health of our Nation. So we are very fortunate to have a nominee of Dr. Murthy's caliber. He is an extraordinary physician and exceptionally well-qualified to lead our national prevention and wellness efforts. In fact, Dr. Murthy's colleagues who know him best have sent me compelling letters of support that testify to his talents, leadership, and character.

I will just note a few of these words of praise. His colleagues note that he is, "Willing to work with people of all backgrounds." That he is a, "strong, dynamic leader." He is, "Keenly aware of the issues facing our country."

In addition to his professional leadership, his colleagues describe his unsurpassed level of compassion, personal integrity, and energy for promoting health and wellness initiatives in the United States and abroad.

And I ask unanimous consent to include the text of these letters in the record.

[The information referred to may be found in Additional Material.]

Given Dr. Murthy's extraordinary medical and public health accomplishments, it is no surprise that his colleagues hold him in such high esteem.

Shortly, after Senator Alexander's opening remarks, I will recognize the distinguished Senator from Massachusetts, Senator Warren, to officially introduce Dr. Murthy to the committee.

I could speak at much greater length about Dr. Murthy's accomplishments, but I will just say that it is clear that Dr. Murthy is an exemplary candidate to serve as the next Surgeon General of the United States.

As I said, the Surgeon General's leadership role is absolutely critical to the health and safety of our Nation, as well as to the success of our national strategies to promote disease prevention and wellness, strategies that have the power to greatly improve the health of our people today and long into the future.

Dr. Murthy, I will welcome you, but as I said, I will yield to Senator Warren for a formal introduction.

And with that, I will yield to Senator Alexander.

OPENING STATEMENT OF SENATOR ALEXANDER

Senator ALEXANDER. Dr. Murthy, congratulations on your nomination.

Thanks, Mr. Chairman.

And welcome to you, welcome to your family members who are here. I enjoyed our visit in the office the other day.

If you are confirmed as Surgeon General, you will oversee the U.S. Public Health Service Commissioned Corps of 6,800 uniformed officers. You will also chair the National Prevention Health Promotion and Public Health Council. You will be the Nation's Doctor, as the position has come to be called.

My late friend, Alex Haley, used to encourage me to find the good and praise it, and that is not hard to do in your case. I would start with your identification of obesity, specifically childhood obesity, as a priority and your determination, as expressed to me, to make that a priority, if not the priority, of your time as Surgeon General. That would seem to me to be a very valuable use of what has come to be regarded as an important bully pulpit.

I do not need to go into the details about how pervasive obesity has become. Approximately 17 percent of children and adolescents aged 2 to 19 are obese. That is just too many. I have seen too many examples of the increasing cases of Type 2 diabetes in younger and younger children as they go along. So that is on the positive side on the ledger.

On the other side of the ledger, I have a couple of concerns. There is no doubt that you are a highly intelligent and highly motivated person. But my first concern is that much of your credential, it seems to me, is a political credential. Much of your work has been devoted to electing the current President and advocating the new healthcare law, all of which is your perfect right to do as an American citizen. But as a public official, if that becomes your principle purpose in the bully pulpit, that gets to be a problem.

There are, at least, a large number of Americans, and many in the Congress, who disagree with the wisdom of that law, who know that more than 5 million Americans in the individual market lost their healthcare coverage as a result of it, and who are concerned about the small number of uninsured people who have actually been insured by it. In other words, we would not, I would not,

count it as a success, and I would be reluctant to put into the Surgeon General's Office someone who would use that as a bully pulpit to promote a law that, I think, is an historic mistake.

The second concern I have, along the same line, is about your comments about guns saying that politicians, in your Tweets of October 16, 2012, "Tired of politicians . . . scared of the NRA." Those are some of the words. I would hope that you know that Americans have a First Amendment right to advocate the Second Amendment or any other amendment, and the Second Amendment is not a special interest group. It is part of our Constitution. And again, if your goal is to make guns the bully pulpit of your advocacy in the Surgeon General's Office, that would concern me.

The second major area of concern that I look forward to learning more about has to do with experience.

I would like to ask permission to include in the record a letter from the 17th Surgeon General of the United States, Richard Carmona, who wrote the President about your pending appointment.

The CHAIRMAN. No objection.

[The information referred to may be found in Additional Material.]

Senator ALEXANDER. Thank you.

The letter can speak for itself. Dr. Carmona says,

"I do not know the potential nominee that the press has reported on. However, it appears he is a smart, motivated physician, very early in his career with great potential, but no significant related leadership experience and no formal public health training or experience."

He talks about how the general tradition of surgeons general has been to select someone who has the credentials that he suggests you do not have.

So while I admire your academic record, your passion, and your focus on obesity, I have questions about the matters that I mentioned. I am glad you are here and I look forward to listening carefully to your answers.

Thank you very much.

The CHAIRMAN. Thank you, Senator Alexander.

Senator Warren.

STATEMENT OF SENATOR WARREN

Senator WARREN. Thank you, Chairman Harkin and Ranking Member Alexander.

I am pleased to introduce Massachusetts' Dr. Vivek Murthy, who has been nominated to be our next Surgeon General. He has already had an extraordinary career. Dr. Murthy has worked as a physician, as a researcher, as an educator, and as an entrepreneur working to improve health across the country and around the world.

Dr. Murthy earned a bachelor's degree from Harvard, and his M.D. and MBA from Yale. He is currently an attending physician in internal medicine at the Brigham and Women's Hospital, and an instructor in medicine at the Harvard Medical School.

Dr. Murthy was appointed by President Obama to serve on the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health in 2011. In this role, he serves as an external advisor to the National Prevention Council, a panel that is chaired by the Surgeon General.

Now, I believe that Dr. Murthy has proven leadership and initiative. He has co-founded several organizations including Trial-Networks, a company that helps to improve efficiency in clinical trials using social media platforms, and he co-founded VISIONS, a nonprofit organization that educates young women in India about HIV and AIDS.

As the cofounder and president of Doctors for America, Dr. Murthy has engaged thousands of American physicians in health policy.

I had the pleasure of meeting personally with Dr. Murthy, and I was struck by his passion for his work. Throughout his career, Dr. Murthy has excelled as a physician. He has demonstrated his dedication to improving public health, and he has shown the ability to mobilize and to energize communities.

Given his obvious drive, intellect, and unique combination of professional experiences, it is not surprising that his nomination has earned the support of many organizations including the American Public Health Association, the American Academy of Pediatrics, the American Hospital Association, the American Cancer Society, the American Heart Association, as well as the former director of the Centers for Disease Control, and a former general counsel of the Department of Health and Human Services. They all recognize the extraordinary leadership that Dr. Murthy has already demonstrated, and what he could do in the role as Surgeon General.

Dr. Murthy is well-equipped to serve as a 21st century Surgeon General. I know that his diverse experiences will provide a valuable background as he steps into this new role once he is confirmed to serve as the Nation's Surgeon General.

Welcome, Dr. Murthy, and we are pleased to have you and look forward to today's discussion.

Thank you.

The CHAIRMAN. Thank you, Senator Warren.

Dr. Murthy, welcome. Your testimony will be made a part of the record in its entirety. I always like to give a little bit more time to people who are up for these important posts. So I have asked that you be given at least 10 minutes, if you like. You do not have to take it all.

But we welcome you and please proceed as you so desire.

**STATEMENT OF VIVEK HALLEGGERE MURTHY, M.D., MBA,
BOSTON, MA**

Dr. MURTHY. Thank you so much, Mr. Chairman.

Chairman Harkin, Ranking Member Alexander, members of the committee.

I am deeply honored and grateful for the opportunity to appear before you as nominee for the position of Surgeon General. Senator Warren, I thank you also for your kind introduction.

With the committee's indulgence, I am proud to introduce my family who is here supporting me today: my mother, Mrs. Myetraie

Murthy, my father, Dr. Hallegere Murthy, and my sister, Dr. Rashmi Murthy. Our family, like so many before us, has been fortunate to live the American Dream. I am the son of immigrant parents who came to this country seeking better opportunities and education for their children. They did not have much in the way of possessions or money when they came to this country, but they had a commitment to working hard, and they conveyed that commitment to their children.

My grandfather was a poor farmer who fought for democracy and freedom in India, and who never could have dreamed that his grandson would have the opportunity to sit before you today in consideration of this important position.

From an early age, my parents instilled in me the core values of service, education, and health. I spent many weekends helping in my father's medical clinic, and it was there that I came to see what medicine could be like in its best moments: an opportunity for a doctor and a patient to come together and to form a mutually therapeutic relationship. These early experiences inspired my own life's work.

To be considered for the position of Surgeon General is an extraordinary honor that I believe comes with the sacred responsibility to improve the health of the Nation. The Surgeon General is charged with providing the public with the best possible scientific information on health, with leading the talented men and women in our Public Health Service Commissioned Corps, and with chairing the National Prevention Council.

I respectfully submit that my experience working to improve health over the last 20 years has given me the skills and perspective to be an effective Surgeon General. As someone who has cared for patients in the hospital, conducted research in the laboratory, and built public health programs in the community, I can help forge partnerships between these worlds, and build bridges between older and younger generations to address the biggest healthcare challenges that face our Nation.

Using 21st century approaches and technology, I hope my tenure, if I am confirmed as Surgeon General, will be one where we marshal partnerships across the country to address the epidemics of obesity and tobacco-related disease, to reduce the crippling stigma of mental illness, to rollback the resurgence of vaccine-preventable disease, and to make prevention and health promotion the backbone of our communities.

Over the course of my career, I have been associated with some of our Nation's finest universities and hospitals during my time at Harvard, Yale, and Brigham and Women's Hospital, initially as a student of biochemistry, management and medicine, and later as a physician and educator.

As a physician, I have cared for thousands of patients of all backgrounds with a range of illnesses from diabetes and cardiovascular disease to cancer and infections, and I have witnessed firsthand the challenges that so many of our patients face. I have seen the power of medical science, but I have also learned how much of health is determined outside the walls of our hospitals in our communities where we need stronger partnerships around prevention.

As a researcher, I have worked in the laboratory on vaccine development and studied the access of women and minorities to clinical trials. I have a keen understanding of the importance of science and innovation in improving health outcomes.

As a teacher, I am aware of the issues confronting the next generation of doctors as they embark on a life dedicated to patient care.

As a public health educator, I have created HIV/AIDS education programs for tens of thousands of youth through an organization I founded called VISIONS. And I have helped build a rural community health partnership in India which trained young women to be healthcare educators and leaders which, in turn, has reached tens of thousands of patients in rural communities.

Through these experiences, I learned how to conceive and execute community-wide health projects that respected cultural and geographic differences.

As an organizational leader, I have co-founded a national medical organization, Doctors for America, comprising thousands of physicians of all specialties, all ages, and all political affiliations in order to strengthen the dialog between patients, physicians, and policy-makers. In this capacity, I have managed thousands of inspiring volunteers and brought together diverse stakeholders from local churches and community centers to national medical organizations for a common goal of improving health.

As a national leader in prevention, I have served on the Advisory Group to the National Prevention Council and helped inform and share the Nation's first National Prevention Strategy.

And as an entrepreneur and innovator, I co-founded and helped build a successful software company, TrialNetworks, that has harnessed the power and potential of information technology to improve research collaboration and the efficiency of clinical trials around the world.

These foundational experiences have given me the opportunity to view health through multiple dimensions and have grounded me in science, research, medicine, and public health.

I believe the future of public health demands that we remove the walls that separate our health delivery systems and our communities, and ensure that all institutions in society play a role in prevention and health promotion. If given the opportunity to serve as Surgeon General, I would build strong partnerships between our delivery systems and our faith-based groups, local businesses, and other stakeholders in our community in order to do three things.

First, provide the public with scientifically based information on issues such as obesity, diet, physical activity, and tobacco cessation.

Second, to implement community-driven public health initiatives based on scientific evidence and cultural norms.

And third, to assess the efficacy of current and new strategies for targeting public health challenges in collaboration with the research community.

I will also focus on leading the National Prevention Council to assure all agencies of the Federal Government are supporting individuals in making healthier choices, and I will dedicate myself to leading the committed, talented men and women in our Commis-

sioned Corps who work hard every day to advance public health in our country.

I believe that our Nation's strength has always, always come from its people. They are, and will always be, our most valuable resource. Improving the health of our people means strengthening the Nation and if given the opportunity and honor to serve as America's Surgeon General, this will be my highest priority.

Thank you for the opportunity to be considered for this important position.

[The prepared statement of Dr. Murthy follows:]

PREPARED STATEMENT OF VIVEK HALLEGERE MURTHY, M.D., MBA

Chairman Harkin, Ranking Member Alexander, and members of the committee, I am deeply honored and grateful for the opportunity to appear before you as nominee for the position of Surgeon General.

With the committee's indulgence, I am proud to introduce my family who is here supporting me today. My mother, Mrs. Myetraie Murthy, my father Dr. Hallegere Murthy, and my sister, Dr. Rashmi Murthy.

Our family, like so many before us, has been fortunate to live the American Dream. I am the son of immigrant parents who came to this country with little money and few possessions but with a commitment to work hard and build a better life for their children. My grandfather was a poor farmer who fought for democracy and freedom in India and who never could have dreamed that his grandson would have the opportunity to sit before you today to be considered for the position of Surgeon General.

From an early age, my parents instilled in me the core values of service, education, and health. I spent many weekends helping in my father's medical clinic, and it was there that I came to see what medicine could be like in its best moments: an opportunity for a doctor and patient to come together and create a mutually therapeutic bond. These early experiences inspired my own life's work.

To be considered for the position of Surgeon General is an extraordinary honor that comes with the sacred responsibility to improve the health of our Nation. The Surgeon General is charged with providing the public with the best possible scientific information to improve health; leading the talented men and women in our Public Health Service Commissioned Corps; and chairing the National Prevention Council.

I respectfully submit that my experience working to improve health has given me the skills and perspective to be an effective Surgeon General. As someone who has cared for patients in the hospital, conducted research in the laboratory, and built public health programs in the community, I can help forge partnerships between these worlds and build bridges between younger and older generations to address the biggest health care challenges that face our Nation. Using 21st century approaches and technology, I hope my tenure, if I am confirmed as Surgeon General, will be one where we marshal partnerships across the country to address the epidemics of obesity and tobacco-related disease, to reduce the crippling stigma of mental illness, to rollback the resurgence of vaccine preventable disease, and to make prevention and health promotion the backbone of our communities.

Over the course of my career, I have been associated with some of our Nation's finest universities and hospitals during my time at Harvard, Yale and Brigham and Women's Hospital, initially as a student of biochemistry, management, and medicine, and later as a physician and educator.

As a physician, I have cared for patients of all backgrounds with a range of illnesses from diabetes and cardiovascular disease to cancer and infections, and I have witnessed firsthand the challenges our patients face. I have seen the power of medical science, but have also learned how much health is determined outside the walls of the hospitals in our communities where we need stronger partnerships around prevention.

As a researcher, I have worked in the laboratory on vaccine development and studied the access of women and minorities to clinical trials. I have a keen understanding of the importance of science and innovation in improving health outcomes.

As a teacher, I am aware of the issues confronting the next generation of doctors as they embark on a life dedicated to patient care.

As a public health educator, I created HIV/AIDS education programs for tens of thousands of youth through an organization I co-founded called VISIONS. I built a rural community health partnership in India called Swasthya to train young women

to be health care educators and leaders. Through these experiences, I learned how to conceive and execute community-wide health projects that respected cultural and geographic differences.

As an organizational leader, I co-founded a national medical organization, Doctors for America, comprising thousands of physicians in all 50 States, in order to strengthen dialog between physicians, patients, and policymakers about pressing health matters. In this capacity, I managed thousands of inspiring volunteers and brought together diverse stakeholders for a common goal of improving health.

As a national leader in prevention, I have served on the Advisory Group to the National Prevention Council and helped inform and share the Nation's first National Prevention Strategy.

And as an entrepreneur and innovator, I co-founded and helped build a successful software technology company, TrialNetworks, that has harnessed the power of information technology to improve research collaboration and the efficiency of clinical trials around the world.

These foundational experiences have given me the opportunity to view health through a variety of lenses and have grounded me in science, research, medicine, and public health.

I believe the future of public health demands that we remove the walls separating our health delivery systems and our communities and ensure that all institutions in society play a role in prevention and health promotion. If given the opportunity to serve as Surgeon General, I would build strong partnerships between our delivery systems and the faith-based groups, local businesses, and other stakeholders in our community in order to do three things:

- (1) provide the public with scientifically based information on issues such as obesity, diet, physical activity, and tobacco cessation;
- (2) implement community-driven public health initiatives based on scientific evidence and cultural norms; and
- (3) assess the efficacy of current and new strategies in collaboration with the research community.

I will also focus on leading the National Prevention Council to assure all agencies of the Federal Government are supporting individuals in making healthier choices, and I will dedicate myself to leading the committed, talented men and women in our Commissioned Corps who work hard to advance public health every day.

I believe that our Nation's strength has always come from its people. They are and will always be our most valuable resource. Improving the health of our people means strengthening the Nation. If given the opportunity and honor to serve as America's Surgeon General, this will be my highest priority.

Thank you for the opportunity to be considered for this important position.

The CHAIRMAN. Dr. Murthy, thank you very much for that eloquent and excellent statement.

We will begin a round of 5 minute questions as soon as they get the clock figured out here.

Dr. Murthy, I especially liked what you said in your statement about breaking down the walls and getting everyone involved in prevention and wellness. I have, over the last 20 or 30 years, been talking about the fact that we have a sick care system in this country, not a health care system; sick care. If you get sick, you get care, but very little have we done to keep you healthy and out of the hospital in the first place.

As one wise doctor said to me one time, you go to a hospital to get cured, but you go home to get well and that is how it ought to be. We ought to have a comprehensive look at how we promote prevention and wellness; not just in the doctor's office, but in our workplaces, our schools, and our communities in a comprehensive fashion.

That is what the National Prevention Council is set up to do. When we were working on the Affordable Care Act, that was my top priority to work along with Senator Mikulski. In fact, the two of us worked together on putting that provision in there to promote prevention and wellness, and to set up the Prevention and Public

Health Fund making unprecedented investments in our society in creating healthy communities, keeping people healthy.

You have mentioned the three things that you would focus on, as well as leading the National Prevention Council.

I wonder if you could just, again, address yourself, to your vision of what our country would look like if we could really pursue a comprehensive policy of wellness and prevention. How that would affect our kids. How that would affect their obesity levels. How it would affect how they view what they eat and what they do. What our schools do in terms of promoting better diet and better physical activity among our kids. Paint for us your vision of what that America would look like if you could just snap your fingers and make it happen, which I know you cannot, but how would you lead that effort?

Dr. MURTHY. Thank you, Senator Harkin, for your question, the opportunity to speak about an issue I am deeply passionate about, which is prevention. And thank you, as well, and to Senator Mikulski and other members of this committee for the extraordinary work you did in setting up the National Prevention Council, and for your efforts on prevention. I very much appreciate that.

I believe that the future of public health is a society where we have a continuum of health that runs through every institution and every person. In a traditional society where it is not taught to think of our hospitals and our clinics as a place where health resides.

But the truth of the matter is that every person and every institution has a role that they can play in improving health and in promotion wellness. And I believe the future of public health lies in bringing institutions and people together to recognize and to embrace that role.

That looks to me like a society where we do sick care well. Where we still have the most advanced technologies in the world, where we still provide the highest quality care to our people who are ill. But it also looks like a society where we are helping our children stay healthy in schools; where workplaces are taking every opportunity they can to ensure that their workforce is physically active, is eating well, and is healthy. It looks like a society where organizations which typically have not impacted health, whether they be local chambers of commerce or whether they be arts organizations, all see that they can come together and play an important role in advancing important messages on health.

This, I believe, is where we need to go as a Nation, not just because it is ideally what we need to do to keep the Nation strong, but because we are pressed to do so by important challenges like a crushing burden of chronic disease.

Senator Alexander and I had the opportunity to speak about obesity and what a challenge that is to our Nation. And I am glad to know that many of us feel the importance and urgency of addressing that topic.

My concern about obesity is also that it has spawned a plethora of chronic diseases that have not only caused tremendous human suffering, but that are also causing tremendous healthcare costs. These are issues that we can address with a stronger focus on prevention.

I would last say on this point that we can do a better job in getting information to people about how to live healthier lives so that they can make decisions that are best for themselves and their families.

But it is not enough to stop at information. We have to work with communities to translate information into action. We have to work with communities to ensure that we are doing everything we can to make healthier choices possible.

I am happy to say that there are wonderful examples that are cropping up around the country where communities are coming together across sectors to make these kinds of choices easier, and I am happy to talk about more of these as we go on. But my hope is that if I have the opportunity to serve as Surgeon General, that in addition to bringing information to the public, I hope to build coalitions in communities of not just hospitals and clinics, but also our faith-based organizations, our local businesses, our other community organizations to ensure that we are working together to not only get the right information to people, but to help them translate that information into action.

The CHAIRMAN. Dr. Murthy, that was eloquent. Thank you very, very much.

My time is up. I now yield to Senator Alexander.

Senator ALEXANDER. Thanks, Mr. Chairman.

Dr. Murthy, I have two or three questions that I would like to ask in my 5 minutes. The President said in the State of the Union address that the Let's Move campaign had helped to decrease childhood obesity.

Do you think that is accurate? And if so—or whether or not it is accurate—how would you measure progress on any campaign to reduce obesity so that the American people can rely on you for a nonpolitical assessment?

Dr. MURTHY. Thank you for that question, Senator Alexander.

You are actually giving me an opportunity to talk about an area that I am very keen on, which is how we measure progress. And as somebody who is trained in science, who not only has done scientific research at the molecular level and the macro level, but who also teaches evidence-based medicine to students and to residents in my practice, I believe deeply that it is important for us to use very clear and transparent metrics when we track progress.

With regard to childhood obesity and to obesity in general, I believe the kind of metrics we need to track are, first of all, looking at the number of people who are actually obese and seeing if we are making progress in reducing those numbers.

Second, I believe we have to do everything we can to establish causal relationships to try to understand why peoples' behavior is changing. Is it because of the information they are receiving? Is it because of the impact of social networks? Or, is it because of new programs that they are taking part in?

I fully recognize that when multiple interventions are taking place simultaneously, it is not always easy to distinguish which one is actually responsible for causing the effect. But I do believe that being rigorous and scientific about assessing not just outcomes, but the causes of outcomes, is an important part of being scientifically

based, and it is an important part of conveying information to the American people.

I will last say in the campaigns around health——

Senator ALEXANDER. I have two more questions that I would like to ask in 3 minutes.

Dr. MURTHY. Please go ahead.

Senator ALEXANDER. So finish your answer, if you would like.

Dr. MURTHY. The last thing I was going to say in the health care projects I have built, I have made the measurement a key part of our campaigns, and metrics is an important focus as well.

Senator ALEXANDER. You said in your advocacy for passage of gun control last year, “Tired of politicians playing politics with guns, putting lives at-risk because they are scared of the NRA.”

To what extent do you intend to use the Surgeon General’s Office as a bully pulpit for gun control?

Dr. MURTHY. Thank you, Senator Alexander.

To start, I do not intend to use the Surgeon General’s Office as a bully pulpit for gun control. That is not going to be my priority. As we spoke about, my priority and focus is going to be on obesity prevention. There are a number of public health challenges that are facing our Nation.

My concerns with regards to issues like gun violence have to do with my experience as a physician, seeing patients in emergency rooms who have come in with acute injuries; but also seeing many patients over the years who are dealing with spinal cord injuries, post traumatic stress disorder, and other chronic complications from gun violence.

But if given the opportunity to serve as Surgeon General, I would like to point out a couple of things. One is that I recognize that the role is not to be a legislator or a judge. The role is to be a public health educator and to bring the country together around our most pressing healthcare challenges, and I believe at this point that obesity is the defining public health challenge of our time. That is where I intend to put my primary focus.

Senator ALEXANDER. I am glad to hear that. We have very well-motivated Senators here who have different points of view on the Second Amendment issues and on the new healthcare law, and no one doubts the sincerity of each side. But if you were to be the Surgeon General and would be seen primarily as an advocate for those two positions, to me, that would make it more difficult for you to be credible on the mission that you see as the most important part of your job, which would be as a bully pulpit on obesity.

Do you want to say anything comparing your level of preparation and experience to those who previously held the Surgeon General’s office?

Dr. MURTHY. Sure. Thanks for the opportunity to speak about this important point.

I believe that past Surgeons General have done extraordinary work to advance public health in our country, and I recognize and respect their contributions. I also recognize that each Surgeon General has come into office with a unique mix of experiences, skills, and perspectives to fit the needs of the country at that time.

In my case, I believe what I bring to this role is a breadth and depth of experience, which I believe will be useful in addressing the

key challenges that we face. This is a breadth that involves experience as a scientific researcher, having done research in two major realms in microscopic and macroscopic areas, and published in world class journals. Having cared for thousands of patients over time, and educated the next generation of practitioners.

Having also built public health programs on the ground, not just talked about them, but actually done the hard work of starting from scratch, working with diverse groups and communities, bringing groups together around division, and translating ideas into reality, into programs that have actually impacted tens of thousands of lives.

And with this together, I bring my experience building a national medical organization, building also partnerships through the Advisory Group on Prevention, where I have worked with communities to advance the message on prevention and to work on public education through that route.

Finally, I bring with this a perspective, I believe, that will be important to the role of Surgeon General. In addition to the skills that I have built with developing projects, managing people, managing budgets, I also bring the perspective that is of someone who has brought together younger and older generations at a time where we have an aging Baby Boomer population, but also an epidemic of obesity and Type 2 diabetes, as you mentioned, in our young.

Also the perspective of someone who understands how to bring the best of traditional communication tools together with new information technology to ensure that our communication with the public is effective and broad when it comes to healthcare issues.

Senator ALEXANDER. Thank you, Dr. Murthy. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Alexander.

In order, I have Senator Warren, Senator Isakson, Senator Mikulski, Senator Enzi, Senator Scott, Senator Roberts. We turn now to Senator Warren.

Senator WARREN. Thank you, Mr. Chairman.

Dr. Murthy, in your statement, you spoke about wanting to work at the community level to reduce obesity in this country, and this is an important goal, and we have evidence that partnering with local communities is a strategy that we know works.

We have seen it work in Cambridge and in Fall River, MA, two cities that have been nationally recognized for their community-based effort to reduce diabetes and to improve fitness. We have seen it work in Boston where community-based local programs have reduced kids' trips to the doctor due to asthma and lowered the risks of lead poisoning. And I have seen it firsthand in the remarkable initiatives led by community health centers across our State that address specific needs in the neighborhoods they serve.

But we know that community health programs are often starved for resources. Across this country, local public health departments are struggling and many face the double hit of shrinking Federal investment and local governments that are simply running out of money.

