

NATIONAL PRESS CLUB LUNCHEON WITH RICHARD CARMONA, SURGEON GENERAL
COMMANDER, USPHS COMMISSIONED CORPS UNITED STATES DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

TOPIC: PRIORITIES FOR HEALTH

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MR. SALANT: Good afternoon, and welcome to the National Press
Club. I'm Jonathan Salant, a reporter for Bloomberg News and
president of the Press Club.

I'd like to welcome club members and their guests in the audience
today, as well as those of you watching on C-SPAN.

The video archive of today's luncheon is provided by ConnectLive
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Before introducing our head table, I'd like to remind our members
of future guests. On July 18th, Jim Press, the head of Toyota's North
American operations. On July 20th, Senate Republican Conference
Chairman Rick Santorum of Pennsylvania.

If you have any questions for our speaker, please write them on the cards provided on your table and pass them up to me. I will ask as many as time permits.

I would like now to introduce our head table guests and ask them to stand briefly when their names are called. Please hold your applause until all of head table guests are introduced.

From your right, Bob Madigan, Man About Town for WTOP and WGMS; Dan Reilly of the Milwaukee Journal Sentinel; Greg Gordan, national correspondent for McClatchy Newspapers; Jerry Brazda, who's been covering health care for 40 years, and he's the head of Brazda Health Care Information; Captain David Rutstein, chief medical officer of the U.S. Public Health Service and deputy director of the Office of Disease Prevention and Health Promotion; Doris Margolis of Editorial Associates and the Margolis Health Report; Rear Admiral John Babb, director of the Office of Force Readiness and Deployment; Angela Greiling Keane, associate editor of Traffic World Magazine and the vice chair of the National Press Club's Speaker's Committee -- skipping over our speaker for a moment -- John Fales of The Washington Times, who most of us know as Sergeant Shaft -- and, Sergeant, thank you very much for organizing today's event -- Rear Admiral Carol Romano, chief nurse officer of the U.S. Public Health Service and deputy chief information officer of the National Institutes of Health Clinical Center; Ramona Joyce, public relations for the American Legion; Ira Allen, vice president of Public Affairs for the Center for the Advancement of Health; Joe Davis, the Public Affairs director for the Veterans of Foreign Wars; and Ken Blackshaw, a retired Pentagon journalist. (Applause.)

AUDIENCE MEMBER: (Inaudible) -- I would only say three words: support our troops! (Applause.)

MR. SALANT: Last month, the surgeon general of the United States issued a report that ranks with the first surgeon general's findings on the dangers of smoking. The current surgeon general, Vice Admiral Richard Carmona, said that even trace amounts of secondhand smoke could hurt nonsmokers.

"The debate is over as far as I'm concerned," he said. "Based on the science, I wouldn't allow anyone in my family to stand in a room with someone smoking."

Just as the 1964 surgeon general's report on cigarette smoking led to the familiar warnings on every pack, these latest findings could accelerate smoking bans. Montgomery County, in Washington's suburbs, now bans smoking in restaurants and bars, and the nation's capital is going smoke-free next year.

The new surgeon general's report estimates that 50,000 people die each year because of exposure to secondhand smoke. It came 20 years after the surgeon general for the first time said exposure to tobacco smoke caused cancer and other ailments in nonsmokers.

Tobacco is not the only health issue facing Dr. Carmona. He has used the bully pulpit that comes with being the nation's chief health

officer to try to reduce obesity. After he met with McDonald's, the fast food chain agreed to end its campaign to encourage customers to super-size their orders. There was one drawback to his campaign. In the restaurant with his kids, Dr. Carmona was about to dive into a large plate of French fries when he noticed every customer looking at him. (Laughter.) He quickly dropped the fries back onto the plate and found out he had to be more discrete about his eating habits. (Laughter.)

Dr. Carmona has come a long way since he dropped out of high school. He joined the Army, got his equivalency diploma and served in Vietnam, where he was awarded two Bronze Stars and a Purple Heart. After leaving the service, he began a medical career. Before President Bush nominated him as surgeon general, he served as chairman of the state of Arizona's Southern Regional Emergency Medical System. In August 2002, he was confirmed as the nation's 17th surgeon general by a vote of 98 to 0.

Let's welcome Dr. Richard Carmona to the National Press Club. (Applause.)

SURGEON GENERAL CARMONA: Thank you, ladies and gentlemen, for the privilege of being with you today.

John, thank you and the NPC, and for your introduction.

And Sergeant Fales, thank you. We share a lot in common, both being high school dropouts and Vietnam veterans.