You recognize the difficulties of tight budgets and often partisan rhetoric about prevention in public health, so perhaps you could

say a bit about how your experience has prepared you to work with local partners to achieve your goals.

Dr. MURTHY. Thank you, Senator Warren.

The topic of partnerships is, I think, critical to how we are going to achieve progress when it comes to public health. One thing that I have recognized and realized in my work that I have done, not only in starting several nonprofits, but in starting my company as well, is that in all of these efforts, I have begun not with lots of funding and lots of connections, but with actually very little; starting with an idea, and then figuring out to build that into something meaningful that can impact health.

What has made these efforts successful, in my opinion, a key part of it has been partnerships. When partners work together, I believe, they can achieve far more than when they work alone. When I worked building HIV/AIDS education programs, for example, I was able to bring together unlikely partners, principals of convent schools, principals of traditional schools, parents who were conservative, parents who consider themselves liberal, students who were scared about issues like HIV and others who wanted to embrace it. I was able to bring together different partners and communities to build programs that ultimately impacted tens of thousands of students.

I did similar work in rural parts of India when I built community health partnerships with colleagues to serve rural healthcare needs. There also, we worked hard to build partnerships between hospitals, between community leaders who are often suspicious of the work that we were doing, and often, actually, had difficult relationships with each other. We had to find ways to bring them together around the unifying issue of health.

And finally, with the work that I have done for Doctors for America, we have run campaigns around prevention where we have brought community partners together, including local churches, local medical organizations, and other healthcare organizations in the city to come together to educate communities about prevention. We have put together actual action campaigns where we have had doctors, for example, do runs all across the country to help set an example of healthy living to bring their colleagues and their patients to run with them. That has served as an opportunity to bring the community together.

The reason I believe this experience with partnerships and the approach of partnerships is so important is for the reason that I mentioned in my opening statement, which is that we need to, and we absolutely must, move toward a model where all parts of society see the role that they can play in improving health, and to participate and work together to achieve a healthier population and a healthier Nation. And I believe that if I have the opportunity to serve as Surgeon General, that one of the most important parts of the job, and a part that I will certainly look forward to the most, is the opportunity to connect with and build these kinds of partnerships so that we can achieve concrete health improvements in our community.

Senator WARREN. Let me just see if I can be very brief. I think it is just powerfully important what you have said. Your demonstrated leadership and your clear vision for the future, I think,

serves this country well and I am very pleased that you are willing to serve in this role.

Mr. Chairman, I see that my time is short. I will yield back.

The CHAIRMAN. Thank you, Senator Warren.

Senator Isakson.

STATEMENT OF SENATOR ISAKSON

Senator ISAKSON. Thank you, Mr. Chairman.

Dr. Murthy, welcome. Do you know Dr. Raj Shah, Director of USAID?

Dr. MURTHY. I do not know him personally, no.

Senator ISAKSON. My first piece of advice, if you are confirmed, is to go have lunch with him. You share a heritage. Your voices are identical. But he has transformed USAID.

Senator MIKULSKI. I could not hear what you were saying. It is the accent.

Senator ISAKSON. It is the accent and the heritage. Oh, it is my accent.

[Laughter.]

What accent? Well, y'all just need to pay attention, that's all.

But Dr. Shah has done one of the best jobs of anybody in the Obama administration of building partnerships and coalitions and transforming an agency at USAID in doing what you want to do, the way you want to do it, he would be a perfect role model. So I would suggest that you do that.

On that subject, I have really two questions. Question No. 1 is Government has two choices to make change. It can tax, it can ban, or it can regulate, or it can educate and promote and change attitudes.

Which would you choose?

Dr. MURTHY. Thank you for that question, Senator Isakson, and also for the recommendation to speak with Raj Shah. I will certainly keep that in mind.

My faith has always been greatest in our people. The work that I have done in the past has convinced me that the ideas and ingenuity of our people are our greatest resource, and are going to be our greatest asset when it comes to trying to change things for the better in terms of health.

My approach, if I have the opportunity to serve as Surgeon General, would be to focus on providing education to communities so that they could use that information to make the best possible decisions around health. And my focus would also be on bringing communities together and building coalitions through which communities can come up with the ideas that are going to serve their local needs in a culturally appropriate manner, and ultimately advance health.

I believe that when we allow communities to come together to fashion solutions that work best for them, that is when we bring out the ingenuity of the American people, and that would be my primary focus in terms of prevention programs if I had the opportunity to serve.

Senator ISAKSON. And I think in terms of the two biggest challenges we have, which are hypertension and diabetes particularly for Medicare-aged people like myself, advocacy, and changing atti-

tudes, and changing habits, and focusing on wellness is the way we are going to get there, and I commend you for that.

There is a huge issue brewing in the country, brewing State by State, but I think it is important to hear your thoughts on it. There are some States that are legalizing marijuana either for medical marijuana use or, in some cases, just for outright sale.

Do you have a position on the legalization of marijuana?

Dr. MURTHY. Thank you, Senator.

You are right that this is a very important issue. We have 20 States and the District of Columbia which have legalized medical marijuana, and I have had patients who I have talked to who have told me that they have used medical marijuana in the past. So I believe this is an important public health issue.

I have never prescribed medical marijuana myself and in my estimation, while there is anecdotal evidence of benefit that we hear from cancer doctors and from other physicians about medical marijuana, I agree with the AMA and with other medical organizations that we need more information about the proven indications for medical marijuana, as well as safe dosages, and the risks and potential side effects before we can safely prescribe it for medical purposes.

Senator ISAKSON. Well, I appreciate the answer because I was with Dr. Tom Frieden, both yesterday and last Thursday night. But yesterday at a speech in Atlanta, he was asked the question that I asked you, and your answer is ironic, because he said there is not enough clinical evidence or research for him to make a determination and that is where it is really lacking in terms of the long-term effect of marijuana, except there is tangential evidence that it affects the intelligence quotient of young people under the age of 25.

So I think if this is going to be a trend in the United States, as Surgeon General of the United States advocating for the research and the scientific knowledge to find out the truth on that subject will help a lot of people, because I would hate for us to go down a trail of addiction in this country and find out we made a mistake.

I had a doctor tell me one time that not everybody who smoked marijuana is a drug addict. But everybody that becomes a drug addict started on marijuana. So you have to be very careful about that. So I would hope you would advocate for research, scientific evidence, and discipline and restraint. Thank you, Doctor.

The CHAIRMAN. Thank you, Senator Isakson.

Senator Mikulski.

STATEMENT OF SENATOR MIKULSKI

Senator MIKULSKI. Good morning, Dr. Murthy. We want to welcome you to the hearing and we want to pay our respects to your very distinguished family, particularly your mother and father who, I would claim, instilled a great set of values in you; so our respect to you and the entire family.

Doctor, I want to get right to your job. In your testimony, you said that you saw yourself as the chief public health educator. I originally saw the Surgeon General's job as the chief public health officer of the State.

Senator Isakson represents Georgia, the great CDC is there. He just talked about one of our great public servants, Dr. Frieden who,

obviously, as head of CDC is the public health officer for the Nation, head of CDC.

What do you see your primary role as? Would you see yourself as a public health educator or actually being the public health officer for the State? Like there is a health commissioner for the State of Maryland, there is a health commissioner for the city of Baltimore. That is a public health officer advising the executive branch and others.

Dr. MURTHY. Thank you, Senator Mikulski, for that question and also for all the great work you have done on prevention.

Senator MIKULSKI. Well, keep it short. We have 5 minutes.

Dr. MURTHY. Sure.

Senator MIKULSKI. I have a couple of other questions.

Dr. MURTHY. Absolutely. I do see the education as being a critical role of the Surgeon General, and a central role the Surgeon General has to play. But I also recognize that the Surgeon General needs to, in an effort to safeguard the health of the Nation, play other roles as well, and that includes working with policymakers to ensure they have the information that they need, the scientific information to make the best decisions.

Senator MIKULSKI. We have gone through what you have said. If you had to say what is your primary role, do you see yourself as education, of all of those different roles that you already said in five answers to five Senators?

Dr. MURTHY. I see my primary role as education, yes.

Senator MIKULSKI. OK. Now, let us go to the Preventive Health Council which Senator Harkin was the chief architect of and so on.

What we saw, when we saw this was, first of all, across the board there was every Federal agency in some way with a role in health. So if you look at agriculture it is food supply, the way we provide food to the poor, what is allowable, what is not allowable, apart from the amount and how many people are on food stamps and so on. Our housing policy, like our public health policy, where are we with education? Are we racing for the top? Are we racing for the test?

With the whole idea of the Council, particularly chaired by the Surgeon General, was to say how to leverage every asset of the Federal Government, and the money that is spent in promoting health and well-being, and they would actually be coordinated at the State and local level.

Is that what you see your job as being?

Dr. MURTHY. Yes, I do believe that the work of the National Prevention Council specifically with regard to the Federal agency is important, and this is an area where I would like to focus, in a few areas.

No. 1, to enhance the work that individual Federal agencies are doing to ensure that prevention, as well as health, are key concerns in how they handle their workforce.

Senator MIKULSKI. Well, operationalize that. Here is my view.

Dr. MURTHY. Yes.

Senator MIKULSKI. OK. I am going to jump in here and be blunt.

Does Arnie Duncan even think about this every single day about what we can do is educate our children about what goes on in their schools? But also what goes on—the kind of leadership the First

Lady has—what goes on in the cafeteria, the anti-bullying efforts, all of the kinds of things that go on to help in a school. And then as they walk out the door in terms of our public, the housing, community development, block grants, they come through HUD.

Are we actually thinking about that? And do you see yourself actually meeting with these Cabinet people to leverage what we are spending, so we are thinking about it?

Dr. MURTHY. Yes, I do.

Senator MIKULSKI. Because I do not believe we are.

Dr. MURTHY. I agree with you that we can do more, and if I have the opportunity to serve, I absolutely will look to meeting with other cabinet officials who are leading our other Federal agencies to ensure that we are thinking about health and the policies we put forth.

Senator MIKULSKI. This is my opinion. I see that as your most important role to do and to promote interest at the local level.

Let me give you two things and then I want to go to where we heard about the community level and the faith-based.

I do not believe that our Federal agencies are thinking like that. Now, I might be wrong, and I do not believe that the Preventive Council has fully achieved the goals that the Congress intended it to do, which is leverage Federal assets in a coordinated way, but that they function at the State and local level.

So let us go to my community. Dr. Brian Berman, who heads up Integrated Health at the University of Maryland Medical Program has brought into our public schools, two hardscrabble schools, the whole idea of a coordinated effort with food. Dr. Oz has his HealthCorps in there in terms of food, cooking, mindfulness, meditation techniques, and so on. With a coordinated effort, attendance improved, undercurrent violence in the school declined, and school achievement went up, and so did graduation rates.

This is the kind of thing I am talking about where assets were leveraged. It had the supervision of the University of Maryland program, but it was integrative health.

Is this the kind of program that you envision?

Dr. MURTHY. Yes, Senator Mikulski, and in particular, the local piece of that, I think, is particularly important.

I think it is very difficult to design these programs centrally and expect them to work everywhere, but I think it is critical that local communities have the flexibility to focus on these priorities and build the kind of programs that will work for them.

Senator MIKULSKI. But is this what you envision when you say, "Go local"?

Dr. MURTHY. Yes, this is what I envision. I believe that when communities, when we bring diverse stakeholders and communities together to work on health, they can often fashion and implement solutions that we could never think of centrally. So this is what I imagine.

Senator MIKULSKI. Well, there is one other issue, and I know my time is up. Have you heard of The Daniel Plan?

Dr. MURTHY. I am sorry?

Senator MIKULSKI. The Daniel Plan.

Dr. MURTHY. No, I have not.

Senator MIKULSKI. Well, while Senator Isakson wants you to talk to the head of USAID, let me tell you what The Daniel Plan is.

Dr. MURTHY. OK.

Senator MIKULSKI. It is your kind of thing. The Daniel Plan was—you know Rick Warren, the famous pastor who established Saddleback Church in California and wrote the well-known, well-read “The Purpose Driven Life.” Mr. Warren’s son died of suicide. His family has gone through trauma. He himself gained 90 pounds during a lot of great difficulty, but then he decided he had to change his life and he also saw the kinds of things Senator Isakson said, hypertension and diabetes was up.

So using the biblical plan of Daniel into the lion’s den, he pulled together Dr. Hymen, other medical physicians, and so on, and working through faith-based they developed community efforts through the church to enhance how everything from exercise and whatever, done in a community way in groups affected it. Mr. Warren himself has lost a tremendous amount of weight, but so has the whole church, because it is made up of clusters. His book is on “The New York Times” bestseller list.

This is the kind of model, not to enforce a particular religion or so on, it is our country, but this goes to faith-based models. I would really encourage you to read “The Daniel Plan,” and to talk with the leaders who established this because I think this is the kind of thing we are talking about.

My time is up. I am not going to ask you if you agree and if you think this is a good idea. You read the book and we will talk about it.

Dr. MURTHY. OK. Thank you, Senator.

The CHAIRMAN. Thanks, Senator Mikulski.

Senator Enzi.

STATEMENT OF SENATOR ENZI

Senator ENZI. Thank you, Mr. Chairman. And thank you, Dr. Murthy, for being willing to serve.

In regard to Senator Mikulski’s comments, the author of that book is in town this week—

Senator MIKULSKI. Is that right?

Senator ENZI. Because this is the National Prayer Breakfast week, and he is one of the usual attendees, and runs some special seminars there. So this would be a good week to even meet him.

I have to tell you, I have had some strong reservations about you as the nominee and it is based on what I had read to date about your position on guns, contraception, Medicare, Medicaid, and a whole host of other issues, but I have been impressed with your comments today.

I particularly like the matrix for progress that you talked about and the focus that you talked about, which stays out of some of the areas that would cause some concern. It puts an emphasis on you as an educator and I think your effectiveness will be based on how much you focus on a few major goals. You are in a very easy position with your nomination, probably a difficult position from the Nation as a whole, but we have this nuclear option now, so you are relatively assured of your nomination.

But what that has done across the country is make people skeptical of nominees saying before they had to kind of make sure that there were a few people on both sides of the aisle that liked the nominee, but since the nuclear option, that is not necessary at all. That is too bad, because it will affect what you are able to do. I think you will have tremendous capability, and be able to take down some walls, and bring people together.

I noted that in the President's healthcare law, it designated the Surgeon General as the chair of the newly formed National Prevention Council, which provides coordination and leadership among 20 executive departments with respect to prevention, wellness, and health promotion activities.

One thing I hope you will do is find out for us why it is spread over 20 departments. What if there was a little bit more focus by not having so much of a spread, so many people doing the same thing, and isolating some of those things?

I appreciated the comments that you have made on Second Amendment rights. I am glad you did not list them in your priorities. One-size-fits-all does not work for this Nation in a lot of different areas, and in the West, violence is mostly caused by people taking away guns.

To get onto a question, you did express strong support for the President's healthcare law, in particular, you praised the President's position on access to contraception and the contraception coverage mandate in the healthcare law, saying in one Tweet that, "Obamacare gives women choice, access to contraception. What is the matter with choice?"

Using your logic, can you tell me, then, what is wrong with employers who choose to adhere to their religious beliefs and do not want to be forced by the Government to provide coverage for something they find morally objectionable? Do you believe that contraception coverage should be mandatory regardless of religion?

Dr. MURTHY. Thank you for that question, Senator Enzi.

My approach to the issue of contraception really is grounded in science and the views that I have expressed, which have been echoed by the Institute of Medicine, the American College of Obstetricians and Gynecologists, and other medical organizations is to understand what we understand medically about contraception, which is that when women have access to contraception that generally results in better outcomes, health outcomes for mothers. And so, that is a perspective that I sought to represent in that from medicine that we can bring.

Now, I recognize that when translating science into policy, that policymakers have the challenging and important job of trying to balance other considerations as well as including laws, including individual liberties, religious liberties, and other concerns. And I understand that that is a very difficult balance to strike.

I respect people's individual beliefs and religious beliefs. I never want to see peoples' beliefs trampled on anymore than I would want to see my own beliefs trampled on, but I think striking this balance is often very challenging.

I think if I had the opportunity to serve as Surgeon General, Senator, what I would seek to do is to make sure that I did everything I could to bring the science, not just to the public, but to leg-

isolators as well when it was helpful so that they could make the best decisions in terms of policy around balancing science with personal values in coming up with policy.

Senator ENZI. Thank you. I think you do recognize the employers are not talking about preventing contraception. They are talking about them having to provide something that they do not believe in.

Thank you for your answer, my time has expired.

The CHAIRMAN. I might just add to my friend from Wyoming that this Prevention Council, I wrote that. Oh, well, my staff and I wrote it, to be honest about it.

The idea behind it, Mike, was that it specifically said the Surgeon General is to be the chair of that Prevention Council. It was to bring together all of the different departments in the Federal Government so they could learn from one another and have a comprehensive approach on prevention, not just in health and human services, but even in commerce and transportation; transportation, talking about bike paths, and walking, and making things accessible.

That was the idea to bring together all of the departments of the Federal Government in a focused effort on what each of them can do in their own area to promote prevention and wellness. And we thought the best person to chair that would be the Surgeon General of the United States.

When you talk about limiting it, we wanted to get all of the departments involved in this.

Senator ENZI. Well, I am always just looking for a duplication that will cost us a lot of money—

The CHAIRMAN. Yes.

Senator ENZI. And does not get more done; it gets the same done.

The CHAIRMAN. It is not duplication. It is to get everyone thinking about what they can do in their department for prevention and wellness. I just wanted to make that clear. Let us see.

I will turn to Senator Murphy.

STATEMENT OF SENATOR MURPHY

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

Welcome. Thank you for your testimony and for your service. I was not here for Senator Warren's questions, but I think some of my questions will key off of hers because I want to continue this conversation about a real growing crisis in child health. And from my perspective, the ACA is one of the keys to unlock that problem, and that we will have much greater eligibility with respect to access to health insurance. But I specifically want to talk about the issue of urban health.

We have a real particular acute crisis when it comes to the health of kids who live in urban environments, and that is for a variety of reasons, not all of which can be addressed, nor by the Surgeon General, or by the Government writ large. But some things we can talk about.

For instance, the lack of access to exercise opportunities, the lack of access to healthy food with these growing food deserts in parts of our cities. And then something that I do not think we talk about enough, which is our tendency to site pollution emitters right next

to the very kids who, already have pretty substantial handicaps confronting them when it comes to their health. It is not a coincidence that we have epidemic rates of asthma in Waterbury and Hartford and New Haven, CT, which just happens to be where our incinerators and large scale power production is done.

I wanted you to spend a few minutes talking about how the Surgeon General's Office can focus in on this issue of urban health. And how we can start to talk about some of these thorny issues like the citing of pollution sources in a way that starts to realize the tremendous detriment to which we put kids in when we do not talk about the variety of factors that lead to these pretty dramatic healthcare consequences for urban environments.

Dr. MURTHY. Thank you, Senator Murphy, for that question.

I believe the issue of urban health is, clearly, a multifactorial challenge—a set of challenges that we face there. But I believe that whether it is the availability of healthy foods to kids or whether it is pollution exposure for children, that there are, on a number of these issues, we can actually do better on them if we build partnerships in communities to both identify and address the problems. And let me give you an example of what I mean.

In Pierce County in Washington State, the community there has actually come together to build a diverse coalition of community organizations that decided that it was not enough to just tell people about what was healthy, but they wanted to work together to make healthier choices more available to community members, and one of their focus areas was kids. And in the last few years, what they have been able to do is they have been able to make healthy snacks more available in vending machines to over 100,000 children in Pierce County.

And that is important because we can tell kids as much as we want, "Hey, you should eat healthy. You should eat healthy." But if they do not have healthy choices available for them at school, at work, at home, or in the community, then it is hard for them to take advantage of that.

That model is, I believe, a model that we can leverage and use in many parts of the country, not just around making healthy food choices available, but by bringing communities together to recognize important healthcare challenges they may face like, for example, pollution that their children may be affected by, and then bring them together to collectively address that as well.

Too often with problems like pollution, for example, many people will recognize it and say, "Well, I hope somebody else takes care of it." "It is probably somebody else's responsibility. It is probably the hospital's responsibility, the Department of Public Health, corporations should be more responsible, parents should be more responsible." People point the finger a lot.

But when we bring coalitions together in communities, when we establish that there is a collective responsibility to improve our health, that is where, I believe, that we cannot only fashion solutions, but implement them as well. It is these types of coalitions that I would seek to build to focus on local healthcare issues, if I had the opportunity to serve as Surgeon General.

Senator MURPHY. I do not claim, nor are you claiming, that we have all of the answers here, and we certainly have to expect more

of parents. The problem is that they have limited choices. If they want to eat healthy and they have no access to healthy food, then it is difficult to expect them to make the difference. If they want their kids to exercise, but half of the schools in that particular city do not even have recess in their curriculum over the course of the day, then it limits their choices as well.

Thank you very much for your service. We hope you will come back to New Haven. If you are confirmed, join us there to talk about some of these issues at your alma mater. Thank you very, much.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Murphy.
Senator Scott.

STATEMENT OF SENATOR SCOTT

Senator SCOTT. Thank you, sir.

Senator Murphy and Dr. Murthy, you guys both are strong supporters of the ACA, and I certainly understand your position on it. I certainly disagree vehemently with the position on the ACA. You are an accomplished professor and you have done well in medicine and business, which I really appreciate that as well. I would invite you, if you are the Surgeon General, to come to South Carolina and help us with some of our disparities as it relates to healthcare and obesity being one of your top issues. I think South Carolina would be a great place for you to come and do some work.

One of the challenges that I have and many of my friends on the right have is that you have had an unprecedented involvement in partisan politics. So the question of objectivity is where I am really going to drive home my point, and hope to have some of your answers on your ability to really be objective as it relates to the President's healthcare policies and how that impacts the healthcare disparities in our country.

One of the things that we have heard a lot about so far as the ACA and your support, and the challenges, I think there are some unintended consequences that we see coming out of the ACA. I think we could agree on the fact that whether it is higher premiums, higher deductibles, whether it is higher out-of-pocket expenses, these things become hurdles for those folks who are in desperate need of healthcare to really find their way there. Certainly the preventative aspect and component that you have advocated, I would advocate it as well.

Unfortunately in my State where you see folks, like Mr. Hucks, who would be able to get the preventative care that he needs as far as his annual checkup, but then he would have a \$25,000 deductible that he would have to pay before he was able to spend any more money from the healthcare plan. In addition to that, his premiums have doubled as well.

So when I look at that, I say to myself, whether it is his costs premium-wise, whether it is his out-of-pocket expenses, whether it is his deductible, we find ourselves in somewhat of a quagmire pit looking forward, and then finding objectivity to help meet the needs of those folks who are having chronic illness.

In particular interest in my State is the issue of the cuts that happens through the CMS, \$716 billion of Medicare. As you know,

those patients who are having renal failure find themselves on Medicare. I think 95 percent of them find themselves there. Unfortunately in my State, we are No. 5 for kidney disease, 75 percent of these patients are African-Americans.

My question is if you were appointed Surgeon General, do you feel that you would be capable of advocating positions that are perhaps inconsistent with the Administration's position on healthcare? How would you balance what seems to be a fairly partisan stride with being very objective when it comes to meeting those healthcare needs of patients, like patients in South Carolina?

Dr. MURTHY. Thank you, Senator Scott.

And I had the opportunity to actually spend some time in South Carolina doing some prevention education work at one of the large churches in South Carolina with Doctors for America. I had a wonderful experience there and I hope to have the opportunity to come back to your State again—

Senator SCOTT. Good.

Dr. MURTHY [continuing]. And to work together.

What I would say is that I believe it is very important for the Surgeon General to be able to bring people together of all political stripes and beliefs around health. I believe when looking at the body of work that I have done in my career that my work has been primarily motivated by one thing, and that is to improve the health of communities.

The HIV/AIDS education programs that I built, the rural community health partnerships that I built, they serve people of all political affiliations. The research, medical research that I have done both in the laboratory and in clinical trials has served people of all affiliations. The work that I have done making clinical trials more efficient will hopefully be serving millions of patients across the world regardless of affiliation.

In all these works, while I recognize that some of the work that I have done in Doctors for America, where we have supported the ACA can be perceived as partisan, I think it was unfortunate, and I think all of us feel this way, that the discussion over healthcare became very partisan. It became polarized. In an ideal world, it would not have been that way.

But the reason that our group and that many other groups came together to support the law was not because it was perfect, and it is not because we believe it would solve all our healthcare problems. It is because we did believe that it would take some steps forward to addressing some difficulties we had seen as healthcare providers in the hospital; but going forward to address the concern that you brought up, Senator Scott.

I always fall back on that original inspiration and guidance that has always led me through my prior work, which is that I want to focus on doing what is going to help improve the health of the Nation. And I believe that there are a number of issues around which we can come together right now, issues where we recognize the threat of obesity and the explosion of chronic diseases; where we recognize the importance of tobacco cessation efforts continuing and accelerating; where we recognize, as well, the importance of vaccinating our children and strengthening our mental healthcare system. These are areas where there is broad agreement.

What I found when I traveled to South Carolina and spoke to people there was that they wanted people to come together to address these kind of issues. And my hope is that if I have the opportunity to serve as Surgeon General that I will be able to work with members of this committee, with yourself, and with leaders in communities to address some of these issues where I believe there is a lot of common ground, where we can bring people together.

Senator SCOTT. We look forward to seeing you back in South Carolina.

Dr. MURTHY. Thank you.

The CHAIRMAN. Thanks, Senator Scott.

Senator Casey.

STATEMENT OF SENATOR CASEY

Senator CASEY. Thank you, Mr. Chairman.

Doctor, thank you for your willingness to serve in a difficult position, and your willingness to put yourself forward for this important public service that you are going to be doing. I know it is a difficult path getting there, but I have confidence you will get there.

I also want to commend and salute the contribution your family has made. Often when folks serve in either appointed or elective office, the family, in a sense, serves with them or at least has contributed mightily to their success. So we are grateful for them and we salute and commend your family on a day like today.

I wanted to start with an issue which has generated more attention lately, but was a subject of a lot of debate not quite a year ago now when the Violence Against Women Act was being reauthorized and the debate that led up to that reauthorization. Domestic violence is kind of a broad subject area, but in particular not just domestic violence, but dating violence, sexual assault has come up in the context of what happens in our military as well. So I consider it, and I think most people would, a public health problem. I do not think I can pinpoint at something in terms of data that shows that it is worse than it was 10 years ago; I am not sure about that. But it is about as bad as can be. There is only so much that we can legislate to improve it. Part of it is making folks more aware of the problem and rooting it out at the family level or the community level, and I just want to get your sense of how you see your role in this subject area.

Is there something directly you think you could do upon confirmation or do you think it is a less direct role that you would play?

Dr. MURTHY. Thank you for that question, Senator Casey. And thank you, also, for the kind remarks about my family. Everything I have is because of them.

With regard to domestic violence, this is an incredibly important and, unfortunately, persistent issue that our society faces. I have cared for many patients over the years who have been the victims of domestic violence. I have also had members of my own family and friend circles who have been the victim of domestic violence, and it is very difficult, not just to go through, but to watch somebody go through such episodes.

I do not think, to be honest, that there is a quick fix for the problem of domestic violence. I also think that while there is a role for policy in these kinds of areas, I think that the bigger challenge we face in addressing domestic violence is how we shift culture to make domestic violence less acceptable. How do we get more men in communities to speak out against domestic violence, recognizing that not all domestic violence is directed toward women, but the vast majority is. And also the question is how do we get more leaders, more respected leaders in communities to stand up and to start saying more often that this is an issue.

The role that the Surgeon General, I believe, can play in an issue like this is several-fold. One is to raise the profile of the issue. Simply by talking about it gives it some legitimacy, and that is important to do as a starting point.

But the second thing is as we build coalitions in communities, encouraging our local leaders to talk about domestic violence, to raise it both with our men and our women, is also an important thing that needs to be done. Very often, people in communities take far more from the local leaders who speak to them than national leaders who may come, drop in, and give a few messages from time to time. They have trust in their local leaders and messages from them are powerful.

And third, and finally, I believe that the Surgeon General can also play a role in helping the healthcare community more effectively deal with domestic violence, starting with screening. Screening for domestic violence is incredibly important. It is something that in primary care, we are all taught to do in our training. But it is something that we should be doing everywhere because as anyone who has experienced domestic violence probably knows that the first time they are asked about it in a screening questionnaire, they do not often reveal that they were a victim of domestic violence.

Ensuring that a broader swath of our healthcare workforce is involved with screening for domestic violence is also an important role that the Surgeon General could play.

Senator CASEY. Yes, the ultimate betrayal for someone within a family who commits an act of violence, or even the coward that commits an act of violence of that kind on a stranger.

But I do think you are right about the role that the healthcare system plays where doctors and healthcare professionals are more, not just more aware, but better trained to deal with it; that seems to have improved substantially. The same is true in law enforcement. Law enforcement is much better trained now than probably 25 years ago.

What I will do is, because I know I am over time, I will submit a question for the record on this kind of basic connection between prescription drug abuse being kind of a transition to a much worse drug abuse. But I will put that in writing and have you address it in writing so as to keep within our time.

[The information referred to may be found in Additional Material.]

But Doctor, thanks very much, and best of luck in the confirmation process.

Dr. MURTHY. Thank you.

The CHAIRMAN. Thank you, Senator Casey.
Senator Roberts.

STATEMENT OF SENATOR ROBERTS

Senator ROBERTS. Well, thank you, Mr. Chairman.

And Doctor, thank you so much for taking your time to come up and go through this wonderful exercise. We have had folks worried about urban areas. I think it was Senator Murphy over there and Tim Scott issued another invitation to go down to South Carolina. Have you ever been to Dodge City, KS?

Dr. MURTHY. I have not, sir, but I would love to come.

Senator ROBERTS. Well, good. I am going to invite you because we have a wonderful doctor from India. She is in her mid-thirties, and she is highly respected by the community and another doctor from India that did my carpal tunnel on this when I did a stupid thing. And so, I think you would be right at home. We would welcome you.

Some of the statements that you have made in the spotlight that you are going into with regards to the Tweets, and the Twitters, and all the social media that my staff will not let me pay any attention to would be troubling, more especially with the Second Amendment.

Senator Harkin and I are the co-chairs of the Rural Healthcare Caucus and one of the things that I know he and I both agree on is that we have not met enough, and we have not really addressed these concerns enough. But have you ever visited a real rural community in the United States, I mean, way out there in Kansas on the plains or in that area, or has it just been limited to the East Coast?

Dr. MURTHY. Well, Senator, I have had a chance to certainly travel beyond the East Coast. I have been on the West Coast. I have had a chance to spend time in the Midwest.

Through a prevention project that we have done, I have had a chance to drive through rural parts of Georgia, of South Carolina, and of North Carolina as well. I have not had a chance to spend time in rural Kansas, although as I mentioned, that is a place I would certainly love to work with you together.

Senator ROBERTS. Well, we have 83 critical access hospitals that are hanging on by a thread and we do not want some object called iPATH determining what Medicare reimbursements we are going to get or not. Neither do we want the Congress to waive the 11th hour 59th minute to determine that, although I would prefer that rather than iPATH. I know your support for iPATH.

I think that would be the first thing that the doctor from Dodge City would bring up because that is the thing that she brought up with me and she says she is literally drowning in regulations coming out of CMS. CMS is a four-letter word out in our country with all of our healthcare providers, with all due respect to the hard work that they try to do.

But she is about to quit and many doctors are just going to say, "I am done with this." It is, as the chairman can indicate, if you are in Iowa or Kansas and you are in a rural area, I mean, you have access problems. You have a lot of different problems and all of a sudden, you have all these regulations come down the pike.

They have independent contractors coming in, inspecting hospitals, and they get five stars for fining people, and then you can appeal it, but then that does not work either, so we are drowning out there in regulations. And that comes from Washington. Most of your answers today have indicated what can you do about recess, for goodness sakes, in an urban area. I would think that the local school board could probably make that decision and it is a pretty simple decision. Have a recess.

Let me just say in your social media, I am concerned about your comments about the Second Amendment.

What do you think about iPATH? Just a real quick response.

Dr. MURTHY. I think that the general concept of trying to reduce our healthcare costs is absolutely important.

Senator ROBERTS. Well, of course, everybody knows that.

But I am talking about 15 people making the decision on what an individual hospital will get on Medicare reimbursement and they do not even have the means to keep up with what CMS is putting out with their capability, and I worry about that a lot. I mean, we have already cut Medicare reimbursement big time.

Dr. MURTHY. Senator, if given the opportunity to serve as Surgeon General, I recognize that I would not have a role in implementing or impacting iPATH.

But the way that I would seek to contribute to reducing costs, especially in rural areas where there is a struggle with ensuring we have sufficient supply to meet demand is by really focusing on prevention and by ensuring that we could improve health before people got ill, so that we could essentially improve the overall demand on healthcare.

Senator ROBERTS. I am for that. I am for that.

I have 7 seconds here, although I could be like Senator Mikulski and ask for more.

1964, the U.S. Surgeon General has been the leading advocate for informing the public about the dangers of smoking tobacco.

How would you characterize the threats to the public health posed by marijuana with one large difference between tobacco; that is the THC factor, the psychoactive chemical found in marijuana? What is your view on that?

Dr. MURTHY. Senator, just like other drugs, I do not recommend marijuana and I do not think it is a good habit to use marijuana. If I had kids, I would tell them not to use it.

Senator ROBERTS. Would you use your office as a means to get that out to the public?

Dr. MURTHY. What I would do, as I was mentioning earlier, I believe that we need more information on marijuana. There is a lot of use. Marijuana is a situation where the use of marijuana, both medicinal marijuana and other types of marijuana, has far outpaced what we actually understand about its efficacy. People are using medical marijuana with many, many claims that it is effective for X, Y, and Z.

Senator ROBERTS. I appreciate that answer. By the way, if you come to Dodge City, we can get you to Colorado, and you can have a Rocky Mountain high.

[Laughter.]

I just wanted to ask one other question here, and I am having a little trouble finding it, my CMS question. What have I done with it? I apologize. I have some real strong concerns, and Mr. Chairman, I apologize for going over time, about a recent proposal from CMS, and because of your interest in and your prioritization of addressing issues, including the mental health system.

Can you comment on the role that access and value to mental health treatments, and adherence to those treatments, specifically antidepressants and antipsychotics play in bettering the mental health of our country?

Dr. MURTHY. Sure. Thank you, Senator.

Mental health, as you mentioned, is an area that I believe is important. One of the areas I would hope to focus on if I had the opportunity to serve.

I believe that where we can do better with mental health is on more tightly integrating mental health services with our traditional delivery systems. Antidepressants and antipsychotics, they have a role to play in appropriate situations.

Senator ROBERTS. Would you state that with regard to CMS? Really what I am asking is if CMS comes out with some statement, basically they get stars because they are cutting Medicare reimbursement trying to make the healthcare costs go down. OK. But they are also doing some other things that I think are very counterproductive. But you have said that you are in favor of that and they have an active role.

Would you come out and say that with regards to the CMS decision which is now pending?

Dr. MURTHY. I am sorry, sir. I did not quite follow you.

Senator ROBERTS. Would you tell CMS that they are wrong, that is a little strong, but that they might want to take your advice with regards to what you have stated with antidepressants and the antipsychotics and the part they play? They are going to come out with a proposal here to say, "No, they are not," people should not be using that more especially with regard to Medicare reimbursement.

Dr. MURTHY. Well certainly, if there were rules that CMS was putting into place that limited access to medications that were helpful for people with mental health, then I would certainly seek to bring my clinical experience. And if I had the opportunity to serve as Surgeon General, the preventive experience and mental health experience of the office to bear in discussions with CMS about that.

I think people having access to adequate treatment is very important, and I believe that as a physician.

Senator ROBERTS. I appreciate that. Thank you very much. That is a very fine statement and I apologize for going over time.

I am going to issue an invitation for you to come to Dodge City, and we will make you an honorary marshal.

Dr. MURTHY. Thank you so much.

The CHAIRMAN. Wyatt Earp.

Senator Alexander.

Senator ALEXANDER. In the interest of time, Dr. Murthy, I am going to ask a 60-second question and ask you if you would just reply to it in writing so that I could know the answer.

If there is one thing that we agreed on, on the healthcare law, it was the importance of prevention and wellness; that is Senator Harkin's passion as well. But many of us feel like the regulations coming out of the ACA have gone in the other direction.

Would you look at a Labor Department rule that puts conditions on employer programs to grant incentives if you lose weight? I mean, if you do not lose weight, you should not get the incentive. It seems there is this feeling that somehow it is unfair to receive an incentive without meeting the program goals. If you do that, you gut the program.

Second, would you look at an ACA regulation on smoking cessation that says that employers who offer it must offer an alternative to another smoking cessation program, so that you have a perpetual series of smoking cessation programs which are expensive for the employer. The idea was to lower the expense for the employer by encouraging better wellness by the employee who loses weight. No result, no incentive is my view of that, and in this Council that you may be the chairman of, that might be an early item for discussion.

If you could reply in writing, I would appreciate it.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Alexander.

Dr. Murthy, thank you very much for your appearance and your answers today. We will adjourn the session.

The record will stay open for 10 days for Senators to submit other questions or comments.

I also wanted to ask unanimous consent that the letters that we have received from different organizations in support of your nomination be made a part of the record in addition to that letter that you had from Dr. Carmona. It would also be made a part of the record.

Dr. Murthy, thank you for a lifetime of devotion and commitment and leadership to keeping people healthy, preventing illness, and getting ahead of the curve. We know that that is the best approach, better than taking care of people after they get sick.

I thank you for that. I look forward to our committee having an expeditious mark up of your nomination, getting it to the Senate, and I look forward to working with you as our next Surgeon General of the United States.

Dr. MURTHY. Thank you, Mr. Chairman.

The CHAIRMAN. The committee will stand adjourned.

[Additional material follows.]

ADDITIONAL MATERIAL

December 12, 2013.

The Honorable BARACK OBAMA,
 President of the United States,
 1600 Pennsylvania Avenue,
 Washington, DC 20500.

DEAR MR. PRESIDENT: Recently I read in the press of your intention to nominate a physician, early in his career, for the position of U.S. Surgeon General.

Respectfully, I would like to take this opportunity to provide you some background information that may be helpful as you make your final decision.

As you may be aware the Army, Navy, Air Force and Public Health Service, four of our seven uniformed services, all have Surgeons General. These positions by law are of the rank of Vice Admiral or Lt. General, pay grade O-9. The Surgeons General are the leaders of their respective medical corps. For well over a century *all* the Surgeons General were promoted based on merit from a pool of career-uniformed officers in their respective services. This means that those considered are very senior officers who have already qualified for and hold the rank of Rear Admiral or Major General, pay grade O-8, prior to being considered for nomination to Surgeon General in their respective services. Hence all the Surgeons General have served in uniform for two or more decades at a minimum and have earned the respect of their fellow officers, uniformed services and the public, as admirals or generals who are collectively termed "Flag Officers".

In the last few decades, Federal-elected officials have altered the process for the nomination of the U.S. Surgeon General *only* so that they have gone outside of the usual and well-established merit process of nomination recommendation to the POTUS. This results in nominees that have no uniformed service experience and sometimes no formal public health education or experience. I and others believe that this non-merit, newer "political" process of bypassing qualified candidates of the U.S. Public Health Service is not in the public's best interest and may also be problematic for the non-uniformed inexperienced service nominee. Other challenges may emerge as well. They include but are not limited to:

- Creating an "instant Admiral" and not having the maturity, seniority, uniformed experience and earned imprimatur of an Admiral and Surgeon General.
- *Not* having established oneself over decades in the medical and or public health community to represent the United States as Surgeon General.
- The lack of credibility with your peer group of senior officers, Admirals and Generals (of all uniformed services) on statutory committees that the Surgeon General will serve on.
- Not having the requisite public health training and or experience to analyze, report on and or speak to the American public, Congress and the world regarding global public health issues. Not every physician can, or should, be a Surgeon General.
- By going *outside* of the traditional and tested uniformed service personnel system for the nomination, many career men and women officers of the U.S. Public Health Service are unfairly disadvantaged for they will *never* have the opportunity to lead their organization that they have dedicated their lives to. This does *not* happen in the Army, Navy or Air Force where every young physician officer can aspire to and has the potential to be their uniformed services Surgeon General. Why is the U.S. Surgeon General nomination treated differently when it is one of our seven uniformed services?
- Due to any and all of the aforementioned, a non-traditional nominee will be at a distinctive disadvantage in credibility, knowledge and depth and breadth of experience when attempting to address complex public health issues.

I do not know the potential nominee that the press has reported on. However, it appears he is a smart, motivated physician, very early in his career with great potential but no significant related leadership experience and no formal public health training or experience.

Mr. President, I respectfully request that you return the U.S. Public Health Service to its long successful tradition and seek potential nominees from those flag officers who *merit* consideration just as the Army, Navy and Air Force continue to do so successfully. In doing so you will ensure that any potential nominees are properly educated, trained and tested to serve as the Nation's doctor.

Having served the 4-year statutory term as Surgeon General, as well as having prior military service and decades of education, training and progressive experience in public health, I am extremely confident that the recommendations I make to you

are in the best interests of our Nation and quite frankly, also the best interest of a relatively inexperienced and untested physician who has the potential and may one day earn the right to be considered for Surgeon General.

Respectfully and Most Sincerely,

RICHARD CARMONA, M.D., M.P.H., FACS,
17th Surgeon General of the United States.

LETTERS OF SUPPORT

AMERICAN ACADEMY OF FAMILY PHYSICIANS,
ELK GROVE VILLAGE, IL 60007-1019,
January 23, 2014.

Hon. TOM HARKIN, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Re: In support of the President's nomination of Dr. Vivek Murthy for the position of Surgeon General

DEAR SENATORS: On behalf of the 110,600 members of the American Academy of Family Physicians, I am pleased to support the President's nomination of Vivek Murthy, M.D., MBA for the position of Surgeon General of the United States.

In his career as a physician at Brigham and Women's Hospital and as an instructor at Harvard Medical School, he has demonstrated many important leadership qualities that will contribute to his success as a Surgeon General. Perhaps the two most important are a clear belief in the importance of preventive health and the ability to communicate the principles of effective health care to a wide and diverse population. As "the Nation's doctor," the Surgeon General is particularly important in bringing to Americans the message of preventive health. With Dr. Murthy's service on the National Advisory Group on Prevention, Health Promotion and Integrative and Public Health, he has shown his ability and commitment to deliver that message, and to do so effectively.

Dr. Murthy is an energetic and creative medical leader, who has established two non-profit organizations to promote health care and one technology company to improve the quality and efficiency of clinical trials. By showing that he has the skills needed to bridge generations and diverse groups of people, he will be a Surgeon General who will appeal to Americans of all ages and cultural backgrounds.

We share the President's great confidence that Dr. Murthy is a physician leader who will make an outstanding Surgeon General and we urge the committee and the Senate to confirm his nomination as soon as possible.

Sincerely,

JEFFREY J. CAIN, M.D., FFAFP,
Board Chair.

AMERICAN ACADEMY OF PEDIATRICS,
ELK GROVE VILLAGE, IL 60007-1019,
January 22, 2014.

Hon. TOM HARKIN, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

DEAR MR. CHAIRMAN AND MR. RANKING MEMBER: On behalf of the American Academy of Pediatrics (AAP) and its more than 60,000 primary care pediatricians,

pediatric medical sub-specialists, and pediatric surgical specialists, I extend our support for the nomination of Vivek Murthy, M.D., MBA, for U.S. Surgeon General.

Historically, the role of the Surgeon General has been influential in addressing child health disparities and improving children's health. The late Julius B. Richmond, M.D., FAAP, and the late C. Everett Koop, M.D., FAAP, were both renowned pediatricians and dedicated public servants whose tenures as Surgeon General (1977–81 and 1982–89, respectively) included landmark tobacco control initiatives, establishing the Nation's first quantitative health goals and pioneering work on the AIDS epidemic. Recently, I spoke at an event in Washington, DC commemorating the 50th anniversary of the first ever Surgeon General's report on smoking and health. To be sure, it is imperative to the health and well-being of children that the Nation has a confirmed Surgeon General.

Dr. Murthy is certainly a qualified candidate. He has partnered with AAP leaders on many issues important to children, including and especially during the work leading up to the passage of the Affordable Care Act. As a co-founder and president of Doctors for America, a grassroots organization of more than 16,000 doctors and medical students, and as a 2011 Presidential appointee to the National Advisory Group on Prevention, Health Promotion and Integrative and Public Health, Dr. Murthy understands firsthand how to raise national awareness and mobilize people to achieve strong policies that protect public health. Dr. Murthy received his BA from Harvard University, his M.D. from the Yale School of Medicine and his MBA from the Yale School of Management. He is currently an attending physician at Brigham and Women's Hospital in Boston and an instructor at Harvard Medical School, where he is an internal medicine hospitalist.

Please move quickly to confirm Dr. Murthy to be the next U.S. Surgeon General.

Sincerely,

JAMES M. PERRIN M.D., FAAP,
President.

AMERICAN ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN,
OAK BROOK, IL 60523,
January 16, 2014.

Hon. TOM HARKIN, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
428 Senate Dirksen Office Building,
Washington, DC 20510.

DEAR CHAIRMAN HARKIN: The American Association of Physicians of Indian Origin (AAPI) writes this letter strongly in support of the nomination of Dr. Vivek H. Murthy as Surgeon General of the United States.

Dr. Murthy is eminently qualified to serve as the Nation's Surgeon General. He currently is an attending physician and instructor of medicine at the prestigious Brigham and Women's Hospital/Harvard Medical School in Boston. He also co-founded and serves on the board of a software technology company that uses social media platforms to enhance efficiency in clinical trials around the world to improve their effectiveness.

His academic credentials are impeccable. He received his BA from Harvard, MBA from Yale and graduated from Yale School of Medicine.

He has been actively involved in both the physician and Indian American communities. For nearly a decade, he worked tirelessly to combat HIV/AIDS in India. He also empowered women in rural areas of India to be health care providers through a U.S.-India health partnership campaign.

Dr. Murthy has been actively engaged in the Indian American community as a practicing physician, medical school instructor, and published writer. His confirmation by the Committee on Health, Education, Labor, and Pensions and full Senate would be historic, making him the first Indian American Surgeon General. He is a person of the highest character and is highly esteemed, both as a second generation Indian American leader and successful physician. He is well-regarded for his coalition work, preventive care focus, and innovative approaches to modern day medical care.

AAPI is America's largest ethnic and oldest medical nonprofit association, representing the interests of 67,000 physicians and 35,000 medical students, residents, and fellows. We are proud of our association with Dr. Murthy, which dates back for many years. We fully support his nomination as Surgeon General and urge you to

support his nomination both in the Committee on Health, Education, Labor, and Pensions and on the Senate floor.

Yours truly,

DR. JAYESH B. SHAH,
AAPI President.

DR. RAVI JAHAGIRDAR,
AAPI President-Elect.

DR. NARENDRA KUMAR,
AAPI Past President.

AMERICAN CANCER SOCIETY,
ATLANTA, GA 30303-1002,
January 29, 2014.

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

DEAR CHAIRMAN HARKIN: I am very pleased to write today on behalf of the 3 million volunteers and staff of the American Cancer Society, the Nation's largest voluntary health organization, in strong support of Dr. Vivek Hallegere Murthy's nomination to be Surgeon General of the United States.

As co-founder and president of Doctors for America, Dr. Murthy has been a crucial advocate for improving access to quality health care in this country, something the American Cancer Society and our nonprofit, nonpartisan advocacy affiliate, the American Cancer Society Cancer Action Network, have long supported. Dr. Murthy's work in support of the Affordable Care Act has been an important contribution to the nationwide dialog on this issue.

I have had the privilege of serving alongside Dr. Murthy on the White House Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, an experience that has shown me firsthand his deep commitment to the health of this Nation and its people. His experience as a practicing physician, an instructor at Brigham and Women's Hospital at Harvard Medical School, and in advancing global health as a co-founder of VISIONS Worldwide I believe have given him a diverse set of experiences from which he could draw in helping build a healthier nation as Surgeon General.

We at the American Cancer Society would be pleased to work with Dr. Murthy as Surgeon General and believe he would bring both a wealth of experience and a sincere commitment to this critical role for the health of Americans. I urge members of the Committee on Health, Education, Labor, and Pensions to support his appointment so the full Senate might quickly vote on his confirmation. With extraordinary leaders like Dr. Murthy in place, we can no doubt improve public health and advance our shared goal to finish the fight against cancer.

Sincerely,

JOHN R. SEFFRIN, PH.D.

AMERICAN COLLEGE OF PHYSICIANS (ACP),
WASHINGTON, DC 20001-7401,
FEBRUARY 3, 2014.

Hon. TOM HARKIN, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

DEAR CHAIRMAN HARKIN AND RANKING MEMBER ALEXANDER: On behalf of the American College of Physicians (ACP), we want to express our strong support for President Obama's nomination of Vivek Hallegere Murthy, M.D., M.B.A. to the posi-

tion of Surgeon General of the United States. Dr. Murthy is a well-respected internist and member of the College who will serve the country well in this role.

ACP is the largest medical specialty organization and second-largest physician group in the United States, representing 137,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum, from health to complex illness.

Dr. Murthy is an esteemed faculty member at Harvard Medical School and hospitalist at Brigham and Women's Hospital in Boston, MA. He is a strong advocate for the provision of health insurance coverage to all Americans and is a proven leader who can build coalitions among diverse individuals to ensure better health for our communities. Additionally, Dr. Murthy has extensive experience with protecting the public's health, including serving on the U.S. Presidential Advisory Council on Prevention, Health Promotion, and Integrative and Public Health; co-founding VISIONS Worldwide in 1995, a non-profit organization focused on HIV/AIDS education in India and the United States; and co-founding TrialNetworks, an organization aimed at optimizing the quality and efficiency of clinical operations at each stage of a trial from feasibility through closeout. Therefore, ACP encourages a swift appointment of Dr. Murthy to the role of Surgeon General.

Sincerely,

CHARLES CUTLER, M.D., *Chair,*
Board of Regents, American College of Physicians.

STEVEN E. WEINBERGER, M.D., EVP/CEO,
American College of Physicians.

AMERICAN COLLEGE OF SPORTS MEDICINE®,
INDIANAPOLIS, IN 46202-3233,
FEBRUARY 6, 2014.

Hon. TOM HARKIN, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
644 Dirksen Office Building,
Washington, DC 20510.

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

Re: Support for Dr. Vivek Murthy as Surgeon General

DEAR CHAIRMAN HARKIN AND RANKING MEMBER ALEXANDER: On behalf of the more than 50,000 members and certified professionals of the American College of Sports Medicine, we write to express our strong support for the nomination of Dr. Vivek Murthy as the 19th Surgeon General of the United States.

Dr. Murthy's background and career experience uniquely qualify him to tackle the difficult problems facing our Nation and continue the legacy of previous Surgeons General to fight obesity and get Americans moving again. He has championed the need to address health disparities and the role of lifestyle in preventing chronic disease. In addition, Dr. Murthy has stated his desire to work collaboratively with groups from around the country to combat the epidemic of obesity and sedentary lifestyles. We stand ready to support him in his efforts.

One of the gravest health challenges facing our Nation is the rising prevalence of obesity and physical inactivity in the U.S. population. Studies by the Department of Health and Human Services indicate that 68 percent of adults and 16.9 percent of children of the United States are obese or overweight. The Centers for Disease Control and Prevention have found that poor diet and physical inactivity cause more than 400,000 deaths each year.

The office of Surgeon General has played an important role in promoting health and wellness in America. Most recently, former Surgeon General Regina Benjamin, M.D., developed strategies to fight obesity and to increase levels of physical fitness through a call to action to support and promote walking and walkable communities. Dr. Benjamin recognized that regular physical activity, such as walking, helps people of all ages protect and improve their health.

ACSM is dedicated to promoting an active, healthy lifestyle for all Americans and we look forward to working with Dr. Murthy on behalf of better health for all Americans.

Sincerely,

JAMES R. WHITEHEAD,
Executive Vice President/CEO.

AMERICAN DIABETES ASSOCIATION,
ALEXANDRIA, VA 22231,
January 16, 2014.

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

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

DEAR CHAIRMAN HARKIN AND RANKING MEMBER ALEXANDER: I am writing in strong support of the nomination of Vivek Murthy, M.D., MBA to be Surgeon General.

Currently a member of President Obama's National Advisory Group on Prevention, Health Promotion, and Integrative and Public Health as well as president of the organization he co-founded, Doctors for America, Dr. Murthy has demonstrated a commitment to prevention and health improvement that makes him ideally suited to be the next Surgeon General. Dr. Murthy's work on the design and implementation of the National Prevention Strategy, as well as his experience in coalition building, social media communication and grassroots mobilization shows he is uniquely capable of bringing diverse groups together to advance health in our country.

When the Committee on Health, Education, Labor, and Pensions considers Dr. Murthy for the post of Surgeon General, I urge you to support his nomination and see to his swift confirmation by the full Senate. Given the alarming rise in both the economic and human cost of chronic diseases—like diabetes—across the Nation, we need a Surgeon General who will be devoted to prevention efforts. Dr. Murthy has demonstrated this commitment throughout his career, and he has the full support of the American Diabetes Association.

Thank you for your consideration.

Sincerely,

LARRY HAUSNER,
Chief Executive Officer.

AMERICAN HEART ASSOCIATION (AHA),
WASHINGTON, DC 20036,
January 23, 2014.