I want to reassure you before I get started -- after those introductions, I always feel a lot like Ricky used to say to Lucy, "You gotta lotta 'splainin' to do." It doesn't engender a lot of confidence in your surgeon general when you find out he's a high school dropout. So, a couple of years ago, my high school invited me back to the hood where I grew up, and I gave a commencement address, and they -- surprisingly, 37 years late, give me my high school diploma. So I am a high school graduate now, you don't need to worry! (Laughter, applause.)

I'd like to pay a special salute to Sergeant Fales, who I think represents the best in all of our soldiers and sailors and airmen, as well as our veterans who served valiantly, who are overseas serving now with great honor and dignity, as he served. And even though we see him as maybe having a handicap, he has shown us that he stepped up above that; he continues to be a leader, he continues to be a mentor. And really, in another report that I published just recently on the health of people with disabilities, he truly exemplifies the fact that we need to recognize the ability of the disabled, not disabilities.

Sergeant Fales, you never cease to amaze me with all you've accomplished, and your continued mentoring and leadership for all of us. And like our fellow uniform service folks in the audience, and those that are sitting up on the dais who I have the privilege to serve with, ladies and gentlemen, I'd ask you to please thank them for their terrific service to our country, which makes our country what it is today. (Applause.)

Well, I'd like to speak to you today a little bit about what I do as surgeon general, and briefly just my path here. I would like to tell you that I studied hard my whole life and I planned to be surgeon general, but it's the furthest thing from the truth. And my background, my beginnings are probably very important to who I am as surgeon general, your surgeon general today, because much of the knowledge I gained, much of maybe the bias I have to the patient, to the citizen who needs us, what was gained through experience as a child.

I'm a first-born in this country, an immigrant whose grandmother came here with 27 children and no money. She did it for a better life for her family. I grew up in New York City, was born in Harlem, raised in Harlem and Washington Heights. So Richie Carmona dropping out of high school wasn't a big deal. In fact, high school graduates were reportable events in my neighborhood. (Laughter.)

But I will tell you that the experience of being poor, of being homeless as a child, of living in the street, of having parents that were burdened with substance abuse, of having two younger brothers and sisters that I became a surrogate parent for, of not having access to health care, of going without dental care for years, watching a mom cry herself to sleep every night because she was too proud to accept welfare, even though her kids were hungry -- those lessons probably drive me more today than any academic credentials that I have received since, as I serve as the nation's doctor as the surgeon general of the United States.

So I could never have planned in my wildest dreams to be in this position today. For my mother, when she used to speak to us -- and English was our second language. My mother spoke Spanish. My grandmother never spoke English. But my mother used to say to us repeatedly in Spanish when I was a young boy, and my two brothers and sister, she'd say, "I only want to live long enough to see one of my kids graduate." She'd say that over and over in Spanish, every night. And she only meant high school. She didn't mean anything else because nobody had gotten past high school.

So I look at my life and I never forget where I came from, but I also recognize that my life and my success really exemplifies why this country is so great, because it truly is a land of opportunity. No matter where you start, no matter what your beginnings are, you can prosper and you can fill any position that you would like. You're only limited by your imagination and your tenacity.

I learned as a young boy. I failed a lot. I've learned a lot more from my failures than I have from my successes. I also learned that the only difference between a person that succeeds and one that fails is that the one that succeeds gets up one more time. And I had to get up a lot more times in my life, as did my two brothers and my sister, who struggled through their lives, also. But we all became stronger.

And I gained a tremendous insight into the plight of the common man, the average old mom and dad who are trying to raise a family and make ends meet and get health care and buy a car and take them on

vacation. And those things drive me very significantly today, more so than any degrees that I have received, because of that sensitivity. And in fact, I've admitted to audiences such as this it's probably a bias more than a sensitivity now; that I feel that part of my job is to speak for and advocate for those populations -- some of which we call minorities, some of whom are disenfranchised for other reasons, the disabled, the senior citizens -- that don't have a voice, because what better person than the surgeon general, who has the bully pulpit, to speak for those populations who need a voice so that we can improve their health care.

As I told you, I never planned to be surgeon general. This has been an extraordinary journey for me, one that, four years into this job, I still feel it's a surrealistic experience. But it is one of the toughest jobs I have ever had in my whole life.

People ask me and I tell them surgeon general is like being a surgical intern in perpetuity. (Laughter.) You age in dog years in these positions. And there are days when the burden is so great that you want to go home. Like all of my colleagues in these positions, you miss birthdays and anniversaries, parties, family gatherings. And those days when you want to go home, you recognize that, well, gee, Rich, you're only the 17th person in the history of the country to have this job. And all of a sudden it right-sizes things pretty quickly and you recognize the immense opportunity you have to serve.

But in four years, I can tell you, there hasn't been a night where I slept comfortably, because when you go to bed at night, you truly do have the problems of the world on the your shoulders. The surgeon general's job sounds easy on paper -- to protect, advance and promote the health, safety and security of the nation, not solely, but with our partners throughout many federal agencies, with great leadership, like President Bush, Secretary Leavitt. But it's a tough job. You're constantly, constantly balancing infinite needs of a nation that needs so much and a world that needs so much with finite resources.