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

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

DEAR CHAIRMAN HARKIN AND RANKING MEMBER ALEXANDER: On behalf of the American Heart Association (AHA), including the American Stroke Association (ASA) and over 22.5 million AHA and ASA volunteers and supporters, we strongly urge you to support the nomination of Vivek Murthy, M.D., MBA as the next U.S. Surgeon General.

Dr. Murthy has an impressive academic and professional background, making him well-suited for this position. As America's doctor, he has an opportunity to impact the health and well-being of Americans across the country, a commitment which he has proven over the course of his distinguished career. As a member of the President's Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, he was critical to the development and implementation of the National Prevention Strategy. As a physician, Dr. Murthy is acutely aware of the challenges faced by patients with chronic diseases and understands the importance of prevention and public health promotion as a means to prevent illness.

Dr. Murthy has proven to be a thoughtful leader who is effective in convening varying stakeholders to build consensus. He certainly shares our vision and commitment to prevention and is well-positioned to help us improve the health of our Nation. We look forward to working with him on some of our Nation's most pressing health issues and urge you to confirm him swiftly.

Thank you for your consideration.

Sincerely,

MARIELL JESSUP, M.D.,
President.

AMERICAN HOSPITAL ASSOCIATION,
WASHINGTON, DC 20004-2802,
January 30, 2014.

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

Hon. LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
835 Hart Office Building,
Washington, DC 20510.

DEAR SENATORS HARKIN AND ALEXANDER: The American Hospital Association (AHA), on behalf of its more than 5,000 member hospitals, health systems and other health care organizations, and its nearly 40,000 individual members, enthusiastically supports the nomination of Vivek H. Murthy, M.D., M.B.A, to Surgeon General of the United States.

Dr. Murthy is well qualified to serve as our Nation's Doctor. He is committed to improving health and health care in America, and would be a strong advocate for advancing the health of our Nation. He is currently a hospitalist at Brigham and Women's Hospital in Boston and an instructor of medicine at Harvard Medical School. He is an extremely accomplished physician known for providing compassionate, collaborative, high quality patient care. He is dedicated to promoting wellness, and currently serves on the National Advisory Group for Prevention, Health Promotion, and Integrative and Public Health. He is also the co-founder and president of Doctors for America, a non-partisan organization working to provide Americans with more affordable, accessible health care.

The AHA strongly believes that our Nation would benefit greatly from Dr. Murthy's knowledge, dedication, enthusiasm and experience. We urge the Committee on Health, Education, Labor, and Pensions to support his appointment so the Senate can quickly vote to confirm his nomination. If you have any questions regarding his candidacy, please do not hesitate to contact me or Robyn Bash, Executive Director, Federal Relations at (202) 626-2672 or rbash@aha.org.

Sincerely,

RICK POLLACK,
Executive Vice President.

AMERICAN MEDICAL WOMEN'S ASSOCIATION (AMWA),
 RESTON, VA 20190,
January 23, 2014.

Senator TOM HARKIN,
 731 Hart Senate Office Building,
 Washington, DC 20510.

DEAR SENATOR HARKIN: The American Medical Women's Association (AMWA) encourages you to support President Barack Obama's nomination of Dr. Vivek Murthy to be the next Surgeon General of the United States of America. Our organization has had the privilege of working with Dr. Murthy during his tenure as President of Doctors for America. We have been impressed with his leadership skills, dedication, and vision for better health and healthcare delivery in the United States.

Dr. Murthy is a well-respected leader in the medical community who has effectively mobilized organizations and individuals to work together toward the common goal of better healthcare for America. Understanding the complex problems facing this country, he has provided not only thoughtful commentary but active leadership in galvanizing physicians from all over the country to work toward better access to high-quality care for their patients. In addition, Dr. Murthy has an innate ability to connect with the American public, an essential factor to bringing about real change in our society. If the American public will cooperate with their Surgeon General's recommendations, there is no limit to the transformation that we will see in the health of this country.

Establishing healthy habits early on in life is critical so that individuals will continue making wise choices regarding their diet, personal habits, and medication compliance as they grow older. Thus, being able to convey this message to young Americans becomes of paramount importance for our aging population. By using his own age and compelling leadership skills to that advantage, Dr. Murthy has the potential to make a significant impact on the health of future generations to come.

We urge you to support the nomination of Dr. Vivek Murthy to be the next Surgeon General of the United States. He is extremely well-qualified for this position, and we have no doubt that he will accomplish great things for our country in that role.

Sincerely,

ELIZA LO CHIN, M.D., MPH,
Executive Director,
American Medical Women's Association.

AMERICAN PUBLIC HEALTH ASSOCIATION (APHA),
 WASHINGTON, DC 20001-3710,
January 24, 2014.

Hon. TOM HARKIN, *Chairman,*
Committee on Health, Education, Labor, & Pensions,
U.S. Senate,
527 Hart Office Building,
Washington, DC 20510.

Hon. LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, & Pensions,
U.S. Senate,
727 Hart Office Building,
Washington, DC 20510.

DEAR CHAIRMAN HARKIN AND RANKING MEMBER ALEXANDER: On behalf of the American Public Health Association, a diverse community of public health professionals who champion the health of all people and communities, I write to urge the swift confirmation of Vivek Murthy, M.D., to serve as U.S. surgeon general. Dr. Murthy is highly qualified and his experience as an attending physician at Brigham and Women's Hospital, instructor at Harvard Medical School and co-founder of Doctors of America make him an excellent and unique candidate for this important position.

As you are aware, the U.S. surgeon general has several important duties that include serving as the leader of the Commissioned Corps of the U.S. Public Health Service, chairing the National Prevention, Health Promotion and Public Health Council (National Prevention Council) and serving as the Nation's doctor to communicate the best scientific information available on health promotion and disease and

injury prevention. I believe that Dr. Murthy is ready to serve our Nation in these three most important roles.

He has demonstrated the maturity and leadership skills that one would expect of a vice admiral, the level that the surgeon general would hold, and are necessary to lead the fine men and women of the Commissioned Corps. As co-founder and president of Doctors for America, Dr. Murthy has been an extraordinary leader in igniting a national movement to bring together 16,000 physicians and medical students working to ensure access to quality health care for all. He has demonstrated creativity and innovation in addressing complex public health issues through acting as a vocal advocate and cultivating strong relationships and partners. These skills are essential as we all work together to improve the Commissioned Corps.

Dr. Murthy currently serves on the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, which advises the National Prevention Council on evidence-based prevention and health promotion strategies. Through his participation in the advisory group he has demonstrated his understanding of the core principles necessary to advance the health of our Nation. As the surgeon general, Dr. Murthy would seamlessly transition to serve as the chair of the National Prevention Council.

Dr. Murthy is well-trained, knowledgeable and well-prepared to act as the Nation's doctor. I am confident he will be a tremendous leader as the surgeon general and contribute greatly to improving the lives and health of all Americans. I strongly endorse Dr. Murthy's nomination and urge the Senate HELP Committee's immediate approval.

Sincerely,

GEORGES BENJAMIN, M.D.,
Executive Director.

ASSOCIATED INDUSTRIES OF MASSACHUSETTS (AIM),
BOSTON, MA 02108,
January 23, 2014.

Senator THOMAS HARKIN, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
731 Hart Office Building,
Washington, DC 20510.

DEAR SENATOR HARKIN: I write on behalf of Associated Industries of Massachusetts (AIM) to support the President's nomination of Vivek H. Murthy, M.D., MBA to the position of Surgeon General of the United States. Dr. Murthy, currently Hospitalist Attending Physician at Brigham and Women's Hospital and Instructor in Medicine at the Harvard Medical School (both AIM members), has a remarkable record of leadership in the most critical fields within the purview of the office of Surgeon General; public outreach, particularly to underserved populations; the integrity of the physician-patient relationship; and management issues, particularly with regard to the impacts of information technology.

AIM's mission is to promote the prosperity of our State by improving the economic climate, proactively advocating fair and equitable public policy, and providing relevant, reliable information and excellent services on behalf of the thousands of member employers of all kinds throughout the State. Health care is a primary issue for us, and we have learned over the past decade that progress in this area depends upon interchange, collaboration, and shared responsibility across interest groups and political divisions. I believe that Dr. Murthy, who is at once firmly grounded in the principles and practices of his profession and open to broader experience and perspectives—including those of business management—can contribute to fostering such communication and comity at the national level.

The Surgeon General has significant management responsibilities, but ultimately his or her effectiveness in the role depends on the individual's dedication, energy, and independence. Dr. Vivek Murthy's career displays outstanding qualifications in all four dimensions.

Sincerely,

RICHARD C. LORD,
President and CEO.

FOLEY HOAG LLP,
WASHINGTON, DC 20006-5350,
January 23, 2014.

Hon. TOM HARKIN, *Chairman,*
Hon. LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

DEAR SENATORS HARKIN AND ALEXANDER: I am writing to you today to express my strong support for the nomination of Dr. Vivek Hallegere Murthy as Surgeon General of the United States. I urge all members of the Senate HELP Committee, Democratic and Republican, to support Dr. Murthy's nomination so that the full Senate may quickly vote on his nomination and this important position within the Department of Health and Human Services (HHS) be filled expeditiously.

I am a partner in the law firm of Foley Hoag LLP and an adjunct professor of law and health policy at the George Washington University School of Public Health and Health Services. Prior to my joining the partnership at Foley Hoag, I served as Health Policy Counselor to former HHS Secretary Michael O. Leavitt, as well as deputy general counsel and acting general counsel of HHS. During my tenure at HHS, I worked closely with the Office of the Surgeon General and am well aware of the important responsibilities of the Surgeon General. This position should not remain unfilled and needs a Senate-confirmed appointee.

Dr. Murthy has, in my view, the skills necessary to succeed as the Surgeon General of the United States. First, he understands the American health care system both as a physician and as a health policy scholar who has received both an M.D. and an MBA degree from Yale University. Second, he understands instinctively the importance of improving public health and the role of the Surgeon General as an advocate for addressing America's public health challenges. Third, he has an extraordinary ability to communicate important messages regarding public health without demagoguery.

To my fellow Republicans, who may be concerned over Dr. Murthy's outspoken advocacy of the Patient Protection and Affordable Care Act (the ACA), I would like to say that I have personally discussed the ACA with Dr. Murthy on multiple occasions. Although we have had disagreements over aspects of the law, I can attest that Dr. Murthy has always conducted himself with the utmost respect, fairness and candor in our discussions. Whatever our differences may be over the ACA, I can assure you that Dr. Murthy's primary agenda as Surgeon General will be to promote the public health of the people of the United States. It is for that reason that I strongly support his nomination and, with the utmost respect, ask you to do the same.

Thank you for your attention to this matter. I would be happy to speak to any of the members of your committee or their staffs regarding Dr. Murthy's nomination.

Sincerely,

THOMAS R. BARKER,
Partner.

BRIGHAM AND WOMEN'S HOSPITAL,
BOSTON, MA 02115,
January 29, 2014.

Hon. TOM HARKIN, *Chairman,*
Hon. LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

DEAR SENATORS HARKIN AND ALEXANDER: On behalf of Brigham and Women's Hospital, I am writing to express my strong support for the President's nomination of Dr. Vivek Hallegere Murthy as the next Surgeon General of the United States. While his professional accomplishments are extraordinary, his personal integrity, compassion, and energy are unsurpassed.

Brigham and Women's Hospital has experienced directly the depth of knowledge and breadth of vision of Dr. Murthy. Not only did he receive his medical training

at our hospital—a founding member of Partners HealthCare—but he also continues to care for patients as an internist. He is an outstanding and compassionate clinician who seeks to understand the needs of and treat the whole patient both inside and outside the hospital walls.

Early in his career, Dr. Murthy committed himself to providing the best care for his patients, but also the best healthcare for all patients. As a student, he co-founded VISIONS and the Swasthya Project, both of which were international service organizations focused on HIV/AIDS education and rural health. These organizations expanded to include hundreds of student members in the United States and India. He co-founded Doctors for America, a non-profit organization that advocates for improvements in the American health care system and also founded TrialWorks, a software company focused on improving the efficiency of the drug development process in order to accelerate the availability of new drugs for patients.

Dr. Murthy has demonstrated his strong commitment to public health with his service on the National Advisory Group on Prevention, Health Promotion and Integrative and Public Health. He also has a deep and keen understanding that the health of Americans requires knowledge and sensitivity of conditions in the communities in which they live. He has demonstrated the ability to engage diverse groups, to articulate the importance of taking personal responsibility for leading healthier lives, and to provide the necessary supports to enable individuals to make the meaningful changes in lifestyles to improve their health. Dr. Murthy's experience, his skills and his commitment to the health of all Americans make him eminently qualified to be Surgeon General of the United States and the "Nation's doctor" for all of us.

We share the President's great confidence that Dr. Murthy is a physician leader who will make an outstanding Surgeon General and we urge the committee and the Senate to confirm his nomination as soon as possible.

Sincerely,

ELIZABETH G. NABEL, M.D.

NATIONAL CENTER FOR DISASTER PREPAREDNESS,
New York, NY 10027,
January 16, 2014.

Hon. TOM HARKIN,
U.S. Senate,
Hart Office Building,
Washington, DC 20510.

Re: Vivek Murthy, M.D.

DEAR TOM: I hope this finds you and the family doing well, anticipating a happy and healthy 2014.

The purpose of this letter is to express my whole-hearted support for Vivek Murthy's nomination to be the next U.S. Surgeon General. I have known Dr. Murthy for a number of years and I believe that he would make an outstanding Surgeon General with exactly the right skills, experiences and communication savvy that is needed at this momentous time of health and public health transition. His work on health reform is well-known and his ability to communicate what's important about health care reform for All Americans is superb.

Dr. Murthy is a brilliant physician who has dedicated himself to helping ensure that the Nation finally achieves an equitable health care system. He has served as a presidential appointee to the National Advisory Group on Prevention, Health Promotion and Public Health and has been an active voice in promoting the elimination of disparities in access to health care in the United States. He has also worked to insure that medical care in America remains patient and family-centered and that humanism and compassion serve as the cornerstone of health care, even as medicine becomes increasingly high tech and large-system oriented.

I would greatly appreciate your support of Vivek's nomination. He is a terrific candidate and would serve the President and the Nation extremely well.

Regards,

IRWIN REDLENER, M.D.,
President & Co-Founder,
Children's Health Fund.

Director, National Center for Disaster Preparedness,
Director, Program on Child Well-Being and Resilience,
Earth Institute, Columbia University.

SAINT THOMAS RUTHERFORD HOSPITAL,
MURFREESBORO, TN 37129-2245,
January 24, 2014.

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

DEAR SENATOR HARKIN: This is to express support of the nomination of Dr. Vivek Murthy for Surgeon General of the United States. I have known Dr. Murthy for the last several years, the contact being through his efforts at improving U.S. health care while I was working with an organization that worked in international health care. He is incredibly bright, thoughtful, and energetic. He has managed to serve the dual roles of both helping individual patients "one patient at a time" as a practicing physician while helping the entire population through his public health work. Additionally he also has developed a software product that is used in clinical trials of new medications.

He brings an understanding of communication skills at a time when those modalities are changing at a speed hardly grasped by many of us only 20 years older. Public health initiatives such as addressing obesity so often depend on communication; these initiatives are not interventions that can simply be provided or done by the Surgeon General, physicians, or health care workers, but require action by individuals. This individual action must be inspired by communication that is heard by the target audience, and Dr. Murthy has the skills to lead that endeavor.

He brings a fresh perspective to health care overall, having trained and now practiced in an age of unprecedented medical knowledge. He has seen and understood the increasing problems of availability of that care to so many Americans. He also brings the energy and imagination of his age to a position that requires increasing action in order to address the myriad issues that will confront the next surgeon general, such as obesity. He also is well-equipped to handle new and unforeseen health issues that might arise.

Dr. Murthy is a very wise and innovative choice for this important position, and the country deserves his prompt approval by the Senate. Thank you very much for your attention.

Sincerely,

SCOTT CORLEW, M.D., MPH,
Chief Medical Officer.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL,
MEMPHIS, TN 38105-3678,
January 28, 2014.

Hon. THOMAS HARKIN, *Chairman,*
Hon. LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

DEAR SENATORS HARKIN AND ALEXANDER: This letter is to express my strongest support for the nomination of Dr. Vivek Murthy as Surgeon General for the United States. I urge the Senate HELP Committee to support Dr. Murthy's nomination so that the full Senate may quickly vote on his nomination.

As someone who is actively engaged in clinical medicine myself, I feel that I am well-positioned to comment on the qualifications of Dr. Murthy. I am a full member and chairman of the Department of Surgery at St. Jude Children's Research Hospital in Memphis, TN, and hold the St. Jude Endowed Chair in Surgical Research. I also have adjunct appointments in Surgery, Pediatrics and Pathology & Laboratory Medicine at the University of Tennessee School of Medicine. I received part of my surgical training through a fellowship in general and thoracic pediatric surgery at the Children's Hospital of Philadelphia. During that time I had the great pleasure of meeting Dr. C. Everett Koop, who instilled in me a tremendous appreciation for the job of the Surgeon General and the important things that a strong, motivated person in that position can accomplish.

I think that Vivek Murthy is just such a person. This is a critical time for healthcare in the United States and informed, innovative leadership is critically needed. I am impressed that Dr. Murthy has these qualities and characteristics and

will do an outstanding job for this country. Although I don't know Dr. Murthy personally, I am extremely impressed with his extensive and profound accomplishments, and at a relatively young age. I have followed his career with great admiration and look forward to watching his certain continued success. He is an extremely bright, motivated individual who is a great innovator, communicator and team-builder. He has already proven himself to be a dedicated leader in the health care and public policy arenas.

In summary, I believe that Dr. Murthy is extremely well-qualified to serve as the Nation's Surgeon General. I am very pleased to endorse his nomination and urge you to support him as well.

Thank you for your attention to this matter.

Sincerely,

ANDREW M. DAVIDOFF, M.D.

DUKE UNIVERSITY MEDICAL CENTER & HEALTH SYSTEM,
DURHAM, NC 27710,
January 21, 2014.

Senator TOM HARKIN, *Chairman,*
Senator LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

DEAR CHAIRMAN HARKIN AND RANKING MEMBER ALEXANDER: I write this letter supporting the nomination of Dr. Vivek Murthy for the position of U.S. Surgeon General in the strongest possible terms.

I have known Dr. Murthy for over 10 years and believe he is the right leader for our Nation on matters of public health. Dr. Murthy's academic credentials are of the highest caliber and his portfolio of experience as a health care leader is both broad and deep. He has excelled as a public health educator, researcher, clinician, technology entrepreneur, and health policy leader.

Currently he is a member of President Obama's National Advisory Group on Prevention, Health Promotion, and Integrative and Public Health. He has created public health education programs from scratch that have impacted thousands of people in the United States and abroad.

I also know Dr. Murthy as a compassionate physician, award-winning medical educator and innovative researcher. His research has shed light on important questions of equity in clinical trials, and he has built a software technology company that is accelerating clinical trials around the world.

Dr. Murthy is an inspiring leader. In building Doctors for America, a national organization of physicians across the Nation, Dr. Murthy has proven himself to be a leader with integrity, vision, and excellent communication skills. He is respected by colleagues and community members of all ages and across the political spectrum.

At a time of great health care challenges, our Nation needs a Surgeon General who can bring people together around a vision for better health. We need a Surgeon General for the 21st century who understands how to harness the power of technology and social media to communicate effectively about health. And we need a Surgeon General who combines creativity and resourcefulness with humility and integrity in advancing the health interests of the Nation.

Dr. Murthy will be this kind of Surgeon General for the Nation if confirmed by the Senate.

I strongly urge you to support his nomination for U.S. Surgeon General.

Sincerely,

VICTOR J. DZAU, M.D.

FEDERATION OF AMERICAN HOSPITALS®,
WASHINGTON, DC 20001,
January 23, 2014.

Hon. TOM HARKIN, *Chairman,*
Hon. LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

DEAR SENATORS HARKIN AND ALEXANDER: I am writing to you today to express the support of the Federation of American Hospitals for the nomination of Dr. Vivek Hallegere Murthy as Surgeon General of the United States. I urge the Senate HELP Committee to support Dr. Murthy's nomination so that the full Senate may quickly vote on his nomination.

Dr. Murthy is an innovative thought leader in the health care field. His accomplishments are numerous. As a relatively young physician, he has founded a software company (TrialWorks) that seeks to improve the efficiency of drug development in clinical trials in an attempt to hasten access to medicine to patients. He is also co-founder of Doctors for America, a non-profit organization that advocates for improvements in the American health care system.

He also has a strong commitment to public health, which is the main focus of the Surgeon General. As a physician and a public health leader, and from his work with the patients that he treats, he understands that improving the health of Americans requires a keen understanding of what happens in our communities. He is also a strong communicator who has the ability to explain clearly to the American people the importance of taking responsibility for leading healthier lives as well as educating the clinical community about the need for stronger partnerships between public health and the health care system.

The Federation believes that Dr. Murthy is well-qualified to serve as the Nation's Surgeon General. We are pleased to endorse his nomination and urge your support for him.

Thank you for your attention to this matter.

Sincerely,

CHARLES N. KAHN III,
President and CEO.

HARVARD PILGRIM HEALTH CARE,
JANUARY 22, 2014.

Hon. TOM HARKIN,
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

Hon. LAMAR ALEXANDER,
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

DEAR CHAIRMAN HARKIN AND RANKING MEMBER ALEXANDER: I am writing to support the nomination of Vivek Murthy, M.D., MBA for Surgeon General.

Dr. Murthy's dedication to expanding access to health care is quite impressive, particularly for those without health insurance. He understands the value of physician leadership for the health care improvements that are sorely needed in our country. Dr. Murthy works collaboratively to bring together not just physicians, but patients and elected officials to make health care better for our citizens. He has worked tirelessly to support the implementation of the Affordable Care Act (ACA), particularly through the founding of Doctors for America. He has also been active internationally, establishing VISIONS Worldwide, which is dedicated to education on HIV and AIDS in India. I applaud his focus on preventive health care, which needs to be a top priority for all of us. He has helped guide prevention efforts by serving on the U.S. Advisory Group on Prevention, Health Promotion and Integrative and Public Health.

For the last 10 years, Harvard Pilgrim has been named the #1 private health plan in America, according to an annual ranking of the Nation's best health plans by the

National Committee for Quality Assurance (NCQA).^{*} Our mission is to improve the quality and value of health care. I believe that Dr. Murthy would be an excellent proponent of this mission for the country as a whole.

I urge the Committee on Health, Education, Labor, and Pensions to support Dr. Murthy's nomination so that the full Senate might quickly vote on his confirmation.

It would be my pleasure to work with Dr. Murthy as Surgeon General.

Sincerely,

ERIC H. SCHULTZ,
President and CEO.

HEALTH & DISABILITY ADVOCATES,
CHICAGO, IL 60606,
January 17, 2014.

Senator TOM HARKIN, *Chairman,*
Senator LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

DEAR CHAIRMAN HARKIN AND RANKING MEMBER ALEXANDER: I am writing in strong support of Dr. Vivek Hallegere Murthy's nomination as Surgeon General of the United States. I urge members of the Committee on Health, Education, Labor, and Pensions to support his appointment so that the full Senate might quickly vote on his confirmation.

Dr. Murthy has proven to be an innovator in health care as the co-founder and president of Doctors for America and has played a critical role in forward thinking endeavors around prevention and health promotion, including co-founding VISIONS Worldwide, an HIV/AIDS education collaborative in India and the United States. We believe he is uniquely positioned to be our "Nation's Doctor", given his current role as a Hospitalist Attending Physician and Instructor in Medicine at Brigham Women's Hospital in Boston. He has a deep investment in people, and an understanding of the important roles physicians, community-based providers and community leaders play as the Nation moves toward a culture of "health" care, rather than our current state of "sick" care.

I have had the incredible pleasure of getting to know Dr. Murthy as a fellow member on the Advisory Group for Prevention, Health Promotion and Integrative Public Health. He is a passionate advocate for empowering Americans to make healthier, easier choices through engagement and collaboration with individuals and their health care professionals. This is critically important for Health & Disability Advocate's constituency, which includes people with complex medical needs.

Dr. Murthy is truly a transformational leader and at no other time in our history as a country can I think of a time when we have needed such an approach in the Office of the Surgeon General. I thank you for your leadership and thoughtful consideration. If you should have any questions, please feel free to contact me directly at 312-265-9090 or botto@hdadvocates.org.

Sincerely,

BARBARA A. OTTO,
Chief Executive Officer.

^{*}NCQA's Private Health Insurance Plan Rankings, 2011-14, HMO/POS. NCQA's Health Insurance Plan Rankings 2010-11—Private. *U.S./News/NCQA America's Best Health Insurance Plans 2005-09* (annual). America's Best Health Insurance Plans is a trademark of *U.S. News & World Report*. NCQA The State of Health Care Quality 2004. Harvard Pilgrim Health Care of New England, Harvard Pilgrim's New Hampshire affiliate, is the top-ranked private health plan in New Hampshire and the 9th highest ranked private health plan in America.

HENRY FORD HEALTH CENTER,
DETROIT, MI 48202,
January 27, 2014.

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

Hon. LAMAR ALEXANDER, *Ranking Member,*
Health, Education, Labor, and Pensions Committee,
U.S. Senate,
835 Hart Office Building,
Washington, DC 20510.

DEAR CHAIRMAN HARKIN AND RANKING MEMBER ALEXANDER: I am pleased to offer my strong support for the nomination of Dr. Vivek Hallegere Murthy as Surgeon General of the United States.

Over the past 2 years I have been honored to serve with Dr. Murthy as fellow Presidential appointees to the Advisory Council on Prevention, Health Promotion, and Integrative and Public Health within the U.S. Department of Health and Human Services. Without exception, I have experienced Dr. Murthy to be an articulate, compelling, leading voice for the health of Americans everywhere.

Dr. Murthy brings the experience basis of a highly respected Internal Medicine physician along with a strategic passion for population health and access to care. Moreover, he has a strong background in health informatics and improving the quality and efficiency of health care. With a heart for the people, he also is an international leader in HIV prevention and AIDS education.

In 2012, Dr. Murthy and I, along with Dr. Bob Kocher, co-authored an editorial published in *Internal Medicine News* on the health economics of the Affordable Care Act. Our collaboration showed me up-close the depth of expertise and insight Dr. Murthy possesses on population health—including the dynamic interrelationship of clinical care coverage, prevention and community-based supports.

I urge members of the Committee on Health, Education, Labor, and Pensions to approve this appointment so that the full Senate might readily vote to confirm Dr. Vivek Hallegere Murthy as our Nation's 19th Surgeon General.

Thank you for your consideration.

Sincerely,

KIMBERLYDAWN WISDOM, M.D., MS

UNIVERSITY OF CALIFORNIA, LOS ANGELES (UCLA),
LOS ANGELES, CA 90095-1772
January 27, 2014.

Senator TOM HARKIN, *Chairman,*
Senator LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
428 Dirksen Senate Office Building,
Washington, DC 20510.

DEAR CHAIRMAN HARKIN AND RANKING MEMBER ALEXANDER: As a presidentially appointed member of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, I write to express my strong support of Dr. Vivek Hallegere Murthy in his nomination as Surgeon General of the United States. I have had the opportunity to work alongside Dr. Murthy to inform and advise the National Prevention, Health Promotion and Public Health Council.

In my experience, Dr. Murthy has demonstrated sincere passion and commitment to pursuing health improvement for all Americans. He effectively utilizes his knowledge, as both a clinician and an innovator, to advance vital aspects of prevention and public health. Dr. Murthy will be a capable and deft leader who will successfully promote prevention in the health system.

I encourage members of the Committee on Health, Education, Labor, and Pensions to support Dr. Murthy's appointment so that the full Senate may have an op-

portunity to vote on his confirmation as Surgeon General. Thank you for your consideration.

Sincerely,

JONATHAN E. FIELDING, M.D., M.P.H., M.B.A.,
Distinguished Professor of Health Services and Pediatrics,
Schools of Public Health and Medicine, UCLA.
Director and Health Officer,
Los Angeles County, Department of Public Health.

EMORY GLOBAL HEALTH INSTITUTE,
 ATLANTA, GA,
 February 4, 2014.

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

DEAR SENATOR HARKIN: I write as a former Director of the Centers for Disease Control and Prevention (CDC) and professor of Medicine and Public Health at Emory University to endorse the nomination of Dr. Vivek Murthy as Surgeon General of the U.S. Public Health Service. I am very familiar with the role and responsibilities of the Surgeon General as a 27-year employee of the CDC and Assistant Surgeon General (Rank: USPHS 08) for my last several years as Director of the CDC.

Dr. Murthy is very well-qualified for this job and I am convinced he will make a superb Surgeon General. He is very well-trained and knowledgeable about both the practice of medicine, the U.S. health care system and the opportunities to improve the quality of and access to care in a thoughtful, compassionate and fiscally sound manner. He is an excellent communicator and will play a powerful role in explaining health issues and crises to the American people and in encouraging them to practice healthy behaviors.

Senator Harkin, I had the privilege of collaborating with you for many years on important public health programs and hope that you will share my enthusiasm for and confidence in Dr. Murthy and support his nomination as Surgeon General of the United States.

Sincerely,

JEFFREY P. KOPLAN, M.D.,
Vice President for Global Health,
Emory University.

MARCH OF DIMES FOUNDATION,
 WASHINGTON, DC 20005,
 January 29, 2014.

DEAR CHAIRMAN HARKIN AND RANKING MEMBER ALEXANDER: On behalf of the March of Dimes, a unique collaboration of scientists, clinicians, parents, members of the business community, and other volunteers affiliated with 51 chapters representing every State, the District of Columbia and Puerto Rico, I would like to highlight a few notable qualifications and urge swift Senate consideration of the nomination of Vivek Murthy, M.D., MBA, to serve as 19th Surgeon General of the United States.

The U.S. Surgeon General provides vital counsel to the Secretary of Health and Human Services on public health and medical issues, in addition to serving as the head of the U.S. Public Health Service Commissioned Corps. As such, it has traditionally been the role of the Surgeon General to be "America's doctor," attuned to the health care needs and priorities of all Americans. The Surgeon General has singular opportunities to use his or her position to call attention to vital health issues, educate Americans, and help shape public discourse on the Nation's health.

Dr. Vivek Murthy possesses a number of qualification and qualities that render him well suited for the position of Surgeon General. His extensive accomplishments in the medical, business and academic communities reflect a keen intellect, tremendous energy, and a passion to improve patient health. His combination of experience and expertise in these fields give him unique insights into both the challenges and opportunities facing our health care system. He has made valuable contributions

through his service on the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, which advises the Secretary of Health and Human Services on the National Prevention Strategy and top preventive health priorities. Given his past experience with health education and grassroots organizing, Dr. Murthy can be expected to have an energetic social media presence, which is a vital tool for reaching and educating many Americans about a range of health issues.

If we may provide additional information, please do not hesitate to contact Cynthia Pellegrini, Senior Vice President for Public Policy and Government Affairs, at 202-659-1800.

Sincerely,

DR. JENNIFER L. HOWSE,
President.

THE NEW ENGLAND COUNCIL,
BOSTON, MA 02114,
February 25, 2014.

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

DEAR CHAIRMAN HARKIN: On behalf of the New England Council, I am writing to express support for the nomination of Dr. Vivek H. Murthy to be the next Surgeon General of the United States.

The New England Council is the Nation's oldest regional business organization, and promotes Federal policies and initiatives that enhance the economy and quality of life within New England. Among our members are health insurers and plan providers, community, rural and teaching hospitals, drug and medical device manufacturers and suppliers, independent physician organizations, non-profit think tanks, and various health-related trade groups and associations.

As an attending physician at Brigham and Women's Hospital and an Instructor at Harvard University Medical School—both of which are members of the New England Council—Dr. Murthy has addressed the health needs of countless patients. He is also the co-founder and is president of Doctors for America, a national, non-partisan grassroots physician organization that engages physicians in health care policy issues. He also co-founded and led VISIONS Worldwide, devoting his efforts to educate tens of thousands of young people about HIV/AIDS.

By his own account, Dr. Murthy serves as a physician, a researcher, a teacher, a public health educator, an organizational leader, a national leader in prevention, and an entrepreneur and innovator. There is little doubt that Dr. Murthy's experience and determined approach to tackling obesity and promoting the health of all Americans will serve him well as this Nation's top doctor.

The New England Council urges the HELP Committee and the full Senate to approve the nomination of this outstanding candidate to serve as Surgeon General.

Very truly yours,

JAMES T. BRETT,
President & CEO,
The New England Council.

NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION (NHPHA),
CONCORD, NH 03301,
January 24, 2014.

Senator TOM HARKIN, *Chairman,*
Senator LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

DEAR CHAIRMAN HARKIN AND RANKING MEMBER ALEXANDER: On behalf of New Hampshire Public Health Association (NHPHA), I write in strong support of Dr. Vivek Hallegere Murthy's nomination as Surgeon General of the United States. I urge members of the Committee on Health, Education, Labor, and Pensions to support his appointment so that the full Senate might quickly vote on his confirmation.

I first met Dr. Murthy when he graciously provided the keynote address at the NHPHA Fall Forum in 2011. As a member of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, he discussed the National Prevention Strategy as a component of the Affordable Care Act and shared his insights from his work on the Advisory Council regarding implementation of the National Prevention Strategy at the national and State levels. During this visit, Dr. Murthy demonstrated his vision and leadership as a forward thinking and innovative health leader, with a strong commitment to public health. His communication style was clear and effective in making meaningful connections with how national work can be applied locally. As Surgeon General of the United States, I believe his vision to strengthen public health will guide the Nation forward to improved health.

Thank you for your consideration.

Sincerely,

MARIE MULROY, *President,*
New Hampshire Public Health Association.

UNC SCHOOL OF MEDICINE,
CHAPEL HILL, NC 27599-7530,
January 28, 2014.

Hon. TOM HARKIN, *Chairman,*
Hon. LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

DEAR SENATORS HARKIN AND ALEXANDER: It is with great honor that I write a strong letter of support for my dear colleague and friend, Dr. Vivek Murthy in his candidacy for U.S. Surgeon General. Vivek would be an energetic, thoughtful, dynamic and charismatic moral force that I believe would bridge the gap between populations, political factions, and move this country forward to be more aware of changes in health care and live healthier lives. In working with him I can speak extensively on his talents, passion for medicine and his progressive innovative way of thinking that would benefit this great nation.

At every level of his training, Dr. Murthy has showcased his talents to improve how health care is perceived both here and abroad. As an undergraduate at Harvard, Vivek created the VISIONS program that has trained hundreds of students to teach thousands more in the United States and in India on HIV prevention. He has also been attentive to underlying issues that tend to be overlooked such as mental health when he created an annual course for trainees and physicians to be mindful of their own mental health. As a practicing physician, he is also keenly aware of the issues facing our country and how an unhealthy workforce will impact our economic prosperity not only in the present but also in the future.

Vivek has a long history of problem solving and a history of communicating those solutions to various groups to promote collaboration and inclusiveness. Vivek has made strong relationships with physicians and community leaders across the country in every State, many local programs, and national organizations. He is a master communicator with the savvy to win over adversaries while promoting the common good.

He currently serves on the National Advisory Group on Prevention, Health Promotion, and Integrative and Public Health. He has also thrived in grassroots efforts as well as when he galvanized physicians across the country to participate in Doctors for America.

Vivek has shown that he can adjust with the times by showing his ability to quickly adapt to ever-changing technology and has demonstrated his creativity with his health care company, TrialNetworks, a company that has combined social media with clinical trials.

The Surgeon General needs to be a strong dynamic leader with a demonstrated history of working with people from all backgrounds. The Surgeon General needs to be someone who can work with others and be willing to embrace change. Dr. Vivek Murthy embodies these qualities and many others and so, without hesitation or reservation, I strongly support his candidacy for Surgeon General.

Sincerely,

CEDRIC M. BRIGHT, M.D., FACP,
Assistant Dean Medical Admissions, UNC SOM,
112th President National Medical Association.

PARTNERS® HEALTHCARE,
BOSTON, MA 02199-8001,
January 29, 2014.

Hon. TOM HARKIN, *Chairman*,
Hon. LAMAR ALEXANDER, *Ranking Member*,
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

DEAR SENATORS HARKIN AND ALEXANDER: On behalf of Partners HealthCare, I am writing to express my strong support for the President's nomination of Dr. Vivek Hallegere Murthy as the next Surgeon General of the United States. While his professional accomplishments are extraordinary, his personal integrity, compassion, and energy are unsurpassed.

Partners HealthCare has experienced directly the depth of knowledge and breadth of vision of Dr. Murthy. Not only did he receive his medical training at the Brigham and Women's Hospital—a founding member of Partners HealthCare—but he also continues to care for patients at the hospital as an internist. He is an outstanding and compassionate clinician who seeks to understand the needs of and treat the whole patient both inside and outside the hospital walls.

Early in his career, Dr. Murthy committed himself to providing the best care for his patients, but also the best healthcare for **all** patients. As a student, he co-founded VISIONS and the Swasthya Project, both of which were international service organizations focused on HIV/AIDS education and rural health. These organizations expanded to include hundreds of student members in the United States and India. He co-founded Doctors for America, a non-profit organization that advocates for improvements in the American health care system and also founded TrialWorks, a software company focused on improving the efficiency of the drug development process in order to accelerate the availability of new drugs for patients.

Dr. Murthy has demonstrated his strong commitment to public health with his service on the National Advisory Group on Prevention, Health Promotion and Integrative and Public Health. He also has a deep and keen understanding that the health of Americans requires knowledge and sensitivity of conditions in the communities in which they live. He has demonstrated the ability to engage diverse groups, to articulate the importance of taking personal responsibility for leading healthier lives, and to provide the necessary supports to enable individuals to make the meaningful changes in lifestyles to improve their health. Dr. Murthy's experience, his skills and his commitment to the health of all Americans make him eminently qualified to be Surgeon General of the United States and the "Nation's doctor" for all of us.

We share the President's great confidence that Dr. Murthy is a physician leader who will make an outstanding Surgeon General and we urge the committee and the Senate to confirm his nomination as soon as possible.

Sincerely,

GARY I. GOTTLIEB, M.D., M.B.A.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL,
MEMPHIS, TN 38105-3678,
JANUARY 25, 2014.

Hon. TOM HARKIN, *Chairman*,
Hon. LAMAR ALEXANDER, *Ranking Member*,
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC. 20510.

DEAR SENATORS HARKIN AND ALEXANDER: I am writing this letter today primarily in support of Dr. Vivek Hallegere Murthy to be our next Surgeon General.

I am a pediatric surgeon at St. Jude Children's Hospital for the past 34 years and also am director of Surgical Training for the International Outreach Program. These two initiatives of St. Jude's are committed to stopping the advancement of catastrophic diseases in children, not only in the USA but also in over 20 other countries around the world.

I have had the pleasure and privilege of watching Dr. Murthy's career evolve over the past 15 years. His initial work as part of Visions Worldwide, a nonprofit organization he founded promoting HIV education in India. My daughter accompanied him

on two separate missions as part of Vision's groundbreaking efforts. His most recent work to improve America's health care system was with Doctors for America. This to me underscores his strong commitment to public health, outreach and advocacy.

I honestly believe Vivek has accomplished far more in under 40 years than most people. I strongly feel that because of his leadership skills he can inspire and ultimately motivate our generation and the next.

He is soft spoken and humble, but his most important quality is his ability to listen to his peers, digest information, the ideas, communicate what we need so that this country can ultimately benefit.

These are the essential qualities for the quality of life that the next generation of American children and adults deserve.

I am pleased to endorse Dr. Vivek Murthy for this position and sincerely hope that you can support him also.

Sincerely,

BHASKAR N. RAO.

THE SATCHER HEALTH LEADERSHIP INSTITUTE,
ATLANTA, GA 30310-1495,
February 3, 2014.

Hon. TOM HARKIN, *Chairman*,
Hon. LAMAR ALEXANDER, *Ranking Member*,
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

DEAR SENATORS HARKIN AND ALEXANDER: I am writing in support of the nomination of Dr. Vivek Hallegere Murthy as the next Surgeon General of the United States. Dr. Murthy has made a remarkable impression on me in the few interactions we have shared, and judging by what I know about him I feel he could make a great Surgeon General. In today's world, we need a Surgeon General who is committed to a prevention agenda and a health system that incentivizes primary care and quality of care, and who also keeps the position relevant and cutting-edge, particularly for our young people growing up in an increasingly globalized society. As Surgeon General, Dr. Murthy's impressive track record of accomplishments as an innovative and well-respected thought leader in health care will prove to be invaluable to the American people.

I would also like to address and respond to the controversy of this nomination for Surgeon General coming from outside of the U.S. Public Health Service Commissioned Corps. As a proud veteran of the USPHS who holds the utmost respect for the Commissioned Corps, I also continue to disagree with my colleagues who hold that the Surgeon General must come from within the Commissioned Corps. I myself was appointed as Director of the CDC from outside the Commissioned Corps, and as you know, had the opportunity to serve in government for 8 years in the Clinton administration and 1 year in the George W. Bush administration, becoming Surgeon General and Assistant Secretary for Health. I had a great working relationship with the Corps during my years of government service and was able to appoint Deputies from within the Commissioned Corps, which turned out to be excellent decisions. But appointing persons from outside of the Commissioned Corps not only enhances the diversity of the Public Health Service, it has also in the past enabled the President and Senate to bring in perspectives that have been important in achieving important public health goals such as childhood immunization, the Tuskegee Apology, and diversity in leadership at every level. I think it would be a great disservice to constrain the appointment of Surgeon General to within the Commissioned Corps.

The American people look to the Office of the Surgeon General for credible information based on the best available public health science, not politics, not religion, and not personal opinion. A highlight of my service was the opportunity I had to release the first ever Surgeon General's Reports on Mental Health, Overweight and Obesity, Sexual Health, Disabilities, Oral Health, and Youth Violence Prevention. In addition, my work in the communities of Watts, CA, Cleveland, OH, Atlanta, GA, and Nashville, TN greatly enhanced my perspective and ability to reach the communities that had not been adequately reached before with the goal of eliminating disparities in health. I have faith that as Surgeon General, Dr. Murthy can continue to carry this torch to fulfill a sacred trust with the American people.

The Office of Surgeon General requires a strong and thoughtful leader who can navigate political pressures to champion health promotion for the American People,

and Dr. Murthy's has proven his capabilities in that capacity. We need a Surgeon General who can connect with people across generations, cultures, and political persuasions to empower Americans to take responsibility for and improve their health. I feel that Dr. Murthy meets all of these qualifications superbly.

Sincerely,

DAVID SATCHER, M.D., PH.D.,
*Director, Satcher Health Leadership Institute,
 Morehouse School of Medicine,
 16th U.S. Surgeon General.*

NEW YORK STATE DEPARTMENT OF HEALTH,
 JANUARY 27, 2014.

Hon. TOM HARKIN, *Chairman,*
 Hon. LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

DEAR SENATORS HARKIN AND ALEXANDER: I am writing to express my strong support for the nomination of Dr. Vivek H. Murthy as the next Surgeon General of the United States. Given his impressive credentials as a physician, thought leader and innovator, Dr. Murthy is eminently qualified to fulfill this role as the Nation's leading physician at this critical time in our evolving health care system.

As an attending physician at Brigham and Women's Hospital, Dr. Murthy has a front row seat to the health care needs of our citizens. He is the co-founder and president of Doctors for America, an organization of more than 16,000 doctors and medical students directly involved in helping to build a better health care system for all Americans. In that role, he has organized numerous activities around educating communities about the importance of primary and preventive health care. He is also the co-founder and board chairman of TrialNetworks, a software technology company that works to make clinical trials more efficient, so that vital therapies can be made available to patients more quickly. His passion for these issues demonstrates a clear commitment to the most topical and relevant health issues of our generation.

The role of the U.S. Surgeon General has always been an important one, but never as much as it is right now, as our country confronts dual epidemics of chronic diseases such as diabetes and obesity, and strives to reform its health care system. Having a Surgeon General like Dr. Murthy, who has the energy, drive and passion to lead our citizens toward healthier lives, will help spur the transformation and lead us to a more vibrant and responsive health delivery system.

President Obama has made an excellent choice in his nomination of Dr. Murthy. I hope you will give Dr. Murthy your support and approve him as our next Surgeon General. Thank you.

Sincerely,

NIRAV R. SHAH, M.D., MPH,
Commissioner of Health.

TENET HEALTHCARE CORPORATION,
 DALLAS, TX 75313-9036,
January 24, 2014.

Hon. LAMAR ALEXANDER,
U.S. Senate,
455 Dirksen Office Building,
Washington, DC 20510.

Re: Nomination of Dr. Vivek Murthy as Surgeon General

DEAR SENATOR ALEXANDER, I am pleased to support the nomination of Dr. Vivek Murthy to the position of Surgeon General of the United States.

Dr. Murthy is clearly an outstanding nominee. His two decades of experience as a physician-leader in both public service and the private market make him an excellent choice to serve as the Administration's leading spokesman on matters of public health.

As you know, Dr. Murthy has established non-profit medical foundations to increase access to healthcare, is practicing physician at Boston's Brigham and Wom-

en's Hospital, and is co-founder and chairman of TrialNetworks, a company dedicated to improving the quality and efficiency of clinical trials. Through this extraordinary leadership, he has acquired the breadth of experience needed to serve as head of the U.S. Public Health Service Commissioned Corps.

Finally, his leadership in bringing together doctors and medical students from around the country with the common goal of improving the health of the Nation will prove him to be an able leader in building support within diverse populations—a critical skill for the incoming Surgeon General.

Dr. Murthy has proven his dedication and commitment to improving the lives and health of all Americans. If confirmed, Dr. Murthy would bring impeccable credentials, broad experience and a host of admirable personal qualities to the role of Surgeon General.

As such, I urge the Committee on Health, Education, Labor, and Pensions to give favorable consideration to the nomination of Dr. Vivek Murthy.

Sincerely,

TREVOR FETTER,
President & CEO.

TRUST FOR AMERICA'S HEALTH,
Washington, DC 20036,
January 16, 2014.

Senator TOM HARKIN, *Chairman,*
Senator LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

DEAR CHAIRMAN HARKIN AND RANKING MEMBER ALEXANDER: On behalf of Trust for America's Health (TFAH), a non-profit, non-partisan organization dedicated to improving the health of all Americans, I write in strong support for Dr. Vivek Hallegere Murthy's nomination as Surgeon General of the United States. I urge members of the Committee on Health, Education, Labor, and Pensions to support his appointment so that the full Senate might quickly vote on his confirmation.

Dr. Murthy is a forward thinking and innovative health leader, with a strong commitment to public health. As a physician and a public health leader, he understands that improving the health of Americans requires a close partnership between what happens in the clinic and what happens in our communities. He is a strong and compassionate communicator, who will be able to guide the American people to a deeper understanding of how we can all take responsibility for leading healthier lives and to educate the clinical community about the need for stronger partnerships between public health and the health care system.

Dr. Murthy has demonstrated this ability in his personal work as well as his policy work. Dr. Murthy is a member of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, which I chair. He is a strong leader among his colleagues, bringing a thoughtful and collaborative approach to our work.

We at TFAH look forward to working with Dr. Murthy as the Nation's Doctor in promoting our shared vision of prevention as the driving force in our health system. Thank you for your consideration.

Sincerely,

JEFFREY LEVI, PH.D.,
Executive Director.

TUFTS HEALTH PLAN,
WATERTOWN, MA 02472-1508,
February 3, 2014.

Hon. TOM HARKIN,
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

Re: Surgeon General Nominee Vivek Murthy, M.D.

DEAR CHAIRMAN HARKIN: Dr. Vivek Murthy is an excellent choice to be the next Surgeon General of the United States. His experience and record of accomplishment

have prepared him for the Surgeon General's role as the Nation's chief advocate for access to health care, prevention and wellness. He has been caring for sick and injured patients at one of the Nation's leading academic medical center hospitals. He has shown that he can create and manage organizations that carry the message of wellness and healthy lifestyles to the public. He is a prolific and effective speaker and author on health care delivery and access.

As the CEO of a million member health plan in Massachusetts and Rhode Island, I can attest that Dr. Murthy's reputation is excellent. I fully and enthusiastically recommend him for confirmation. He is a true leader and would serve the health of the people of the United States with distinction and accomplishment. Please feel free to contact me if you have any questions.

Respectfully,

JAMES ROOSEVELT, JR.

VANDERBILT UNIVERSITY MEDICAL CENTER,
NASHVILLE, TN 37232-2104,
January 31, 2014.

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

Hon. LAMAR ALEXANDER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
1727 Hart Office Building,
Washington, DC 20510.

DEAR CHAIRMAN HARKIN AND RANKING MEMBER ALEXANDER: I write to express my support for the nomination of Dr. Vivek Hallegere Murthy as Surgeon General of the United States and urge the Senate HELP Committee to approve his nomination so that he may be considered by the full Senate in a timely manner. Dr. Murthy has already distinguished himself as a brilliant young physician at one of our Nation's pre-eminent academic medical centers; his passion and commitment to the health of his patients is admirable. I believe that these traits will make him a successful Surgeon General.

The Surgeon General plays an important role in focusing the country's attention on critical public health matters and effecting change in Americans' lifestyles. We need an individual in this role who not only understands the public health challenges our country faces but has an ability to effectively communicate with all of the American people. I believe that Dr. Murthy intimately understands these health issues and is committed to the mission of the Surgeon General. I have confidence that he will be a visible leader in our communities, educating patients on the importance of healthier lifestyles and working with providers to strengthen their partnerships with their communities.

In short, I believe that Dr. Murthy is qualified for the position of Surgeon General and will serve with distinction. I am pleased to lend my support to his nomination. Thank you for your attention to this matter.

Sincerely,

JEFFREY R. BALSER, M.D., PH.D.

WELLPOINT,
INDIANAPOLIS, IN 46204,
January 28, 2014.

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

Re: Nomination of Vivek Murthy, M.D., MBA to the Surgeon General of the United States

DEAR SENATOR HARKIN: I am writing to enthusiastically endorse the candidacy of Vivek Murthy, M.D., MBA as Surgeon General of the United States. The best Sur-

geons General fulfill their mission of improving the health of our Nation by being conveners of people and organizations.

Vivek has dedicated his life to empowering others to improve their health and their communities. Beginning during his undergraduate years at Harvard, through medical and management training at Yale, and continuing beyond his post graduate medical education at Harvard, Vivek's deep commitment to helping people live healthier, better lives has transformed what started as a personal passion in to a lifelong calling and vocation.

As an undergraduate at Harvard, Vivek saw the lack of public education amid a growing AIDS epidemic in India and created VISIONS, which trained students in the United States and India to educate students in India on HIV prevention. As a medical student at Yale, he brought faculty members and students together to create an annual course that equips trainees and physicians with lifelong skills in self-care and humanistic medicine. As an entrepreneur, he created TrialNetworks, which builds social networking platforms to enhance collaboration and efficiency in clinical trials. As a practicing physician at Brigham and Women's Hospital and a teacher at Harvard Medical School, he co-founded a national grassroots organization which has empowered thousands of doctors and medical students in all 50 States to advocate for policies aiming to improve health care for their patients.

The United States has an epidemic of preventable illness. Vivek's passion for prevention and health improvement led to his appointment to the National Advisory Group on Prevention, Health Promotion, and Integrative and Public Health. Serving in this capacity, he has helped design and implement the National Prevention Strategy.

This is an optimal time for a Surgeon General to be the spokesperson and a leader for transformative change. Most importantly, the coalescence of organizations focused on health improvement, health inequalities and payment for value together provide a nexus for mobilizing the Federal and State agencies, private sector businesses and health plans, health professionals and the American people to join together in shared accountability for health.

I believe Vivek is the right person to lead this effort as Surgeon General, given the many capabilities he would bring to the job:

- Communication skills: Vivek has spoken on health care issues to local and national audiences comprising tens of thousands of patients and providers around the country. He has the ability to explain complex concepts with simplicity, and a unique ability to build consensus in diverse audiences around common, unifying concepts—particularly prevention.
- Ability to mobilize and lead people to action: Vivek has galvanized thousands of physicians in all 50 States around a positive vision to improve health care and prevention. These physicians have organized prevention screenings and community education programs for thousands of patients, and they have shared their experiences caring for patients with the media and local government with the goal of creating policies that improve health for all.
- Expertise with technology: Vivek created a health care technology company (TrialNetworks) that is transforming how clinical trials are run by using the power of social media and on line efficiency tools to bring effective therapies to patients faster. He has a solid understanding of the role of technology in health as well as proven success in using social media to communicate about key health care issues.
- Builder of partnerships: Vivek has built strong relationships with physicians and community leaders across the country, national and local organizations, and industry leaders. As Surgeon General, he can leverage these relationships to build effective coalitions to advance health.

The Surgeon General's opportunity for impact is immense especially at this moment in history. Delivery system reform focused on health, National Quality and Prevention Strategies, and payment innovations and expansion of coverage are transforming health in our communities. The need for an outstanding communicator, educator, and leader who can engage the public and providers could not be more critical.