You recognize that the position of United States surgeon general is no longer just United States surgeon general, it's a global position. Everything we say and do, everything I say and do personally, representing the country, representing the president, the secretary, others, has rippling effects.

The challenges, the threats before us today do not know geopolitical borders. It is important that every one of our citizens understand that they need to know why AIDS in Africa is important, or SARS in a far-off land in a little village that they've never heard of, or that Haiti is struggling gling with a disease burden that is decimating their populations, and that Africa has millions of orphaned children because of AIDS. It may be very distant, but in a world that is so technologically connected and where people move freely, it's only hours away from your own doorsteps. So if it's not for humanitarian reasons, if it's not for any other reason but self-preservation, we all need to know what's happening in the rest of the world. And I truly understand that immense responsibility that I have to think globally in everything I do as it relates to health.

As I said, I never planned to be surgeon general. In fact, I was in clinical medicine for a number of years. And I had many jobs. I've been a registered nurse, been a paramedic, been a soldier, been a physician's assistant, teacher.

Every one of those jobs now in retrospect has really better prepared me to be surgeon general, because of the threats, the challenges that are before us today.

When I was first called from the White House over -- about five years ago, it was late at night. I got a voice mail. It said, "Dr. Carmona, this is" -- and the young man gave his name. "We'd like to talk to you about a job." I hung up the phone, I was laughing. I thought, you know, these cops and firemen I work with will stop at nothing to embarrass me --(light laughter) -- because why would the White House call me? I was just an anonymous doc in a community working, doing a lot of community work, a professor teaching surgery, medicine, public health, family medicine, loved what I was doing, well engaged in community activities because I always that if I had a chance to make it out, that there was an obligation that I had to society to return, these gifts that I have been given, and an additional obligation, having traversed so many echelons of society that I understood what the common person was struggling with every day and not forget my roots. So it was truly amazing when that call came in.

I called the next day because the caller ID had a 202 area code with a 456 prefix. And I had first thought, these guys are pretty smart; they can program these boxes now. (Light laughter.) But the young man said, "No, sir. We would really like to talk to you about a job." And I thought, okay. And we spoke for about 10 minutes. I said, "By the way, what's the job?" And he said, "The president. President Bush is recruiting a new United States surgeon general. Would you be interested?" And again, I found myself laughing, holding the phone. And I thought, oh, for sure, this means there's another Rich Carmona in the country. (Laughter.) But I thought, there's really no down side, I'm gainfully employed. Being a smart street kid, I said I'll say yes; in a couple of weeks they'll figure out they've got the wrong guy, they'll send me home, but I'll have had a nice trip and met some good people. (Laughter.) And I started having telephonic interviews, and then I recognized that at some point they're going to reject me. So I wrote out a three-by-five file card that was what I call my rejection speech with dignity, because I knew at some point they'd say, "Dr. Carmona, thank you for your service to your country, thank you for being an applicant, but we're going to select Dr. A, B, or C." And so when I was rejected, I wanted to be rejected with dignity. And I had this statement drawn out to say, well, please let the president know I appreciate the opportunity to be considered, and if there's anything else open, in uniform or without,

I'd be happy to be considered. (Laughter.) And each time I had that call, I'd take the card out, and then I'd not use it, I'd put it back in my pocket. I still have the card. And then eventually I moved down the road and started being invited to Washington rather than telephonically, I started meeting with very famous people who I have

read about.

And then I got a call that just changed my life, where after being --
--
or having your name bantered about in the media for a few weeks as being on the short list -- and as you know, when your name gets bantered about on the short list, it infers an unearned credibility; you become very important.

And then there was only one left. They called and said we'd like you to come to Washington. And a young man called from the White House and said, "Are you available on March 26th to come to Washington?" I thought it was another interview. And as I started to answer, he says, "No, no, we -- your children, also." And I thought, "My gosh, they want to interview my kids. I may not get the job." (Laughter.) And then he said, "No, sir. The president's made his decision. I'd like you and your family to come to the White House on March 26th, and would like to announce to the world that you're his nominee for surgeon general." Got to tell you, it still brings goose bumps.

And the president welcomed us into the White House, treated me like family. He spent time with my kids, wife, took pictures, put me at ease when I'm going out to a big room, green room, to meet the media and be announced, where I was a little nervous, to say the least. And then you think, "Okay, I'll get ready to go to work," and you recognize, "No, not yet. There's something called Senate confirmation."