I have been impressed by Vivek's ability, passion, drive and proven track record. He would build an inclusive campaign to mobilize millions of Americans to take concrete steps to improve their health based on commonly agreed upon principles of health promotion and of healthy living. Vivek and I have spoken about the opportunities to engage health plans and their two hundred million members in meaningful

ways to improve their health, and he would engage with the public and elected officials from both parties to lead the Nation in moving toward better health for all.
Sincerely yours,

SAMUEL R. NUSSBAUM, M.D.,
*Executive Vice President,
Clinical Health Policy and Chief Medical Officer.*

RESPONSE OF VIVEK HALLEGGERE MURTHY TO QUESTIONS OF SENATOR ALEXANDER, SENATOR ENZI, SENATOR BURR, SENATOR HATCH, SENATOR ROBERTS, SENATOR MURKOWSKI, SENATOR MURRAY, SENATOR SANDERS, SENATOR FRANKEN AND SENATOR CASEY

SENATOR ALEXANDER

Question 1. During negotiations on the Affordable Care Act, one of the only bipartisan amendments considered was related to wellness incentives for employees. These permit employers to offer incentives to employees who participate and achieve improved health outcomes through programs targeted at a few conditions that can be managed or improved to reduce long-term health effects. These programs help individuals lose weight, reduce high blood pressure, manage diabetes and quit smoking, for example. Unfortunately, the final rules put the brakes on wellness efforts that incentivize employees to achieve a goal. Those employees who can't achieve a goal because of an underlying medical condition should certainly be exempt or given another alternative. But the final rules say that an employee, without a medical reason, must be given another option at any time during the plan year. At a time when you and the Administration are working to encourage all Americans, including employers, to design and participate in innovative approaches to achieving improved health outcomes, would you commit to urging the appropriate Federal officials to give employers the regulatory flexibility they need and currently do not have to innovate and motivate employees to work to improve their own health and prevent diseases?

Answer 1. Having built my own company, TrialNetworks, I understand the importance of freedom and flexibility to employers. I believe that the engagement of employers is an essential component of a community-based approach to prevention and wellness. I have also observed that the most effective programs are those where local stakeholders like employers have the flexibility to implement programs that are best suited to their members. If confirmed, I would welcome the opportunity to share input with the Administration and lawmakers on how best to provide employers with the support and tools they need to advance prevention and health promotion in our communities.

Question 2. In our meeting last week, we talked about the public health crisis posed by obesity in America and your plans to involve State and local community groups in an effort to reach the entire Nation and fight the problem together. What kind of groups do you plan to work with and what projects do you envision?

Answer 2. My experience building community coalitions and my knowledge of community efforts through my work on the Prevention Advisory Group have taught me that (1) communities are often best able to determine the optimal approach for addressing public health challenges based on their particular needs, capacity, and norms, and (2) a wide range of community groups can play a role in improving prevention and addressing obesity rates. If confirmed as Surgeon General, I would work with faith-based groups, local businesses, schools, health care delivery systems (e.g., hospitals and community health centers), and community benefit organizations (e.g., YMCA) to educate communities about healthy diet and physical activity choices and to build coalitions that can implement scientifically based programs to improve diet and physical activity.

Resources such as the U.S. Community Preventive Services Task Force recommendations provide accessible summaries of community interventions that are evidence-based and can be helpful to communities considering implementing obesity programs. The precise obesity reduction initiatives undertaken would depend on the community's needs and the coalition's interests. These initiatives could include voluntary initiatives directed at improving public education on diet and exercise; making healthier food choices available in schools, workplaces, restaurants and hospitals; improving physical activity through voluntary fitness challenges; and enrolling eligible community members in risk reduction programs such as the Diabetes Prevention Program (DPP). The DPP has been shown to reduce the development of

Type II diabetes by 58 percent, and is currently being employed for patients in Minnesota through the YMCA of the Greater Twin Cities.

Question 3. What existing programs or initiatives focused on fighting obesity that are supported by the Federal Government do you find to be the most effective?

Answer 3. The Diabetes Prevention Program (DPP) may be one of the best examples of a proven community-based program that addresses the fundamental causes of obesity—poor nutrition and inadequate physical activity. The Federal Government's role in developing DPP is a model for the government's role in prevention: NIH supported the randomized clinical trial that demonstrated the approach works, CDC has supported translating this into a community-based program in collaboration with the YMCA, and now insurance plans across the country are beginning to pay for it, ensuring sustainability. The DPP is about empowering individuals through community organizations to make healthier choices. It is my hope that—if confirmed as Surgeon General—we could inspire similar public-private collaborations around obesity in communities across the country.

Question 4. We've seen in the past that the efforts to fight obesity can become nanny-State campaigns to limit certain foods and beverages. Would you advocate for bans or harsher regulations on certain foods, beverages, or specific ingredients?

Answer 4. My experience as a physician, public health educator, researcher, and entrepreneur has convinced me that the ideas, energy, and ingenuity of the American people are our greatest resource when it comes to improving health and emphasizing prevention.

If confirmed, my focus would be on providing our Nation with scientifically based information regarding health and wellness so that people can make decisions that are best for themselves and their families. I would work with community coalitions to implement voluntary initiatives to expand education and to make healthy choices easier for community members.

Question 5. As Surgeon General, you will lead the Commissioned Corps, which is made up of men and women who have dedicated their careers to public health and clinical service in the Department of Health and Human Services. What experience do you have leading a group like this and what do you hope to accomplish with the Commissioned Corps if you are confirmed?

Answer 5. The Public Health Service Commissioned Corps is one of our Nation's most important public health resources and protects and promotes the public health of our Nation in numerous ways, including playing a key role in disaster response and in meeting the needs of underserved communities. I believe leading the Commissioned Corps is one of the most important duties of the Surgeon General. I have personally worked with Corps members and have experienced first-hand the extraordinary skill and commitment with which members dedicate themselves to improving the health of the Nation.

Having started, built, and led several organizations focused on HIV/AIDS education, rural health, health policy, information technology, and clinical trials, I have experience overseeing teams ranging from dozens of staff to thousands of physician and non-physician volunteers spread across the country. In addition, I have overseen budgets ranging from shoestring budgets to budgets in the millions of dollars. My experiences have honed my skills in developing and executing organizational strategy, building partnerships between diverse stakeholder organizations, taking projects from conception to completion with minimal resources, and communicating effectively to bring people together around a common vision for improving health.

If confirmed by the Senate, I would support the work of the Corps in its work on the frontlines of public health, particularly on disaster response and relief and with underserved communities. I would also work with the Assistant Secretary of Health and leaders in the Commissioned Corps to develop a strategy for continuing to strengthen the Corps' ability to be a rapidly deployable, efficient force that is meeting the 21st century public health needs of the Nation. This would include exploring the role of the Corps in meeting rural health needs and in building public-private partnerships in communities to advance prevention and health promotion.

Question 6. In your meeting with staff, you stated that no political party has the monopoly on good ideas. This is in contrast to many of the public posts you have made on Twitter promoting Obamacare and proclaiming that guns are a healthcare issue. It is important that all Americans listen when you speak as Surgeon General, not just one subset of the population. Could you discuss further how you plan to work with people on both sides of the aisle to accomplish your goals should you be confirmed as Surgeon General?

In order to address the health care challenges that face our Nation, I believe we must encourage the sharing of ideas grounded in science and experience and foster the engagement of as many people as possible regardless of age, geography, or political affiliation. If confirmed as Surgeon General, I would focus on bringing people together to address issues where science supports taking action such as with obesity and tobacco-related disease. The information I would seek to disseminate would be scientifically based, the coalitions I would seek to build would draw from all parts of the community, and I would seek the support and partnership of HELP committee members and other elected officials of both parties. I believe the pursuit of better health is a bipartisan issue and a cause that can unite Americans, and this would be my intention if given the opportunity to serve.

Question 7. Surgeons General are supposed to take a hard look at data and present medically accurate and complete information to the American people regardless of political winds. In your tweets, you reference politically motivated reports. For example, you claim that the President's raid of Medicare to pay for Obamacare was "debunked" when the nonpartisan CBO has clearly said you can't spend the same dollar twice. As Surgeon General, how will you turn off the hard partisan tone you have displayed in your tweets?

Answer 7. In my work as a physician, I have always sought to provide each patient with the best care possible because the practice of medicine is about bringing science and empathy together to improve health. In my work as a researcher, I have worked to generate scientifically sound data at the microscopic and societal level for the benefit of all people regardless of political beliefs. In my work as a public health educator, I have built education programs that have served thousands of people regardless of political beliefs. And in my work as an entrepreneur, I have sought to improve the efficiency of clinical trials around the world in order to bring effective treatments to all patients who need them.

Similarly, if confirmed as Surgeon General, I would respect people's diverse beliefs and ensure that the activities of the Surgeon General were guided by science and our current public health needs. I would focus on bringing individuals and organizations together to apply the best of science to improving the health of our Nation, particularly with regards to reducing obesity rates—a goal that is shared across the political spectrum.

Additionally, I would avoid the use of social media platforms such as Twitter and Facebook for personal purposes as I would recognize that all of my communications and actions would need to be directed to supporting the work of the Office of the Surgeon General.

Question 8. You worked extensively on the 2008 campaign to support President Obama, leading the group Doctors for Obama, and used a similar network to advocate passage of the health care law. However, ethics rules do not appear to permit the Surgeon General to participate in any campaign activity. How will you ensure your work as Surgeon General does not cross over into campaign activity or create the appearance of impropriety?

Answer 8. I recognize that the role of the Surgeon General is to bring all Americans together around the critical mission of improving health. There is no place for electoral campaigns in this work. If confirmed, the information that I share with the public about issues such as obesity and tobacco cessation will be grounded in science not politics. The reports and press releases I would issue would be grounded in science not politics. And coalitions I would seek to build would be broad-based, including faith-based groups, local businesses, schools, and health care institutions. In seeking the input and partnership of members of the HELP Committee and other elected leaders, I would reach out to leaders of both parties because addressing challenges such as obesity and tobacco-related disease are causes that can bring us together and that require a broad set of ideas and participation. Finally, if confirmed, I can assure you that I intend to comply with all ethics standards.

Question 9. During your staff interview, you said that to preserve individual autonomy, your focus would be on educating people to make good choices. Did you take a similar position on the Obamacare mandate that individuals purchase health insurance?

Answer 9. If confirmed as Surgeon General, my focus will be on providing people with the best possible scientific information so they can make health decisions that are appropriate for themselves and their families. As a physician in Massachusetts, I observed a notable increase in insurance coverage among patients when the State implemented reforms similar to the ACA. However, I recognize that the role of the Surgeon General is to be an educator and not a legislator, and if confirmed, I would use the role to advance public health.

Question 10a. You have an extensive public record in support of Obamacare. You lead a group of physicians to advocate passage of the law and promote it, and you have said it “sets us on the path to better health, better healthcare, and lower cost.” In our meeting, you said promoting Obamacare would not be your first priority, but that it would be within the Surgeon General’s responsibilities to inform Americans about coverage options under Obamacare.

As Surgeon General, how would you inform Americans about coverage options under Obamacare, and what else would you do to promote the law?

Answer 10a. If confirmed as Surgeon General, my primary focus would be on prevention and wellness initiatives focused on reducing obesity rates and obesity-related complications. Recognizing the importance of access to prevention services and coverage to improving overall health, I would seek to educate the public about new preventive services and coverage available to them. The education initiatives and coalitions I build will be directed toward addressing public health challenges such as obesity, tobacco-related disease, vaccine preventable illnesses, and mental health.

Question 10b. Have you already had conversations with anyone in the Administration about how you could use the Office of the Surgeon General to promote Obamacare?

Answer 10b. No, I have not.

Question 10c. Are there any aspects of the health care law that you think would not be appropriate for the surgeon general to discuss—either because they are not a public health issue or because they are too divisive?

Answer 10c. I recognize there are elements of the health care law that are subject to disagreement. However, I believe the role of the Surgeon General is not to legislate or to lobby but rather to be a scientifically driven educator who brings diverse people and community groups together to find common ground and improve health together. If given the opportunity to serve as Surgeon General, this would be my focus.

Question 11. In a January 14, 2013, letter to Congress, you supported “remov[ing] the provision in the Affordable Care Act and other Federal policies that prohibit physicians from documenting gun ownership.” Do you think physicians should keep a record of whether or not their patients own firearms?

Answer 11. I respect individuals’ constitutional rights to bear arms and to privacy. I also support open and honest communication between physicians and patients on all health care topics. Understanding the importance of helmets, seat belts, and safe storage of firearms can help prevent children from getting injured. This should be done in a way that respects each individual’s privacy and civil rights.

Question 12. That same letter calls for the Federal Government to ban the sale of semi-automatic rifles. If the last congressionally imposed ban on these rifles did not lead to a reduction in gun violence, why would that be the No. 1 gun control goal of the Doctor’s for America? And you know that semi-automatic rifles are used in only a tiny fraction of all shootings. That indicates to me that this effort is not about reducing violence and death and much more about control.

Answer 12. If confirmed as Surgeon General, I recognize the role of the Surgeon General is not to legislate but to educate the public on health issues, such as obesity, using science. The letters from Doctors for America to congressional leaders in the wake of the Newtown tragedy were sent on behalf of thousands of physicians who offered first-hand perspectives of those who have treated victims of gun violence in the hope that those perspectives could aid lawmakers in their decision-making. The measures suggested for consideration are consistent with those offered by a number of national medical organizations representing hundreds of thousands of physicians.

I recognize that Congress, not the Surgeon General, has the challenging task of balancing suggestions from the community with our current laws in order to formulate policies that reduce injuries and deaths while also respecting our laws, traditions, and history. My hope is that our country can come together to find solutions that save lives while protecting the laws of the land and each person’s individual liberties.

If I am confirmed as Surgeon General, I would focus on obesity and other major public health challenges such as tobacco-related disease, vaccine-preventable illnesses, and mental health.

Question 13. Finally, you have called for the Federal Government to sponsor what you call a “buyback” of semi-automatic rifles. Now, the government didn’t sell the

rifles, so I'm not sure why you call it a "buyback." But let me ask you this: Do you believe that people should be forced to sell their semi-automatic rifles to the Federal Government?

Answer 13. No, I do not think that people should be forced to sell their semi-automatic rifles to the Federal Government. As I previously stated, if confirmed as Surgeon General, gun violence would not be my area of focus.

Question 14. What are your thoughts on the health impacts of a person switching from using traditional cigarettes to electronic cigarettes? How do novel nicotine delivery products, like electronic cigarettes, fit into your strategy to reduce the harmful health impacts of smoking?

Answer 14. The number of Americans who have used e-cigarettes is increasing every year, and the rapid adoption of these alternative nicotine-delivery devices—particularly among adolescents—has far outpaced our public health understanding of their potential benefits and harms. I believe establishing a better understanding of the risks and benefits of e-cigarettes is an important public health priority.

If research establishes that e-cigarettes can help smokers quit traditional cigarettes, this could present a potential harm reduction opportunity. However, there are important unanswered questions. We do not fully understand the health impacts of vaporized nicotine, and we do not know if e-cigarettes will lead to nicotine addiction and traditional cigarette use among non-smokers, particularly young people.

Question 15. Regarding the new policy that went into effect January of this year that Commissioned Corps officers cannot use tobacco products while in uniform, are electronic cigarettes considered tobacco products?

Answer 15. Yes. The policy defines tobacco or tobacco products as including, but not limited to, "cigars, cigarettes, electronic cigarettes (e-cigarettes), stem pipes, water pipes, hookahs, and smokeless products that are chewed, dipped or snuffed."

SENATOR ENZI

Question 1. Dr. Murthy, you are a co-founder of Doctors for America, which has the stated goal of improving access to health care. My staff has provided me with statements made on social media sites from both the Doctors for America account and your personal Twitter account which suggest gun rights are a health care issue. Specifically, a tweet from your account on October 16, 2012 which reads:

"Tired of politicians playing politics with guns, putting lives at risk because they're scared of the NRA. Guns are a health care issue."

I know each Senator on this panel takes violence in our country extremely seriously and wants to do what is possible to end criminal and violent behavior when it occurs in our communities. However, I am curious to know why you think gun ownership, a right guaranteed by our Constitution, poses a health care risk?

Answer 1. As a physician who has cared for many patients who have suffered the short- and long-term consequences of gun violence, my desire is to reduce injuries and deaths from violence in our communities. I recognize the rich history and tradition our country has around gun ownership, and I respect and recognize the importance of the Second Amendment and the protections it affords. I believe the vast majority of gun owners—including my friends, colleagues, and patients—are responsible gun owners who pose no threat to public safety. My hope is that we can find areas of common ground in order to reduce violence while respecting the laws of our land and preserving our individual liberties.

Question 2. How do any of your comments about guns fulfill the goal of your organization in improving access to health insurance?

Answer 2. The stated mission of Doctors for America is to improve health and ensure that everyone has access to affordable, high-quality health care. Its primary focus has been on improving our health care system through such measures as expansion of coverage and increasing our focus on prevention. The referenced comments represent a small portion of the organization's work and reflected the perspectives of physicians around the country who grappled alongside the entire Nation with questions of how to reduce gun violence.

Question 3. You also posted a tweet on October 16, 2012 that said in part "Millions of health care professionals who see gunshot victims everyday beg to differ" as to whether we need stronger gun laws. Do you have any background in law enforcement or criminal law that would inform your assessment of gun laws in this country?

Answer 3. I do not have a background in law enforcement or criminal law. Rather, my background is as a physician who has cared for many patients who have suf-

ferred the short- and long-term consequences of gun violence. My desire is to reduce injuries and deaths from violence in our communities. I recognize the rich history and tradition our country has around gun ownership, and I respect and recognize the importance of the Second Amendment and the protections it affords. My hope is that we can find areas of common ground in order to reduce violence while respecting the laws of our land and preserving our individual liberties.

Question 4. Dr. Murthy, a criticism of previous nominees is a concern with excessive politicization of the office of Surgeon General. You have been an unabashed supporter of the President and the President's health care law and have indicated that you believe it is appropriate for the Surgeon General to inform Americans about their coverage options under the law.

Given your past writings and commentary about the law and other topics, how can we be assured that, as one of the Nation's top public health officials, the information you present on important public health and safety issues, such as reducing infection rates in hospitals or obesity rates in children, is not tainted by a biased political agenda? What will you do to preserve objectivity in public health discussions?

Answer 4. The role of the Surgeon General is to bring people together around the critical mission of improving health. This work should be driven by science, not politics. In my 20 years of work in medicine and public health, my guiding motivation has always been improving the health of my patients and community. As a physician, researcher, and public health expert who has trained and practiced in rigorous science-based disciplines, I can assure you that, if confirmed as Surgeon General, the information I share with the public about issues such as obesity and tobacco cessation will be grounded in, unbiased science. The reports and press releases I issue will be grounded in independent, unbiased science. And coalitions I build will be broad-based, including faith-based groups, local businesses, schools, and health care institutions. They will be based on who can help improve the health of communities. In seeking the input and partnership of members of the HELP Committee and other elected leaders, I would reach out to leaders of both parties because addressing challenges such as obesity and tobacco-related disease are causes that can bring us together and that require a broad set of ideas and participation.

SENATOR BURR

Question 1. In a letter to Congress earlier this year, you advocated for removing prohibitions and barriers that you believe keep health professionals from protecting patients in the context of gun safety. The letter also advocates for removing prohibitions regarding firearm research and data-tracking. Do you believe physicians should document and share information regarding patient gun ownership?

Answer 1. I do not think physicians should be routinely recording and sharing firearm ownership information about their patients. I respect individuals' constitutional rights to bear arms and to privacy. I also support open and honest communication between physicians and patients on all health care topics. Understanding the importance of helmets, seat belts, and safe storage of firearms can help prevent kids from getting injured. This should be done in a way that respects each individual's privacy and civil rights.

Question 2. In light of your letter, what limitations do you see with reporting and research today? What type of research would be useful?

Answer 2. I believe any research that is conducted should be done in a way that respects individual privacy, our Nation's laws, and personal liberties and should be conducted in accordance with high scientific standards of peer review. With that said, if I am confirmed as Surgeon General, I would focus my efforts on addressing obesity, tobacco-related disease and deaths, vaccine-preventable illness, and our mental health needs.

Question 2. What type of firearm background checks, data bases, and data-tracking do you support?

Answer 3. I believe these are decisions for lawmakers to make. The role of the Surgeon General is not to institute laws and regulations or impose personal opinions but to share scientific information regarding health issues with the public. If confirmed, my priority will be to share scientific information that people can use to address public health challenges such as obesity, tobacco-related disease and deaths, vaccine-preventable illness, and our mental health needs.

Question 4. What factors do you believe play a role in gun violence and how would you address them?

Answer 4. As a physician, I have seen many patients and families deeply affected by gun violence. I also recognize the causes of violence are complicated and multifaceted. While it is important to note that the great majority of people who experience mental illness pose no risk to themselves or to others, most researchers agree that improved mental health treatment, particularly for young adults with co-occurring substance use disorders, would be helpful in reducing violence. Strengthening our mental health system is one of the areas on which I would like to focus if confirmed as Surgeon General.

Question 5. Former Surgeon General Dr. Richard Carmona has described electronic cigarettes as a viable alternative to tobacco. Do you agree?

Answer 5. The number of Americans who have used e-cigarettes is increasing every year, and the rapid adoption of these alternative nicotine-delivery devices—particularly among adolescents—has far outpaced our public health understanding of their potential benefits and harms. I believe establishing a better understanding of the risks and benefits of e-cigarettes is an important public health priority.

If research establishes that e-cigarettes can help smokers quit traditional cigarettes, this could present a potential harm reduction opportunity. However, there are important unanswered questions. We do not fully understand the health impacts of vaporized nicotine, and we do not know if e-cigarettes will lead to nicotine addiction and traditional cigarette use among non-smokers, particularly young people.

Question 6. Press accounts on the Doctors for America Web site indicate that Doctors for America, an organization you led and co-founded, is the successor organization to a prior group known as Doctors for Obama, for which you were the co-chair. Yet, in Doctors for America's application for tax-exempt status, you indicated that your organization was not a successor group, despite sharing officers and a substantially similar mission. Can you explain why you did not disclose the relationship between these two organizations to the IRS?

Answer 6. In completing its Form 1023 exemption application, Doctors for America (DFA) checked "no" to the question asking if it is a "successor to another organization" because Doctors for Obama (DFO) was never a formal organization (i.e., it was never incorporated, was never a legal entity for taxing or any other purposes, never had staff, never had an office, never raised any funds for itself or for others, and never had a bank account); rather, it was an informal group of physicians and medical students who signed onto a letter supporting then-candidate Obama's health reform plan during the general election in 2008.

After the election, some of the doctors on the DFO sign-on letter decided they wanted to create a non-partisan group of physicians and medical students to educate and engage the health care community and public about health policy as part of a broad mission to ensure our country had a health care system that provided affordable, high quality health care. The group was named Doctors for America (DFA). DFA began its work in early 2009; had a different purpose and mission from DFO; was a charitable and educational project of the Center for American Progress; and was staffed largely by individuals who had not been involved with DFO. Moreover, as explained above, DFO was never a formal organization, so under the applicable IRS definition, it would have been incorrect for DFA to claim that it was a "successor to another organization."

Questions 7a and 7b. One important aspect of the Commissioned Corps is emergency response in the event of a public health emergency, outbreak or disaster.

(a) What role do you believe the Surgeon General and the Commissioned Corps should play as part of our Nation's medical and public health preparedness and response?

(b) How would you work to ensure a coordinated response within HHS if confirmed?

Answers 7a and 7b. The mission of the Commissioned Corps is to protect, promote and advance the health and safety of the Nation. As a highly mobile, highly trained cadre of uniformed public health officers, the Corps serves underserved and vulnerable populations by providing public health and medical capabilities where they are most needed. Populations and communities are often at their most vulnerable during emergencies and public health crises. The Corps' role in emergency and crisis response is unique in providing not only medical resources but also the broadest spectrum of public health resources. In recent years alone, Corps officers and multidisciplinary response teams were deployed to Hurricane Sandy (14 response teams and over 500 officers), Sandy Hook shootings, Boston Marathon bombings, Saipan, the Crow Nation, and in support of numerous National Special Security Events. In fact, during 2013, at least one Corps officer was deployed every day of the year. In addition to these emergency and crisis response activities, the Corps has also par-

ticipated in and delivered preparedness training to local communities and conducted joint operations with our other uniformed service counterparts in the Department of Defense.

The Surgeon General is the head of the Commissioned Corps and responsible for day-to-day operations including readiness and deployment operations. The role of the Surgeon General in this regard is defined in statute (Pub. L. 109-417, title II, §206(a), Dec. 19, 2006, 120 Stat. 2851):

“(1) To ensure the Corps is ready to respond rapidly to urgent or emergency public health care needs and challenges.

“(2) To ensure the availability of the Corps for assignments that address clinical and public health needs in isolated, hardship, and hazardous duty positions, and, when required, to address needs related to the well-being, security, and defense of the United States.

“(3) To establish the Corps as a resource available to Federal and State Government agencies for assistance in meeting public health leadership and service roles.”

Further, I believe the Surgeon General should ensure that members of the Corps, both active duty and Ready Reserves, are appropriately organized in response teams and units, ensure that the Corps is trained, equipped, and otherwise prepared to fulfill their public health and emergency response roles, and that appropriate procedures are in place for their command and control.

If confirmed, I will work to ensure that effective coordination between my office and that of the Assistant Secretary for Preparedness and Response continues, and I will support ongoing collaboration to provide the most effective utilization of the Corps during emergencies and urgent public health crises. I will also seek partnership opportunities to better leverage common resources and capabilities.

Questions 8a and 8b. Last year, Congress reauthorized the bipartisan Pandemic and All-Hazards Preparedness Act. The Pandemic and All-Hazards Preparedness Reauthorization Act amended the Public Health Service Act to be unambiguously clear that the Assistant Secretary for Preparedness and Response has authority over and responsibility for the Medical Reserve Corps.

(a) Why does the Department’s Web site state that the Medical Reserve Corps is headquartered within the Surgeon General’s office?

(b) I would ask that HHS please provide the committee a timeline for how the Department is going to come into compliance with the ASPR being the lead over the Medical Reserve Corps and an explanation for why the Department has failed to do so thus far.

Answers 8a and 8b. Since I am not yet confirmed and hence have not been involved in the implementation of the Pandemic and All-Hazards Preparedness Reauthorization Act, my understanding of the issue is as follows.

Immediately following the passage of the Pandemic and All-Hazards Preparedness Reauthorization Act, senior leaders from the Office of the Assistant Secretary for Preparedness and Response, the Office of the Assistant Secretary for Health, and Office of the Surgeon General identified a way forward to transfer authority over and responsibility for the Medical Reserve Corps from the Office of the Surgeon General to the Assistant Secretary for Preparedness and Response with minimized disruptions to operational capabilities.

The Medical Reserve Corps program is listed on the Office of the Surgeon General Web site to maintain continuity in communications to critical State and local Medical Reserve Corps units to obtain program information, clarify ongoing issues, and/or seek additional guidance to enhance local capabilities. The designated way forward supports the incorporation and integration of Medical Reserve Corps capabilities in HHS-led response and recovery capabilities to better mitigate the lasting effects of public health and medical incidents and moves forward in addressing requirements as established in the Pandemic and All-Hazards Preparedness Reauthorization Act.

SENATOR HATCH

Question 1. If confirmed, you would become the Nation’s most recognizable doctor, overseeing more than 6,800 public health care professionals in the U.S. Public Health Service Commissioned Corps (USPHS) and 200,000 volunteers in the Civilian Volunteer Medical Reserve Corps. For more than a century, all Surgeon Generals were promoted based on merit from a pool of career uniformed officers from the Army, Navy, Air Force or Public Health Service. These leaders were officers holding the rank of at least Rear Admiral or Major General prior to nomination, meaning they all served no less than 20 years in their respective uniformed services.

With no such experience or knowledge, how are you qualified to fill the role of Surgeon General?

Answer 1. The Public Health Service Commissioned Corps is one of our Nation's most important public health resources and plays a key role in disaster response and meeting the needs of underserved communities. I believe leading the Commissioned Corps is one of the most important duties of the Surgeon General. I also recognize the concern expressed by some Corps members that most of our recent Surgeons General have not come from the ranks of the Commissioned Corps. I have personally worked with Corps members and have experienced first-hand the extraordinary skill and commitment with which Officers dedicate themselves to improving the health of the Nation. If confirmed, I would look forward to leading the Corps and would welcome and value input from the dedicated and talented members of the Corps.

Having started, built, and led several organizations focused on HIV/AIDS education, rural health, health policy, information technology, and clinical trials, I have experience overseeing teams ranging from dozens of staff to thousands of physician and non-physician volunteers spread across the country. In addition, I have overseen budgets ranging from shoestring budgets to budgets in the millions of dollars. My experiences have honed my skills in developing and executing organizational strategy, building partnerships between diverse stakeholder organizations, taking projects from conception to completion with minimal resources, and communicating effectively to bring people together around a common vision for improving health.

If confirmed by the Senate, I would support the work of the Corps in its work on the frontlines of public health, particularly on disaster response and relief and with underserved communities. I would also work with the Assistant Secretary of Health and leaders in the Commissioned Corps to develop a strategy for continuing to strengthen the Corps' ability to be a rapidly deployable, efficient force that is meeting the 21st century public health needs of the Nation. This would include exploring the role of the Corps in meeting rural health needs and in building public-private partnerships in communities to advance prevention and health promotion.

In addition to leading the Corps, the Surgeon General must be equipped to provide the public with scientifically based information to improve health and must be able to work with communities to translate information into action. In addition to the above mentioned skills, I believe I bring a set of experiences and perspectives that will enable me to fulfill these responsibilities effectively.

I have had the opportunity to study biochemical sciences at Harvard, medicine at Yale, and health care management at Yale. I have created HIV education programs for tens of thousands of youth and built a rural health partnership in India to train young women to be public health educators and leaders in their community; they, in turn, have impacted thousands of rural residents. I have cared for thousands of patients with a wide range of illnesses and have helped train the next generation of health care providers as a medical educator. I have built a health care technology company that harnesses the power of social networking and information technology to advance clinical trials and have built a national medical organization to strengthen the conversation between physicians, patients, and legislators around improving health.

I have worked together with fellow national public health leaders to inform and share the National Prevention Strategy as part of my work on the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health.

I bring an important set of perspectives as someone who can build bridges between younger and older generations at a time when we have an aging baby boomer population and when our young generation is struggling with record rates of obesity and early onset diabetes. I also bring an understanding of how to use modern information technology to improve communication and an understanding of the need to more closely integrate our health care delivery system and community organizations around prevention.

I believe my experience and perspective will enable me to serve as a 21st century surgeon general who can bring people together around improving the health of the Nation. I am also grateful for the support of national medical and public health organizations and national leaders, including former Surgeon General Dr. David Satcher, the American Public Health Association, the American Cancer Society, the American Heart Association, the American Diabetes Association, March of Dimes, the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, the American Hospital Association, the Federation of American Hospitals, and 21 nursing organizations.

Question 2. Below are comments from actual Public Health Service officers, copied on January 28, 2014, from a public message forum for PHS officers. What are your thoughts on their concerns?

- “I’m a big fan of RADM Lushniak and think he does an incredible job representing the PHS and public health in general. I will be very sad to see him step down from this role . . . It’s disheartening. I get the sense that an excellent and qualified PHS officer like RADM Lushniak will always be passed over for someone who is able to join a president on the campaign trail.”

- “Very disappointed. We need a career Officer as SG so badly, no more political appointees . . . with no history of service to the country in uniform, no history of working side by side with Officers in the field at their duty stations or on deployment. All of our sister services laugh at the fact that our top officer isn’t even one of us.”

- “(PHS members) should be sending a similar such letter to all Members of Congress, that encourages them to ask how the nominee is actually qualified to lead a uniformed service and advocate for that service when they have never worn the uniform, and there is a perfectly suitable career officer in the position . . . While I applaud President Obama for quickly nominating a replacement, he has no reason to marginalize career officers in this way and I think Congress should make a point of asking his nominee why he is more qualified for the position than our own RADM Lushniak.”

Answer 2. I recognize and respect the concerns voiced by some of our Commissioned Corps members that most of our recent Surgeons General have not come from the ranks of the Commissioned Corps. If confirmed by the Senate, I would, as previous Surgeons General have had to do, work hard to gain the trust and respect of the Corps. I would make it a top priority to establish strong lines of communication to ensure I hear the concerns of the Corps members and take action to address their needs. I would also work with the Corps and the leadership of HHS to implement a strategy to preserve the traditions and best practices of the Corps while also ensuring the Corps is evolving to meet the changing public health needs of the Nation. I believe the Corps is a valuable force for improving health in the Nation, and I have seen first-hand how dedicated and committed our Corps members are. The opportunity to work with and lead the Corps would be a privilege and honor.

Question 3. This year marks the 50th anniversary of the creation of the Public Health Service (PHS). Throughout its long history, in addition to public health achievements to prevent disease and improve public health, the PHS has led efforts to fight plagues of yellow fever, cholera, and smallpox and have battled monkey pox, SARS, and H1N1. What is your experience with public health emergency and/or disaster response? What makes you qualified to lead a branch of service that plays a vital role in public health emergency preparedness and response?

Answer 3. The Commissioned Corps plays an essential role in public health emergencies and disaster response. If given the opportunity to serve as Surgeon General, I would draw upon my experience as a clinician, public health expert, and manager to ensure the Corps operates in a manner that maximizes flexibility and cost-effectiveness with regard to emergency response. I would also work with other teams involved in emergency response in the Department of Health and Human Services to make certain that the unique skills and assets of the Corps were being applied in a coordinated fashion.

When Hurricane Andrew struck my native Florida in 1992, I experienced first-hand the challenges of living through disasters with limited electricity, water, food, and sanitation. Since then, I have served on medical relief teams to Haiti and India after major earthquakes in those countries. Additionally, I have cared for thousands of patients over the years on the front lines of the health care system, and I have worked in resource-poor, rural settings to build programs that provide education and basic care to communities.

Question 4. In addition to overseeing the U.S. Public Health Service Commissioned Corps, the Office of the Surgeon General is the headquarters of the Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC). What would your vision be for the mission of the DCVMRC under your leadership as Surgeon General?

Answer 4. Working with the Assistant Secretary of Health, the Assistant Secretary for Preparedness and Response, and leaders of the Medical Reserve Corps, my goal for the DCVMRC is continued success in achieving a sustainable network of active Medical Reserve Corps (MRC) units that conduct and support activities in communities to strengthen public health, reduce vulnerability, build resilience, and respond to emergencies when necessary. At a time where we need communities to work together to strengthen our focus on prevention and wellness, the MRC can

play an important role in supporting health care delivery systems and community organizations in working toward this goal.

Since its founding almost 12 years ago, the MRC has grown into a national network of over 200,000 volunteers, organized in almost 1,000 local community-based groups. Last year, MRC units reported over 15,000 activities in their local communities, and these reports cover a wide spectrum of unit development, training, public health, preparedness, and emergency response support and activities.

If confirmed as Surgeon General, I would support and expand participation in the MRC. Working with the Assistant Secretary of Health, the Assistant Secretary for Preparedness and Response, and leaders of the Medical Reserve Corps, I would build on existing DCVMRC projects, processes, and support efforts to provide training, technical assistance, communications, outreach, information sharing, unit development, capacity building and other expert guidance resources and opportunities to our MRC units.

Question 5. You have been very active in your use of social media to share your viewpoints on many partisan issues, including the Second Amendment, the Affordable Care Act, and election politics. How would you overcome the partisan tone of your past public comments to be seen as an independent voice on public health as Surgeon General?

Answer 5. In order to address the health care challenges that face our Nation, I believe we must encourage the sharing of ideas grounded in science and foster the engagement of as many people as possible regardless of age, geography, or political affiliation. If confirmed as Surgeon General, I would focus on bringing people together to address issues where science supports taking action such as with obesity and tobacco-related disease. The information I would seek to disseminate would be scientifically based, the coalitions I would seek to build would draw from all parts of the community, and I would seek the support and partnership of HELP committee members and other elected officials of both parties. I believe the pursuit of better health is a cause that can unite Americans, and this would be my intention if given the opportunity to serve.

I also believe the Surgeon General's job is to let science and our current public health needs inform communication and initiatives. In my work as a physician, I have always sought to provide each patient with the best care possible because the practice of medicine is about bringing science and empathy together to improve health. Similarly, if confirmed as Surgeon General, I would respect people's individual and diverse beliefs. I would focus on bringing individuals and organizations together to apply the best of science to improving the health of our Nation, particularly with regards to reducing obesity rates.

Additionally, I would avoid the use of social media platforms such as Twitter and Facebook for personal purposes as I would recognize that all of my communications and actions would need to be directed to supporting the work of the Office of the Surgeon General.

Question 6. Doctors for America and the Center for American Progress benefit from favorable tax status categorized under Federal law as a nonpartisan nonprofit think tank. Doctors for America has lobbied for Medicaid expansions, to protect Medicare, and to support the Affordable Care Act. Please provide examples of nonpartisan publications to which you contributed.

Answer 6. Doctors for America is a non-partisan charitable and educational organization that has educated physicians and the general public regarding a variety of health care issues, including: prevention, health policy, and benefits and services available under the recent health care reform law. Doctors for America has focused on educating physicians and patients on these health care issues through non-partisan educational activities and community events, including a call series with policy experts and faculty from major universities, national conferences, webinars, continuing medical education (CME) activities, presentation of fact sheets, and discussion groups. The organization has also provided prevention screenings in communities, organized walks and runs to set an example of healthy living, and organized education town halls on topics such as prevention.

Question 7. Referencing Obamacare in a *New Republic* article, you wrote, "[D]octors will support the new law to the extent that it becomes visible in their everyday lives"—yet I hear every day from doctors in practice who disagree. Why do you think they are wrong?

Answer 7. Like most groups in the country, physicians have diverse opinions when it comes to the health care law. Many physicians have seen their patients and colleagues benefit from the law and look upon it favorably while other physicians are concerned the costs of the law outweigh the benefits. I recognize and respect

different points of view about the health care law, and I believe we all benefit when physicians voice their concerns and ideas about improving the health care system.

Question 8. What are your views on nursing? Where and to what extent does the profession fit in your goal of increasing visibility of the healthcare workforce?

Answer 8. I have worked with many dedicated nurses in my careers, and I know first-hand how vital their role is for high quality health care delivery. Nurses are essential to ensuring that we can meet the needs of patients. I support efforts to expand our system's workforce, including nursing. I also want to ensure that our vital providers are used more efficiently through coordinated care programs that shift our system's focus from quantity of care toward quality of care with the dual aims of improving health outcomes and efficiency of care. Finally, I am proud to note that my nomination as Surgeon General was endorsed by 21 nursing organizations around the country in a letter to Senators Harkin and Alexander on February 4, 2014.

Question 9. Fifty years after the release of the first Surgeon General's Report on smoking and health in January 1964, tobacco use remains the leading preventable cause of disease, disability, and death in the United States. In a meeting with HELP Committee staff, you shared your vision for tackling obesity in America. Many government anti-obesity campaigns and programs have been launched in recent years—what would be different, and more effective, about your approach?

Answer 9. One of my primary methods for combating the obesity epidemic would be to help forge stronger bonds between health care systems and community organizations. As a physician, I would emphasize that screening, counseling, and treatment for obesity in our hospitals and clinics is an important and under-performed evidence-based practice. I would also work to build stronger partnerships between health care providers and community-based organizations that can provide evidence-based education and support for healthy lifestyles.

I would seek out exemplary clinical-community partnerships on obesity from around the country, and I would highlight these success stories and promote them as part of a more integrated and community-focused health care system. As part of my work with the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, I have met leaders from across the country who are creating tangible change in their communities through innovative projects and approaches, and over the years, I have forged relationships with many thought leaders in health care, prevention, and community-based organizations. I would seek to strengthen and expand these partnerships to ensure we are connecting communities to a growing pool of science and experience when it comes to obesity initiatives and other public health programs.

Additionally, I admire the First Lady's work to address childhood obesity through the *Let's Move!* initiative. If confirmed, I would work with Mrs. Obama to align efforts on childhood obesity.

Question 10. Further, in expressing a focus on rural obesity, you mentioned that the "resources need to be there" and that an appropriate approach would be to "build initiatives that meet local needs." Please provide additional detail on these thoughts and what such initiatives might be.

Answer 10. I believe that efforts to address obesity must be tailored to the needs and resources of communities. I also believe that the best way to identify these needs and to tailor programs to meet these needs is to have efforts that are informed and driven by coalitions of local stakeholders that can combine their strengths and resources. For example, a community with strong faith-based organizations may decide that the most important need is education around diet and physical activity, and they may use their network and relationships with congregants to bring scientific information about diet and activity to the community. Communities where schools and parents are active may choose to focus on increasing the availability of healthy food options or developing school and home-based physical activity interventions. If confirmed as Surgeon General, I would work with communities to bring together such coalitions and connect them with evidence-based obesity interventions so they can pursue initiatives that are best suited to their needs. The U.S. Community Preventive Services Task Force is an example of a resource I would draw upon that identifies interventions for addressing challenges like obesity that are grounded in scientific evidence.

Question 11. In your view, how might the Surgeon General work to improve the dialog between patients and medical professionals to improve patient-centered care?

Answer 11. In 2014 and beyond, health information technology will play a prominent role in improving the dialog between professionals and their patients. We will

see more communication through patient portals in communicating test results, diagnoses, medication lists, and educational materials designed to engage patients in their own care. At the same time, we must address health literacy among patients with better communication of evidenced-based clinical information, taking into account that not all Americans have access to the same technology and different means of communication will be required to reach different populations. If confirmed, I would work to advance patient-centered care by supporting the most promising efforts in health literacy and health information technology.

Question 12. What do you feel should be the Surgeon General's role with regard to complementary and alternative, or "integrative," medicine?

Answer 12. As a physician rooted in science, I believe that we must be open-minded about how best to treat disease while subjecting our hypotheses to rigorous testing and analysis. There has been growing public interest and utilization of complementary and alternative treatments in recent years. Many physicians find it challenging to advise patients on the use of such treatment because of the paucity of studies that have been conducted looking at the benefits and harms from such treatments.

I believe we would benefit from having more information on the benefits and risks of commonly used complementary and alternative treatments. Research efforts have already generated helpful results. For example, the 2012 NIH-funded study published in the *New England Journal of Medicine* evaluated three different forms of exercise (resistance training, stretching, and tai chi) and found that tai chi led to the greatest overall improvements in balance and stability for patients with mild to moderate Parkinson's disease. Equally important is understanding what does not work, such as a 2006 NIH-funded study showing that saw palmetto herb is ineffective for the signs and symptoms of prostatic enlargement.

I believe the role of the Surgeon General is to ensure the public has scientifically grounded information that they can use to make the best possible health decisions. I also believe health care providers need to communicate to patients that we respect their efforts to derive benefits from complementary and alternative medicine. If we dismiss or ignore these therapies, the only guaranteed outcome is that our patients will continue to use them without telling their health care providers about them. The Surgeon General can play a role in promoting a culture of science and respect in this area.

Question 13. I share your belief that informed people can make the best decisions for themselves. You expressed in your testimony a goal of providing the public with scientifically based information on health promotion. In this respect, how do you define "scientifically based information?" At what point is such information considered appropriate or sufficient for public dissemination?

Answer 13. I believe an important responsibility of the Surgeon General is to provide the public with the best available information that science has to offer so they can make the best decisions for themselves and their families. While there is no single definition of "scientifically based," I would look to the peer-reviewed scientific literature, clinical practice guidelines and expert findings of independent professional societies as my sources of evidence-based scientific information.

When dealing with emergent public health crises, it is sometimes necessary to evaluate and disseminate preliminary information quickly based on the best possible data at the time. In less urgent matters, the best approach is to wait until there are high quality data and studies available and significant scientific consensus. For any given topic, I would weigh the data sources and quality, scientific opinions, and the urgency of the public health matter at hand to determine when it was appropriate to disseminate information to the public. Ultimately, the goal is to improve health while minimizing risks and to be transparent with the public about sources of scientific information.

Question 14. In your testimony, you also expressed as a goal to "implement community-driven public health initiatives based on scientific evidence and cultural norms." Please give some specific examples of what this means.

Answer 14. I strongly believe that communities are best able to determine what is the best approach for addressing a public health problem, based on their needs, capacity and norms. The role of the Surgeon General is to educate the public about public health problems and to point them toward evidence-based approaches that they should consider for adoption in their communities. To that end I would look to experts that have already judged the scientific effectiveness of different approaches, including the U.S. Community Preventive Services Task Force's recommendations and the New York Academy of Medicine's "A Compendium of Proven Community-Based Prevention Programs."

For example, the Diabetes Prevention Program (DPP) may be one of the best examples of a proven community-based program that addresses the fundamental causes of obesity—poor nutrition and inadequate physical activity. The Federal Government's role in developing DPP is a model for the government's role in prevention: NIH supported the randomized clinical trial that demonstrated the approach works, CDC has supported translating this into a community-based program in collaboration with the YMCA, and now insurance plans across the country are beginning to pay for it, ensuring sustainability. The DPP is about empowering individuals through community organizations to make healthier choices. If confirmed as Surgeon General, I would work to build coalitions between community institutions, including hospitals, community health centers, YMCAs, schools, businesses, faith-based organizations, and local government that could implement and sustain programs such as the DPP. This would involve educating communities about evidence-based programs like the DPP and sharing experiences and lessons from other communities that have successfully implemented DPP.

Question 15. What is your experience with biomedical research and traditional medicine?

Answer 15. I have worked on vaccine development at Harvard Medical School and have studied the access of women and minorities to clinical trials during my time at the Yale School of Medicine. The results of both research endeavors were published in top tier journals, including *Science* and *JAMA*. As a medical educator, I routinely teach medical students and residents how to interpret clinical research studies with rigor and how to apply research findings to the care of patients.

I received my training in medicine at the Yale School of Medicine and in the internal medicine residency program at Brigham and Women's Hospital, one of the Nation's top hospitals and a flagship teaching hospital of Harvard Medical School. I have continued to practice clinical medicine at Brigham and Women's Hospital since completing my training. I have cared for thousands of patients with a wide variety of conditions from diabetes and heart disease to cancer and infections. I have also provided clinical services during the aftermath of earthquakes in Haiti (2010) and India (2001) and have participated in prevention screenings in various parts of the United States.

In addition, I have built a technology company, TrialNetworks, that provides collaborative clinical trial management tools that improve the quality, transparency and efficiency of clinical trial research operations. These tools are used by physicians, nurses, study site monitors, supervisors, and many other people involved in executing a clinical trial. Drawing from social networking and other information technology innovations, our tools modernize the clinical trial research process with the ultimate goal of bringing safer medicines to patients on a shorter timeframe.

SENATOR ROBERTS

Question 1. On your Twitter account, you tweeted, "Tired of politicians playing politics with guns, putting lives at risk because they're scared of NRA. Guns are a health care issue." As one of the Senators I assume you were referring to, I want to state for the record that the reason I am adamantly opposed to more gun control laws is because I have always been a strong supporter of individual's Second Amendment rights. If confirmed and you become the head spokesperson for matters of public health, can you ensure that you will not push your personal gun control agenda and most importantly, not infringe on individuals Second Amendment rights?

Answer 1. I recognize the rich history and tradition our country has around gun ownership, and I respect and recognize the importance of the Second Amendment and the protections it affords. I believe the vast majority of gun owners—including my friends, colleagues, and patients—are responsible gun owners who pose no threat to public safety. My hope is that we can find areas of common ground in order to reduce gun violence while respecting the laws of our land and preserving our individual liberties.

I also believe the Surgeon General's job is to let science and our current public health needs inform communication and initiatives. In my work as a physician, I have always sought to provide each patient with the best care possible because the practice of medicine is about bringing science and empathy together to improve health. Similarly, if confirmed as Surgeon General, I would focus on bringing individuals and organizations together to apply the best of science to improving the health of our Nation, particularly with regards to reducing obesity rates.

Question 2. As a strong supporter of the Second Amendment, I am concerned about comments made on social media by yourself and the organization you found-

ed, Doctors for America. Specifically, Doctors for America tweeted that “Gun violence is a public health crisis”.

You also mentioned in staff interviews that one of the priorities you would like to focus on is a more robust mental health system. I too agree that we need to address the inadequacies of our mental health system as evidenced by some of the crises that have been highlighted in the media.

However, I believe after working with the mental health community on many legislative priorities that we should be cautious about making a direct connection between gun violence, or any violence, and people suffering from a mental health condition.

I detail this because I would like you to explain if gun violence is a public health crisis and you are confirmed to be surgeon general, which would make you responsible for addressing public health issues, can you guarantee you will separate your desire to improve the mental health system and *not* use this position to infringe on individuals’ second amendment rights?

That you will not advocate for more gun control, both in law and in the surgeon general’s recommendations on matters of mental health, prevention and wellness?

Would you commit to refrain from policies that infringe on Second Amendment rights if asked by the Secretary of Health and Human Services or even if the President of the United States, asked you to make gun control a public health priority?

Answer 2. I recognize that the role of Surgeon General is to be a public health educator—not a legislator or a judge—and that the Surgeon General must respect and abide by our Nation’s laws, including the Second Amendment. If confirmed by the Senate, this would be my approach. I would not seek to utilize the position of Surgeon General to infringe on Second Amendment rights.

Question 3. I have some strong concerns with a recent proposal from CMS. Because of your interest in, and prioritization of, addressing issues in and improving the mental health system, can you comment on the role access to mental health treatments and adherence to those treatments, specifically antidepressants and antipsychotics play in bettering the mental health in our country?

Do you know if anyone in the division of the Surgeon General or the Assistant Secretary for Health was consulted in this most recent CMS decision?

Answer 3. Having cared for many patients with psychiatric illness, I believe it is essential that patients are able to access appropriate antidepressants and antipsychotics when prescribed by their physicians. I was not part of the Administration when the recent CMS decision was made and am not aware of who was consulted during this process.

Question 4. Dr. Murthy can you please discuss your experience in management roles? Specifically the number of physicians and other medical professionals you’ve overseen?

Answer 4. Having started, built, and led several organizations focused on HIV/AIDS education, rural health, health policy, information technology, and clinical trials, I have experience overseeing teams ranging from dozens of staff to thousands of physician and non-physician volunteers spread across the country. I have also managed numerous teams of physicians and medical students for the purposes of providing direct clinical care in the hospital. In addition, I have overseen budgets ranging from shoestring budgets to budgets in the millions of dollars. My experiences have honed my skills in developing and executing organizational strategy, building partnerships between diverse stakeholder organizations, taking projects from conception to completion with minimal resources, and communicating effectively to bring people together around a common vision for improving health.

Question 5. Dr. Murthy, we all know that finances are tight right now and that the Surgeon General must also manage a budget. Some of the ideas that you propose could be costly, how do you plan to manage the resources for what you are proposing? For things such as outreach, studies, etc.?

What are existing programs and what agencies are leading them that you can work with, and build off of, to further your specific priorities? Specifically, are there current programs that already exist that may be doing what you would like to see achieved which you would like to further as Surgeon General?

Answer 5. I have extensive experience building initiatives, collaborations, and organizations with shoestring budgets and am used to operating in resource-constrained environments. If confirmed by the Senate, I would work with community institutions to pursue education and other health initiatives that leveraged existing public resources, philanthropy, and local investment opportunities. As I have learned, building public health programs over the last 20 years, community organi-

zations can achieve significant impact when they work together and recognize that improved health accrues to the benefit of their organizations and constituencies.

If confirmed, I would also work to enhance and further existing government programs that are advancing health. With regard to obesity, such programs include the commitments Federal agencies have made to increase access to healthy and affordable food (supported by the National Prevention Council), the Presidential Youth Fitness Program, the First Lady's *Let's Move!* initiative, and the Surgeon General's Call to Action on Walking and Walkable Communities (currently in development).

With regard to reducing tobacco-related disease and deaths, I would work to further CDC and FDA campaigns designed to help smokers quit and to prevent youth from initiating smoking, including the Tobacco Free College Campus Initiative, a public-private partnership to encourage the voluntary adoption of tobacco-free policies at institutions of higher learning.

With regard to improving mental health, I would work to further SAMHSA's mental health initiatives and tools such as the "Toolkit for Community Conversations about Mental Health," which focuses on reducing stigma and encouraging connection to community services. I would also continue work on implementation of the 2012 National Strategy for Suicide Prevention in partnership with the National Action Alliance for Suicide Prevention.

Question 6. What experience do you have working with the U.S. Public Health Service Commissioned Corps? What do you see as similarities and differences between overseeing uniformed public health officers versus other accredited medical professionals?

Answer 6. The Public Health Service Commissioned Corps is one of our Nation's most important public health resources and plays a key role in disaster response and meeting the needs of underserved communities. I believe leading the Commissioned Corps is one of the most important duties of the Surgeon General. I have personally worked with Corps members and have experienced first-hand the extraordinary skill and commitment with which members dedicate themselves to improving the health of the Nation.

Like accredited medical professionals, our uniformed public health officers share a sense of mission, a grounding in science, and a commitment to public health. An important difference is that our uniformed public health officers are part of a service that is responsible for safeguarding the public health of the entire Nation. Furthermore, the Commissioned Corps has unique traditions, history, and partnerships that must be respected when leading the Corps.

Question 7. What do you see as the role of the Surgeon General in working with the Assistant Secretary of Health? What about other Agencies in the Department of Health and Human Services? Is there a role in working with other Departments and other Surgeons General in uniformed branches of government?

Answer 7. The Assistant Secretary of Health and the Surgeon General work closely to advance the health mission of the Department of Health and Human Services, particularly with regard to reducing tobacco-related disease and deaths, obesity, and substance abuse.