And that was another part of life that you learn about, that you become a public person overnight. Everything you say and do is a matter of public record. Everything you don't say and do is a matter of public record. And simple things like people putting a piece of cake in front of you at lunch become newsworthy. (Laughter.) And being surgeon general, I can't tell you how many times I've felt more like a priest as I'm going to eat dinner or meals with people from the White House to the Hill, and there's a sense that people have to say something to you as they move with their plate: "Well, you know, Surgeon General, I don't normally eat this much, okay?" (Laughter.) Or, "You know, Surgeon General, I do exercise every day and I really don't have dessert all the time." And so it's almost like you're at a confessional and you expect to give penance out. (Laughter.)

But you make it through the Senate confirmation process, which I came to understand is a Darwinian process, essentially that you go through this pipeline, much like going through basic training, advanced training, jump school, Special Forces, all of those things

that I'd gone through. You know, you go through the pipeline and people get to take shots at you. You get beat up as you move through the pipeline. But if you come out the other end with vital signs, a pulse, you can have the job. (Laughter.)

And so I was fortunate and I got the job. And then you recognize not only the immense privilege but responsibility that the president of the United States has given you and the Senate, who, in an unprecedented fashion, confirmed me unanimously.

And then you think, "Well, what do I do? What do you do as surgeon general?" And I started looking around and looking at the science in determining what should I do? What should the legacy be? What is Rich Carmona going to contribute to this legacy that's gone on for centuries as surgeon generals who have done so much for our country?

And you get to Washington, and having been a surgeon and a police officer and a nurse, you have this arrogance that, you know, "I'm going to come here and I'm going to stamp out disease and famine and pestilence. I'm going to make this world a better place." And then your enthusiasm gets tempered. You learn how things get done in the beltway.

I remember thinking, as I looked at the metrics of health in our nation and what I would be doing, and I thought, "Well, gosh, why is there so much left? What did the other 16 surgeon generals do before me?" (Laughter.) And then you have to come up with a portfolio. So I studied hard, went to the White House, spoke to the secretary, spoke to the president and said, "This is what I think we should be doing." Well, President Bush does his homework too, and he had beat me to the punch. Basically he said you're right on, this is where we need to go. And that portfolio hasn't changed in four years. It's not exclusively what I do, but really is where I spend most of my time. The first issue being prevention.

We are a nation that can't afford to stay on the path it's on today. We spend almost 16 percent of our gross national product on health care. Most of what we care for is preventable. I know that from my personal experience as a child; I know that as a nurse and a doctor, and a doctor running a trauma center and EMS system where most everybody I admitted didn't have to be there. People shooting and stabbing each other, crime, drugs, domestic violence -- a whole host of things. But the collective disease burden of that in society is astronomical, and it's at a time when we are in this health care crisis and we're trying to figure out how to pay for all of this. And I would submit to you that's not the right question. The right question is how do we get rid of all that is preventable, because we will never be able to afford the increasing disease burden and economic burden that goes along with it.

So I was thrilled that President Bush, the secretary, said this is where you need to be. We need to move the nation from one that embraces care to one that embraces prevention and health and wellness. For too long we wait for people to get sick and then we save them from themselves. As a trauma surgeon, if you showed up in my ER, you had a pulse, chances are I could save you. But at what cost? And what did I do to change the behavior that brought you in there, when I send you back out after having done whatever it is that brought you in. The fact is, you're probably going to repeat those behaviors.

The second area in the portfolio after prevention is preparedness. We're a nation at war and we're a nation that has a lot of complex challenges, from emerging infections like bird flu, to terrorism, weapons of mass destruction, hurricanes and tsunamis, and not only continental U.S. challenges, but global challenges. Many of

our officers, the officers you see here in the leadership positions for your nation, and the U.S. Public Health Service and our others,

servicing with the other six uniformed services around the world now, not only in Iraq and Afghanistan, but in Indonesia, still rescuing people from the tsunami and building an infrastructure there and humanitarian assistance, something that President Bush, Secretary Leavitt, myself, Assistant Secretary Agwunobi, are extraordinarily proud of, and we want to keep growing because we recognize the importance of this type of assistance.

We are a nation that has 300 million people that are still struggling with these threats and challenges. So as we educate our soldiers, our sailors, our first responders, into this new world order and the knowledge they need to have to keep our country safe and secure, we must remember that we have to educate our citizens as well.

We have to make sure they understand what they need to do to prevent, to respond to a problem, to mitigate after a disaster, to recover from a disaster, just as we do. So the citizens are so important.

Number three is an area that I was extremely gratified that the president felt passionate about, as I do, and that's health disparities, because for me, health disparities wasn't an academic discussion. It was really who I am, the very fiber of my being and still had family who don't get health care and struggle through those inequities. And so those experiences in life sensitized me. The later degrees in academic education that I have have allowed me to elaborate and be able to discuss the variables and the science behind disparities.

But the bottom line is, we are still a nation that's struggling, where we are divided by our health care, where lower socioeconomic classes as well as minority populations, specifically African Americans, Native Americans and Hispanic Americans, have less access to health care and their outcomes are poorer, even when they have that access to health care. You only have to go to Native American reservation -- and it's one of the areas we're responsible for -- Admiral Chuck Grim, who is the head of our Indian Health Services, one of our officers.

And when I used to teach in graduate school, the students would finish their programs in Public Health, and they'd say, "Dr. Carmona, we want to go a far off nation. We want to change the world, make it better and practice in a third-world country." And I'd listen to them and I'd say, "Well, why?" They'd say, "Well, we want to go where we have underserved populations, where it's very poor and there's no infrastructure and water's bad and no sanitation." And I'd always say to them, "Why don't you just go down the road to the reservation, to the Navajo or Pascua Yaqui or Tohono O'odham?" I said, "They need your help as well."

So within our own nation we are still a nation divided by health care, but the president, secretary and myself, assistant secretary are committed to -- (audio break) -- these health disparities. And I'm doing everything I can to shine a light on those inequities, both

because it's my job, but really because it's in my heart, and it's the right thing to do to be able to extinguish those inequities.

In order to be successful with prevention, preparedness, health disparities, we need a currency, and that currency's health literacy.

The fact is, we are largely a nation that is health illiterate. The average person doesn't understand the complex science that you all know. My biggest job every day is not finding the right science to apply to a specific problem to improve the health safety or security of the nation. My biggest challenge is taking the best science in the world and packaging it in a culturally competent manner in order to affect behavioral change in diverse populations that I have the privilege to serve. Think about it. Whether it's obesity, whether it's emergency preparedness, whether it's stopping smoking, whether it's diabetes, whether it's hypertension, it's all about changing behavior to make people healthier. But yet, there's no single or homogeneous answer. It's a heterogeneous population. It's very diverse that requires meticulous care in delivering that message to effect that behavioral change. It's extraordinarily difficult work.

I'm challenged every day with things I don't know, but my job is wonderful, and I have in that best Rolodex in the world. I can call the best leaders in the world, some of whom are sitting up here, on any health issue, and I'll find the cutting-edge information right away. If I need help, and I often do, from my friends at the VA and my good friend, Jonathan Perlin, the undersecretary, I have an extraordinary Rolodex.

And one of the great things about the job of surgeon general: when you call somebody, they return the call. (Laughter.) It's terrific. But again, my big challenge, I would submit, is the same challenge that all of the providers in this nation have. And many of you who have the privilege to serving our fellow men and women, to care for them, is delivering those culturally competent messages in order to effect that behavior or change for the outcome to be reduced morbidity and mortality, improve health and wellness, decrease costs. All of those holy grail metrics that we're all chasing to make this a healthier, safer, more secure nation.

And we have many challenges before us today. We have a childhood obesity epidemic that's extraordinary. Nine million children who are overweight or obese, two out of three Americans. And it's not just a health problem, because when I sit with our fellow leaders -- the fellow surgeon generals of the uniformed services, Dr. Perlin, others and we say, here's the health problem we have.

Let's project it 20 years down the line. What will our society look like as we raise a generation of overweight, sick children who have hypertension, diabetes and will have more comorbidity or other diseases as they get older? Cancer rates will probably go up as well as cardiovascular disease. Who will be our soldiers, our sailors, our airmen, our construction workers, our police officers, our firemen? Who will protect society? These are very real issues as we look at forced projection and a diversified work force in the future. All very significant.

And as we all strive to have that diversified work force in the future, we struggle with the fact that a third of our Hispanic kids drop out of high school. On some reservations, more than a half of the children. And in our African-American communities, similar numbers. We are never going to have a diversified work force unless we keep the kids in school and keep them passionate and motivated in order to be part of this diversified work force that we want in the future.

That's not all I do, but it probably takes up most my time -- the portfolio I've described to you. There's an area, though, that has emerged that I mentioned just a few minutes ago, as I close I want to reiterate. And this is the area of health diplomacy. One of the things that I have learned in this job that President Bush and Secretary Leavitt are also passionate about, and Assistant Secretary John Agwunobi, this concept of health diplomacy -- taking the best health in the world and exporting it elsewhere.

When you look at terrorism as an example, it is often asymmetries of health, of wealth of ideology that divide people, that divide nations. And when it is a very lesser nation and a greater nation, one of the tools that some resort to is this tool called terrorism, with the weapons of mass destruction being the tool of the terrorist, in order to try and lash out at the inequities that they see in the society.