As chair of the National Prevention Council, the Surgeon General oversees the efforts of 20 Federal departments and agencies to identify opportunities for departments and agencies to support prevention and health. For example, the Department of Defense is a member of the National Prevention Council and is committed to increasing tobacco-free environments and increasing access to healthy, affordable food. The Office of the Surgeon General works with the Department of Defense on priorities including the Healthy Base Initiative, reducing tobacco use in the uniformed services, and suicide prevention.

The Surgeon General also works with the Surgeons General in the other uniformed services on a regular basis on matters related to the uniformed services members and health. Recently, the Commissioned Corps of the U.S. Public Health Service adopted a ban of use of tobacco products while in uniform.

Question 8. Dr. Murthy, as a representative of Kansas I have long been interested in ensuring our rural health system can provide the same care for rural patients as urban areas. Throughout my experience I recognize that rural communities and the rural health delivery system is unique and cannot be treated in a one-size-fits-all approach. Keeping that in mind, can you provide some detail on your experience working within the rural health delivery system?

What rural communities have you visited in the United States? What did you identify as some of the major challenges of those communities?

Answer 8. I believe as well that our rural communities face unique health care challenges. My primary understanding of rural health issues in the United States

comes from working with a broad network of physicians who have provided care in rural communities in Alabama, Mississippi, Kansas, South Dakota, Alaska, Montana, and many other States. I have also built health programs in rural India focused on education, prevention, and the provision of basic health care.

If confirmed as Surgeon General, I would work with members of the HELP committee and with rural community leaders to ensure we were advancing health in rural America. Access to care is an important issue in rural America, including access to primary and acute care, mental health and substance abuse services. Additionally, many rural residents don't have ready access to scientific information about health, and they need greater access to prevention programs that will help reduce the incidence of obesity and chronic disease. I agree there is no one-size-fits-all approach that works and that each community has unique challenges. One common element is that our approach to health must be guided by science.

I also very much appreciate your invitation and the invitations by other members of the HELP committee to visit their home States. If confirmed by the Senate, I would make it a point to travel to rural communities across the Nation to hear their concerns and learn more about their unique challenges.

Question 9. You have made some politically charged statements through social media. In your testimony you have stated that you intend to use the social media platform to further the goals of the Surgeon General. In particular one of your tweets regarding Benghazi has struck a nerve. I am not going to detail all of my concerns with these controversial statements, but I would like to know what role do you believe the Surgeon General has in taking a position on issues of military or foreign relations matters, such as the situation in Benghazi, and then commenting on them?

Answer 9. I do not believe the Surgeon General has a role on military and foreign relations issues. If confirmed by the Senate, I would not be involved in such matters.

Question 10. In reviewing your background I also noted your work in support of Dr. Berwick and his bid to become Governor of Massachusetts. I had some significant concerns with Dr. Berwick as the head of CMS, including and not limited to his unequivocal support of a single payer health system and his promotion of rationing as a way to reduce costs in our health system.

You have tweeted many times about the distortions made by many political nominees about the Independent Payment Advisory Board. I absolutely believe IPAB should be repealed. Do you support the use of IPAB to ration care and do you support a single payer system as a health care delivery system? What role do these beliefs play into your desire to be Surgeon General?

Answer 10. I believe health care decisions should be made by patients and their health care providers based on scientific facts and the individual needs and beliefs of each patient. My interest in serving as Surgeon General is based on my desire to bring scientifically based health information to the public and to work with communities to enhance prevention and wellness efforts.

Question 11. When asked recently about legalizing marijuana, President Obama said: "I view it as a bad habit and a vice, not very different from the cigarettes that I smoked as a young person up through a big chunk of my adult life."

While the President may not see much difference between tobacco and marijuana, I can think of at least one large difference—THC, the psychoactive chemical found in marijuana. What is your view Dr. Murthy?

Since 1964, the U.S. Surgeon General has been the leading advocate for informing the public about the dangers of smoking tobacco. How would you characterize the threats to the public health posed by marijuana?

Answer 11. While the public health dangers of smoking are well-studied and well-known, much less is known about the health effects of marijuana. Despite anecdotal evidence of symptom improvement for certain medical conditions treated with medicinal marijuana, there is still a paucity of high quality research about the proper indications for medical marijuana, safe dosage, and frequency of side effects. As the American Medical Association, the Institute of Medicine, and other groups have emphasized, I believe it is important that the science keep up with practice. Before we expand the use of marijuana for medical purposes or declare its safety, we must study and better understand the effects of marijuana through carefully designed clinical trials.

SENATOR MURKOWSKI

Question 1. The title of the position you have been nominated to is “Medical Director in the Regular Corps of the Public Health Service, and Surgeon General of the Public Health Service”. Many of the 6,800 public health service officers work in under-served areas, especially through assignments in the Indian Health Service which cover reservations serving our Nation’s first people; in small native villages throughout my State of Alaska; and at Coast Guard medical clinics. In reviewing your qualifications, I see that the bulk of your education and employment took place in large cities: Boston, Miami, New Haven, and Cambridge. It doesn’t appear from the information you submitted to the committee that you have experience living or working in rural America which gives me pause given the position to which you have been nominated to. What experience do you have managing doctors or serving in rural America that gives you the requisite background to oversee thousands of Public Health Service Officers serving in my State (336/6,800) and throughout rural America?

Answer 1. Having started, built, and led several organizations focused on HIV/AIDS education, rural health, health policy, information technology, and clinical trials, I have experience overseeing teams ranging from dozens of staff to thousands of physician and non-physician volunteers spread across the country. I have also managed numerous teams of physicians and medical students for the purposes of providing direct clinical care in the hospital. In addition, I have overseen budgets ranging from shoestring budgets to budgets in the millions of dollars. My experiences have honed my skills in developing and executing organizational strategy, building partnerships between diverse stakeholder organizations, taking projects from conception to completion with minimal resources, and communicating effectively to bring people together around a common vision for improving health.

I believe our rural communities face unique health care challenges, and if confirmed as Surgeon General, I would work with members of the HELP Committee and with our rural residents to ensure we were advancing health in rural America. I have built health programs in rural India focused on education, prevention, and the provision of basic health care. In the United States, my primary understanding of rural health issues comes from working with a broad network of physicians who have provided care in rural communities in Alabama, Mississippi, Kansas, South Dakota, Alaska, Montana, and many other States.

Access to care is an important issue in rural America, including access to primary and acute care, mental health and substance abuse services. Additionally, many rural residents don’t have ready access to scientific information about health, and they need greater access to prevention programs that will help reduce the incidence of illness and chronic disease. I agree there is no one-size-fits-all approach that works and that each community has unique challenges. One common element to addressing health needs in communities is that our approach must be guided by science.

Question 2. As you may know, fewer than half (48 percent) of all U.S. adults meet the 2008 Physical Activity Guidelines, only 13 percent of children walk or bike to school, compared with 44 percent a generation ago. Simultaneously, America’s obesity rates have skyrocketed, as more than one-third of U.S. adults are considered obese. The most recent U.S. Surgeon General Regina Benjamin promoted physical activity as a form of prevention through her call to action on walking—Every Body Walk! What will you and your team do to address our Nation’s obesity crisis?

Answer 2. My experience building community coalitions and my knowledge of community efforts through my work on the Prevention Advisory Group has taught me that (1) communities are best able to determine the optimal approach for addressing public health challenges based on their needs, capacity and norms, and (2) all community groups can play a role in improving prevention and addressing obesity rates among their members, employees, and constituents. If confirmed as Surgeon General, I would seek to work with faith-based groups, local businesses, schools, health care delivery systems (e.g., hospitals and community health centers), and community benefit organizations (e.g., YMCA) to educate communities about healthy diet and physical activity choices and to build coalitions that can implement scientifically based programs to improve diet and physical activity.

Resources such as the U.S. Community Preventive Services Task Force recommendations provide easily accessible summaries of community interventions that are evidence-based and can be helpful to communities considering implementing obesity programs. The precise obesity reduction initiatives undertaken would depend on the community’s needs and the coalition’s interests but could include voluntary initiatives directed at improving public education on diet and exercise; mak-

ing healthier food choices available in schools, workplaces, restaurants and hospitals; improving physical activity through voluntary fitness challenges; and enrolling eligible community members in risk reduction programs such as the Diabetes Prevention Program (DPP). The DPP has been shown to reduce the development of Type II diabetes by 58 percent, and is currently being employed for patients in Minnesota through the YMCA of the Greater Twin Cities.

Question 3. I supported legislation that passed out of this committee and was enacted into law in June 2009, The Family Smoking Prevention and Tobacco Control Act to federally regulate tobacco products. Since its passage, the FDA has had the authority to regulate and ensure that companies are not targeting tobacco sales to minors. However, the FDA has said it does not have authority over e-cigarettes and has yet to publish regulations on e-cigarettes. According to a National Youth Tobacco Survey conducted by the Centers for Disease Control and Prevention, 1.8 million middle and high school students said they had tried e-cigarettes in 2012. Please discuss your position on e-cigarettes and the public messaging role you and your team will play in addressing the marketing of these products to children. Also, I would like to know the role you see your office playing in focusing the Nation on tobacco cessation, especially when the NIH, FDA and CDC all play major roles in research and prevention.

Answer 3. The rapid adoption of e-cigarettes—particularly among minors—has far outpaced our public health understanding of their potential benefits and harms. I believe establishing a better understanding of the risks and benefits of e-cigarettes is an important public health priority.

If research establishes that e-cigarettes can help smokers quit traditional cigarettes, this could present a potential harm reduction opportunity. However, there are important unanswered questions. We don't fully understand the health impact of vaporized nicotine, and we do not know if e-cigarettes will lead to nicotine addiction and traditional cigarette use among non-smokers, particularly young people. Given the current lack of information about the safety and risks of e-cigarettes, I do not believe such products should be marketed to children.

With regard to traditional cigarettes, I believe continued efforts to reduce smoking rates are critical. The NIH, FDA, and CDC have done important work in this area by supporting research, protecting children from the marketing of cigarettes, disseminating information to the public about the hazards of smoking. However, as we learned in the most recent Surgeon General report in January 2014, smoking rates continue to be too high, and over 5 million children today are projected to die prematurely if we do not make progress in reducing smoking rates. If confirmed by the Senate, I would make smoking cessation a priority in my public education efforts and would work with previously described community coalitions to incorporate smoking cessation efforts into community prevention projects.

SENATOR MURRAY

Mental Health

As you are well aware, there is an urgent need to improve mental health care all across the country. Stigma associated with mental illness remains widespread, and often results in individuals feeling isolated and afraid—causing them to forego the treatment or support they need. An estimated one in five Americans will suffer from a mental or neurological disorder at some point in their lives, yet two-thirds of people with a known mental disorder never seek treatment.

I have worked on this issue from the military community. As a member of the Senate Veterans Affairs Committee, I have been a vocal advocate for improving the Department of Veterans Affairs' mental health care services and expanding access to mental health care. My Mental Health ACCESS Act, which was signed into law in 2012, opens VA's mental health care services to more veterans and their family members, and helps to ensure VA is providing high quality mental health care. I believe we can use and replicate some of these practices for other communities.

Question 1. As Surgeon General, what steps will you take to reduce stigma associated with mental health, educate individuals and families and the broader public, and encourage health care providers to prioritize mental health in their delivery of care?

Answer 1. If confirmed, I would work with families, local leaders, schools, and community organizations to communicate scientifically based information that provides a true understanding of mental health conditions while also putting a human face on the important issue of mental health. I would focus on conveying that mental health concerns are part of life in every community and in virtually every family while also sharing that effective treatments are available to improve people's well-

being and their ability to contribute in the workplace and other settings. One of my responsibilities would be to ensure that our patients are gaining real access to evidence-based treatments, particularly our youth, and that we are reducing the stigma associated with mental illness in our communities.

Women's Health

Accessible and affordable contraceptive coverage helps women plan their families, prevent unintended pregnancies, and improve health outcomes for their children and themselves. Increased access to contraception has been linked directly with declines in maternal and infant mortality, and the Guttmacher Institute recently published a study suggesting new, long-acting contraceptive methods are having a significant impact in reducing the rate of unwanted pregnancies in our Nation. Additionally, the Institute of Medicine designates contraception as an important women's preventive health service, and recommends that a full range of contraceptive education, counseling, methods, and services be fully covered by health insurance companies at no additional cost—which is what the Affordable Care Act now provides for women.

Question 2. How will you work to find common ground and educate the public on the scientific value of access to affordable contraception? How can you work across communities to make sure that people understand the benefits of women's preventive health?

Answer 2. As a physician grounded in science, I support the Institute of Medicine's findings regarding the important link between contraception access and improved maternal and infant health outcomes. I also recognize that we need to do better in ensuring women have access to prevention-related information and services. As I have cared for patients over the years, I have always sought to provide them with scientifically grounded information while respecting their individual beliefs and their ultimate choices. If confirmed by the Senate, I would take a similar approach to women's health issues such as contraception and prevention. I would work with community organizations and health care delivery systems to ensure women and local leaders had access to scientifically grounded information so they could make the best possible decisions for themselves and their communities. I would also work with medical educators to ensure we are training our next generation of health care providers to recognize the unique needs of women with regard to prevention and to meet these needs with adequate scientific knowledge and clinical skills.

Question 3. What steps will you take to clear up misunderstandings on the use of contraception?

Answer 3. As a physician, my practice has been to trust women, and all patients, to make the best decisions for themselves when given accurate, scientific information and adequate support. Ensuring our health care providers are well-trained to discuss the facts about contraception with women is important for improving maternal and infant health, and I would make it a point to emphasize this with our medical education leaders. As part of efforts to build community coalitions to lead prevention initiatives, I would also support communities in their efforts to educate members about contraception by ensuring they had access to scientific information.

HIV/AIDS

As you know, the Surgeon General has a unique opportunity to use their office as a platform to advocate for efforts to improve the Nation's health and advance our national strategies on prevention. In July 2010, President Obama released the National HIV/AIDS Strategy, the Nation's first blueprint for addressing the HIV/AIDS epidemic. The strategy prioritizes outreach, testing and prevention education in the gay, transgender, African-American, and Latino communities disproportionately impacted by the disease. There is also a growing need to address the high number of HIV infections occurring in young people in the United States. In 2009, young people accounted for 39 percent of all new HIV infections in the United States.

Question 4. If confirmed, how will you ensure the goals of the National HIV/AIDS Strategy are met with regard to communities disproportionately impacted by the disease?

Answer 4. I strongly support the National HIV/AIDS Strategy. The Strategy—along with the Continuum of Care Initiative, the improved access to care due to the Affordable Care Act and the continued strength of the Ryan White Program—offers a roadmap for creating an AIDS-free generation. Young gay men, especially young gay men of color, remain disproportionately affected by the HIV epidemic. Tragically, many of them do not know their HIV status and are not getting treatment

that can permit them to lead healthy, productive lives. One of the major barriers they face to learning their status is the stigma associated with HIV. This stigma also affects other groups at disproportionate risk (such as minority women and transgender women). If confirmed, I would, in the tradition of Dr. Koop, work to combat the attitudes and beliefs that contribute to stigma, working with the CDC, private foundations (such as Kaiser Family Foundation's Greater than AIDS campaign), and community-based organizations to promote regular HIV testing and outreach to those most at risk for HIV.

Question 5. How will you help educate young people about HIV/AIDS, how to prevent infection, and the importance of testing and knowing one's own status?

Answer 5. As noted above, I strongly support the National HIV/AIDS Strategy. If confirmed, I would work to combat the attitudes and beliefs that contribute to the stigma surrounding HIV/AIDS by working with the CDC, private foundations (such as Kaiser Family Foundation's Greater than AIDS campaign), and community-based organizations to promote regular HIV testing and outreach to those most at risk for HIV.

SENATOR SANDERS

Question 1. Although Surgeon General Satcher's 2000 report addressed the urgent lack of oral health care access in America, a report which was bolstered by two subsequent Institute of Medicine reports on oral health, millions of Americans continue to face significant challenges accessing affordable dental care. This lack of access results in needless pain and suffering, and in some instances, death. Lack of access also leads to unnecessary emergency room visits for oral health problems that could have been prevented or treated if the person had access to an oral health provider. What initiatives would you pursue as Surgeon General to help to educate the public about the importance of oral health to overall health? What would you do to improve access to care and to prevent oral health problems?

Answer 1. If confirmed as Surgeon General, I would look forward to visiting with State programs and community health centers that are improving access to dental care for underserved populations and learning from their innovative models. I would consult with oral health professionals such as the National Institute of Dental and Craniofacial Research and the CDC's Division of Oral Health to discuss strategies to bolster dental care and research. If confirmed, I would communicate the importance of oral health and work along key partners to integrate prevention and treatment of oral health into population screenings.

Question 2. We know that there are many social determinants that are important for the health of the population. For example, those without a high school education in the United States of all races live shorter lives and experience poorer health than those with higher levels of education. In fact, white women without a high school education saw their life expectancy drop 5 years from 1990 to 2008. If people don't feel safe in their neighborhoods, they won't go outside to get exercise. If the nearest grocery store is 30 miles away and you don't have transportation, you won't have access to fresh fruits and vegetables. It is unacceptable that 130,000 people die each year due to poverty in this country, according to a 2011 study in the American Journal of Public Health. What would you do as Surgeon General to address some of the social determinants of health that result in significant health disparities in our country?

Answer 2. In order to build a society that is firmly grounded in prevention and wellness, it is essential that we address the social determinants of health. I believe that to do this effectively requires the engagement of community institutions, including hospitals, community health centers, schools, businesses, faith-based organizations, and local government. If confirmed as Surgeon General, I would emphasize the importance of addressing social determinants in my public education efforts. I would also work with communities to build coalitions between community institutions that would work together to address structural barriers to health such as the poor availability of healthy foods and safe spaces for physical activity.

SENATOR FRANKEN

Question 1a. I share your commitment to our national investment in preventive health care, and especially in diabetes prevention. I authored legislation that established a grant program to fund National Diabetes Prevention Program sites across the country. A CDC pilot program in Minnesota and Indiana showed that this program reduces the incidence of Type 2 diabetes among participants with pre-diabetes by nearly 60 percent. This program, if scaled up nationally, could significantly re-

duce the number of people who have Type 2 diabetes in this country, while also helping to bring our national health care costs down.

As Surgeon General, would you work with me to raise awareness and promote participation in the Diabetes Prevention Program?

Answer 1a. Yes. If confirmed by the Senate, it would be my pleasure to work with you on the Diabetes Prevention Program.

Question 1b. What are the specific steps you would take to disseminate information and expand access to the program?

Answer 1b. The Diabetes Prevention Program (DPP) may be one of the best examples of a proven community-based program that addresses the fundamental causes of obesity—poor nutrition and inadequate physical activity. The Federal Government's role in developing DPP is a model for the government's role in prevention: NIH supported the randomized clinical trial that demonstrated the approach works, CDC has supported translating this into a community-based program in collaboration with the YMCA, and now insurance plans across the country are beginning to pay for it, ensuring sustainability. The DPP is about empowering individuals through community organizations to make healthier choices. If confirmed as Surgeon General, I would work to build coalitions between community institutions, including hospitals, community health centers, YMCAs, schools, businesses, faith-based organizations, and local government that could implement and sustain programs such as the DPP. This would involve educating communities about evidence-based programs like the DPP and sharing experiences and lessons from other communities that have successfully implemented DPP.

Question 2. In your written testimony, you expressed your commitment to reducing the stigma associated with mental illness in this country. This is a priority of mine as well. I hold the seat that Paul Wellstone once held, and I've worked hard to maintain his leadership on mental health issues.

I sponsored a bill called the Mental Health in Schools Act, which establishes a program that has just received appropriations for this year. The program will provide grants for schools to collaborate with community mental health providers and other community-based organizations to expand access to mental and behavioral health care services for students.

As Surgeon General, what specific steps would you take to reduce the stigma associated with mental illness, particularly among children and young adults?

Answer 2. If confirmed, I would work with families, local leaders, schools, and community organizations to communicate scientifically based information that provides a true understanding of mental health conditions while also putting a human face on the important issue of mental health. I would focus on conveying that mental health concerns are part of life in every community and in virtually every family while also sharing that effective treatments are available to improve people's well-being and their ability to contribute in the workplace and other settings. One of my responsibilities would be to ensure that our patients are gaining real access to evidence-based treatments, particularly our youth, and that we are reducing the stigma associated with mental illness in our communities.

Question 3. In your written testimony, you discuss the importance of providing the public with science-based information. I agree, especially at a time when so many innovators in Minnesota and across the country are making so many groundbreaking discoveries. But even if your information is based on science, I imagine that may find it challenging at times to communicate your ideas with those who disagree with you.

As Surgeon General, how would you respectfully work to promote public health with communities that do not accept science-based ideas?

Answer 3. As I have cared for patients over the years, I have always sought to provide them with scientifically grounded information while respecting the diversity of their individual beliefs and their ultimate choices. If confirmed by the Senate, I would take a similar approach that honored each individual's right to assess the facts and come to their own conclusions. The Surgeon General can bring communities together around shared challenges as a starting point for discussion (for example, a common desire to reduce diabetes and prevent childhood obesity). The Surgeon General can also share evidence-based information with people as well as the experiences of other communities with applying such information. For example, while it may be helpful for a community to know that the Diabetes Prevention Program led to a 58 percent reduction in the incidence of Type 2 diabetes, it is especially helpful to hear from other communities that have implemented and are seeing the benefits of the DPP. Communicating scientific information and strengthening di-

alog between communities about solutions that work are important roles that I would hope to play if confirmed as Surgeon General.

SENATOR CASEY

Question 1. Prescription drug abuse: Prescription drug abuse is a problem facing many of our communities. Recently, as prescription drugs become harder to abuse, I am hearing more and more stories of people turning to illegal drugs, such as heroin, because they are more readily available and can be less expensive. A 2011 report by the National Drug Intelligence Center found that many youth in particular were transitioning from abuse of prescription opiates to heroin. As Surgeon General, what steps would you take to help address this problem? Are the considerations for a coordinated public health response changing, as people with substance abuse problems turn from legal to illegal drugs?

Answer 1. The relationship between prescription opiate abuse and abuse of illegal opiates such as heroin has always been a balance between supply and demand and cost. Heroin is cheaper now than it has been in many years and therefore more accessible. Prescription opiate drug abuse can be a gateway to heroin addiction. We must address these public health problems simultaneously and tailor the public health response so that there is appropriate consideration for the full needs of the communities where these devastating problems exist.

Prescription drug abuse affects every sector of American society, and we must educate the public to recognize that all opiate drugs are addictive. Additionally, we can focus on improving health care provider training regarding proper prescribing of opiates and the management of chronic pain; improving access to effective, evidenced-based treatment for opiate addiction; and improving public education about the proper use of opiates and the proper disposal of unused drugs.

Question 2. Children's health: Increasing evidence demonstrates the effectiveness of early intervention in putting children on a path to success, from early learning to nutrition and exercise. You expressed an interest in working on health issues related to obesity, if confirmed. How would you incorporate children into your approach to obesity prevention and treatment?

Answer 2. My experience building community coalitions and my knowledge of community efforts through my work on the Prevention Advisory Group has taught me that (1) communities are best able to determine the optimal approach for addressing public health challenges based on their needs, capacity and norms, and (2) all community groups can play a role in improving prevention and addressing obesity rates among their members, employees, and constituents. If confirmed as Surgeon General, I would seek to work with faith-based groups, local businesses, schools, health care delivery systems (e.g., hospitals and community health centers), and community benefit organizations such as the YMCA to educate communities about healthy diet and physical activity choices and to build coalitions that can implement scientifically based programs to improve diet and physical activity. Resources such as the U.S. Community Preventive Services Task Force recommendations provide accessible summaries of community interventions that are evidence-based and can be helpful to communities considering implementing obesity programs. The precise obesity reduction initiatives undertaken would depend on the community's needs and the coalition's interests but could include voluntary initiatives directed at improving public education on diet and exercise, making healthier food choices available in schools, workplaces, restaurants and hospitals, improving physical activity through voluntary fitness challenges, and enrolling eligible community members in risk reduction programs such as the Diabetes Prevention Program. The DPP has been shown to reduce the development of Type II diabetes by 58 percent, and is currently being employed for obese patients in New York through a partnership between the YMCA, physicians, and the NYC Department of Public Health.

Children are a particularly important group to engage in these obesity initiatives given the alarming prevalence of obesity among our children. For this reason, I would ensure that my outreach efforts included schools and parents and that community coalitions strongly considered interventions that would impact children.

Question 3. Bullying: While it is not always thought of as a public health issue, bullying and harassment have been shown to negatively impact the health of young victims of bullying. Children who are bullied are more likely to suffer physical ailments that can impede their performance and attendance at school, including common colds, sore throats, and headaches. I have introduced legislation ensuring that schools do more to prevent this behavior; what, in your opinion, can you do as Surgeon General to address this issue from a public health perspective?

Answer 3. Important steps have been taken to address bullying through the Federal Partners for Bullying Prevention, including the creation of the Stop Bullying.Gov Web site run by the Department of Health and Human Services in collaboration with the Department of Education. The Web site is a central resource for news, information, programs, and policy related to bullying, and it focuses on how communities can take action to stop bullying. The Federal collaborative has also organized the Stop Bullying Video Challenge and developed Townhall ToolKits for communities to encourage grassroots efforts to address bullying. If confirmed as Surgeon General, I would use the platform of the office to increase public awareness of bullying and its consequences. I would also encourage the study of programs to stop bullying, and I would review and promote programs that have been proven to work.

Question 4. Older citizens: Pennsylvania, with 2.0 million older citizens, has the fifth largest population of older citizens in the country. This figure, representing roughly 15 percent of the population of the entire State, continues to grow each day. With the growing number of older adults in Pennsylvania and in the rest of the United States, what do you see as the most pressing public health issues related to this population and what steps would you initiate to address these issues?

Answer 4. If confirmed as Surgeon General, I would be committed to promoting the health and wellness of all Americans across the life-span. Our older adults would benefit from education and programs that promote healthy aging—maintaining one's independence and well-being. Healthy aging encompasses a number of cross-cutting and multidisciplinary initiatives, including (but not limited to) brain health; fall prevention through exercise programs and home safety information; caregiver resources and support; managing medications for chronic conditions; expansion of healthcare options to include in-home and other care to enable older adults to live independently as long as possible; vaccinations and health screenings supported by the U.S. Preventive Task Force; and protection from elder abuse.

I would promote health in older citizens by working with community groups that support the needs of older adults as well as with our health care delivery systems to: (1) provide health information to older adults and those who care for them; (2) support and share programs that help older adults lead healthy, active lives; and (3) support research on prevention and disease management for older adults.

[Whereupon, at 12:01 p.m., the hearing was adjourned.]