Yet we have this wonderful currency, health, that extinguishes asymmetries of health, of wealth of ideology. Where people get to see the real Americans, the hearts that we have and how we are a real caring and compassionate nation. Admiral Mullen, the CNO -- Chief of Naval Operations -- said it best a while back and I'll just paraphrase: With our troops of different services in Indonesia after the earthquake tsunami, in Pakistan after their earthquake, he noticed -- he noticed that maybe some of the best improvements, advances that we have made in countering terrorism were the humanitarian, military-civilian operations that we ran in those Muslim countries where we went in where people thought, do we really want these Americans here? And month later, my officers were e-mailing me from Indonesia telling me that they were now part of those families in those villages. And the people loved them and the people didn't want them to leave and they wanted to stay. And they saw what America was really about! So this concept of health diplomacy is a powerful tool.

It's not one that's going to obviate the need for defense or strong uniformed service, but boy it's a powerful tool where we should have it out there a lot more. And I know the president and the secretary and other leadership are looking at better ways that we can work prospectively with other nations to try and extinguish those asymmetries before they become inflammatory and cause problems for us.

In closing, I will tell you that when I first came as surgeon general I thought that, as I told you, that I was going to make some pretty sweeping changes and really change the world. I was passionate and I thought, here's my chance. All your life you make those jokes about, if I just had a job, I could change the world. And then you get it and the world is watching you to see what you're going to do with it.

And I thought that when I leave office eventually, whenever that is, that there would be these milestones. But then I recognized that it's not going to go that way. That really, the metrics for success are predicated on tenacity, perseverance and incrementalism. And if it's worth it, you have to stay in the fight. You'll gain a few inches every day. And over time, when you look back through the retrospect-o-scope of life, you can see those changes, as I can see what each of my predecessor 16 surgeon generals did.

I'm always fond of giving them credit, because they are men and women of such great integrity and dignity. And I often fondly spoke of standing on their shoulders because of all they've done. And at a

symposium we had not too long ago, where I got all the surgeons generals who are alive together, and I made that statement, Surgeon General Koop got up to speak and he ambled up -- he's going a lot slower these days -- and he says, Carmona, I wish you'd get off my shoulders. (Laughter.) It was opening remarks.

But I recognized that the metrics for success are distinctly different than when I came in, because I recognize that one of the most important things I do in this job is to protect the dignity and integrity of the Office of the Surgeon General, because it is the most powerful currency in the world to effect health policy and change in society.

It's subtle, but there are few positions as credible and well-known, not only in our country, but globally. And so this is a position to be coveted, so that when you move from this position, as my good friend and predecessor, David Satcher, passed me that baton, metaphorically, that I pass it to the next person in better condition than I received it, because this is something to be protected. It is truly a gift that the United States allows you occupy for a short period of time.

So as I leave -- as I leave this office, whenever that is, I've been humbled enough times to now think that the metrics for my success would be simply as follows: That when I leave, that the president of the United States who took a chance on an unknown high school dropout, and a Senate who confirmed me, have their faith reaffirmed in me; that I served with dignity and integrity; that I served the people well, and that in retrospect they made a good decision; that the public I serve sees me at the doctor of the nation that took care of their needs; that I was not swayed either left or right, but stayed focused on the patient and the patient's needs, above the political fray, and did what I had to do to make them healthier, safer and more secure.

And then, of course, all of you, the press, professionals who have the bar raised extraordinarily high, that can look back on my tenure and be able to similarly say that I served with dignity and integrity and that I did the right thing and honored this very coveted position as doctor of nation as U.S. Surgeon General.

Thank you very much. (Applause.)

MR. SALANT: There are a lot of questions that begin: what do you

think is the greatest health threat facing the nation?

SURGEON GENERAL CARMONA: Thinking globally, but for our nation, I would say that prevention -- and I'm going to lump a lot of things under prevention and try and keep the answer short.

Prevention, as it relates to removing all preventable diseases within our society, whether it's trauma, cardiovascular disease, so on and so forth -- the things I've mentioned. Prevention as it relates to terrorism. Prevention as it relates to developing appropriate countermeasures to keep our nation safe. But it all falls under the umbrella of prevention.

And to do that, we have to become a nation that embraces prevention, that understands the value of health and wellness and how cost effective that is. So that then we will have much more to care for those who have been disenfranchised where there's not enough money, where we extinguish this so-called health care crisis.

And so I'm very passionate about this part, because we're moving down the wrong path if we don't embrace prevention. The legacy we will leave our children is unsustainable. The cost will continue to mount. And as we argue over who pays, the disease burden continues to mount so we'll never catch up. It's the only way to be able to get us back on track, to be able to provide more for everybody and to have a healthier, safer, more secure nation.

MR. SALANT: How prepared is the country for a biological or chemical weapons attack? What should we be doing that we are not doing?

SURGEON GENERAL CARMONA: Let me frame a biological attack or chemical attack or nuclear under what we call "all hazards" because the infrastructure that President Bush, Secretary Leavitt, Secretary Chertoff are directing us to put together is an infrastructure that's going to serve all needs.

We're not just going to be people that say, okay, we're going to be specialists in bio-events. It's what we term, all hazards. And so the infrastructure to respond from a local level to a state level to a national level really is predicated on the fact that we can work our jobs every day, come together in a seamless fashion, surge when the need is there.

So it's important that you recognize that more commonly, the events we will be challenged with are natural events -- hurricanes, earthquakes, big trail derailments, chemical spills from a freight train, rather than a terrorist event or a war event, but the same infrastructure will serve us.

We are better prepared today than we ever have been in our life. But I can tell you, the president, the secretary, myself, my colleagues, none of us will ever be complacent. As long as I'm in this position, I'm not going to sleep well at night because there's always something else to be thinking of.

We're always looking, as it relates to the threats and challenges before us in terrorism, to just stay a step ahead of our adversaries. Because as you develop a countermeasure, they can develop another countermeasure. So we are much better prepared than we ever were in history.

There's a lot more work to be done. We're doing it every day on your behalf. And as far as what else needs to be done, I would say if I had to pick one area that I think we need to work more diligently on is bringing the average citizen with us so that they understand what we're doing on their behalf and we are injecting health literacy into society so that the average person understands, okay, I understand all hazards. I understand that there's an array of challenges as a nation we face and my job as a citizen is to do the following. And if something happened, here's what I should do with my family. Simply stated.

MR. SALANT: We've got a lot of tobacco questions, no surprise.

First, should the FDA -- Food and Drug Administration -- regulate tobacco?

SURGEON GENERAL CARMONA: My job as surgeon general is not to get into the regulatory business. I often get challenged and people say, Surgeon General, you should pass a law to do -- and you fill in the blank. And I often say, sir, ma'am, you have me confused with somebody you've elected. That's not what I do.

I inform on the science. I can help shape policy. I can give you information, but the fact of the matter, it's the elected officials in our society -- in a democracy -- who have the authority to make those decisions as to what should be regulated.

More important for me, as it relates to smoking, is that every single citizen needs to understand that smoking kills. Just as in that secondhand smoking report I said, the opening remarks were, the debate is over. There's no safe level of secondhand smoke. It's not a nuisance. It will kill you. It will harm your children. It will increase asthma, cardiovascular disease. And I would think that a society armed with the appropriate information may not need regulation, may not need any policy change, because you just reject it.

I was elated when I saw a restaurant owner in El Paso who owns a chain of restaurants throughout the city just stood up and said, all my restaurants will be smoke free from now on.

So what I see happening across the country is a wave of people standing up and rejecting the issue of smoke, and on their own, of their own volition, creating more smoke-free environments.

As to the regulation issue, again, I would defer that to the people who have the authority to do that. For me it's about the health of the nation, and I'm elated at what I'm seeing in just two weeks of the significant changes we've already seen as a release of the secondhand smoke report.

MR. SALANT: This questioner wants to know if you've received, either before or after the report, any political pressure.

SURGEON GENERAL CARMONA: I had no pressure whatsoever politically. Nobody said anything to me. It doesn't mean it isn't out there, but I haven't seen the missile yet, I guess. So I mean -- basically, this report took almost four years to put together. It was vetted by just about everybody in government. All departments got to take a look at it. We really felt we had a very strong, scientifically based consensus document that everybody stood behind. So you know, I'm very proud of it. I think it's one of the best reports we've put out that will in fact over time have huge implications in reducing disease burden in our society.

MR. SALANT: This questioner says there's been an alarming rise in teen smoking. Why aren't they getting the message?

SURGEON GENERAL CARMONA: Interesting you should mention that. It's one of the groups we look at when we look at demographics and look at the smoking issue. We are concerned, because about 4(,000) or 5,000 children a day begin smoking in our country, and about half of them will remain as chronic smokers. And when you project that out for disease burden it's very significant.

Part of the problem is it's not a simple problem. It's a multifactorial issue: where they live, do their parents smoke, socioeconomic status, peer pressure -- "everybody I hang out with is smoking."

So there is no single remedy, but understanding all of the variables. And we have some very, very gifted, intelligent scientists who spent their life looking at all of the metrics of smoking and all of the variables that contribute in different age groups, as well as different ethnicities, to be able to target the population with

culturally competent messages that will hopefully change that behavior. And that's where we are on that.

MR. SALANT: Are you going to use the bully pulpit of being surgeon general to talk to Hollywood about how they portray cigarette smoking?

SURGEON GENERAL CARMONA: In fact, that's already been done. We've had discussions, and I think -- I'm very happy at what I've seen. I'm not going to be complacent, but we've had some very strong support from Hollywood in discussions I've had where they have agreed to, if you will, send silent health messages, rather than messages of smoking. For instance, we had some discussions some years ago about -- well, you know, when all the stars get in the car just before they do their chase scene, nobody puts a seatbelt on. So if you look in the movies now, you'll see they do put seat belts on a lot more, okay? You see less of the stars smoking, but you're still going to see it.

So I don't think it's going to change right away. But rather than create an adversarial situation, my approach has been to say, look, you're all moms and dads, you're grandmas and grandpas, too. Can you give me a hand in reducing the coolness, if you will, of doing

some of these bad habits that children see on TV and they want to emulate? And so far, we're starting to see incremental change. So I'm happy with that. But we're going to keep pushing.

MR. SALANT: In addition to telling the Americans to eat better to counter obesity, is your job also to criticize food manufacturers who put fat-laden food on the market? And along those lines, you think the fast-food industry should be vilified or praised for its marketing of food?

SURGEON GENERAL CARMONA: Well, there's another one. When I first came in as surgeon general about four years ago, I was faced with that first wave of lawsuits against fast-food industry. And as I sat and spoke with the secretary, and we spoke with the leaders at the White House and policy, there's a couple of paths we could have taken. I said give me a chance, and Secretary Thompson agreed; give us a chance. Let's go talk to the food manufacturers. Let's not create another adversarial situation where we're seen as the enemy and we have litigation that goes on for decades. And how does that benefit our patients? How does it benefit anybody?

So I went and spent days at fast-food manufacturers. I attended their day university and saw how they made their food. I spoke to their nutritionists. I went to the various soda companies and spoke to them. Again, my approach was, let's talk as parents, okay? Is there some way that we will not hurt capitalism, not impede what you want to do in your business, but that you can send stronger health messages to the public and give the average citizen more options to choose a healthy diet. No need to litigate that.

And within a year, you saw Happy Meals weren't -- Happy Meals were changed. We started seeing yogurt and fruit as deserts. Portion sizes were also smaller. What they call "super size" went away. That wasn't by accident. That's because we entered into discussions to say help us out.

So again, incrementally, we have begun to see change.

I am concerned about some of the marketing. And we haven't missed that either. We have spoken to the companies and asked them, can you market something positive? Can you start marketing about appropriate portion size? Can you start marketing about the healthy foods, the fruits, the salads and so on? Because you can go into any fast-food restaurant today, and buy a salad, and buy a broiled piece of chicken and buy a desert like a yogurt and a fruit and have a fruit juice. And it's entirely healthy, the same thing that you get in a health food store.

So we've made some improvement. I'm not satisfied yet. We're going to continue to work with food manufacturers across the board to, again, try and educate the American public, give them more variety in choices, and improve health literacy so they can make better decisions.

MR. SALANT: Switching gears, how big of health issue is post-traumatic stress syndrome among our vets returning from Iraq?

SURGEON GENERAL CARMONA: Well, it's an issue that's near and dear to my heart. I mean, I reflect back when I came home. And of course, not having had that tag -- there was no tag of that -- but it's a readjustment period for every veteran that returns from combat. I mean, I was just 20 years old when I came home the first time. I saw the most atrocious things you could imagine, just as our young men and women are seeing today. Horrific stuff: bodies that are dismembered, gunshot wounds, children dead in the street. And it has a cumulative effect.

But I am very happy to say that with Dr. Perlman's leadership, with my fellow surgeon generals -- Surgeon General Arthur, Surgeon General Peach Taylor and Kevin Kiley -- we meet on these things regularly, and have some grave concerns. And we are improving the system every day so that our very brave and capable young men and women coming home have a pipeline as they transition from active duty into the veterans system, that there are people who are sensitive and knowledgeable and will meet their needs to help mitigate some of the trauma of war.

About one in five veterans coming home today has a significant mental health need that we have documented already.

So we are aware, we are working toward it, and all of us, being veterans ourselves, are very sensitive to it.

MR. SALANT: Is your office taking any steps or conducting a review of the possible health effects of global warming?

SURGEON GENERAL CARMONA: Not directly global warming, but one of the things that I was really thrilled we did this past year was the -- we did a surgeon generals workshop and brought the world's experts in on the effect of indoor environments where we found some very staggering, very significant data that showed many of our indoor environments are unsafe for lots of different reasons. Certainly, unhealthy indoor environments may contribute to global warming as well as environmental hazards.

So not approaching it directly that globally, but we have addressed many issues of air quality and indoor environments that relate to that.

MR. SALANT: Each surgeon general seems to champion a specific health issue, such as heart disease or smoking or obesity. This questioner wants to know if you will be the first surgeon general to declare that adequate health insurance for all Americans is a right and not a privilege.

SURGEON GENERAL CARMONA: I appreciate the question, and I feel passionate about that. As you know, from my own bias and my background, I firmly believe that it is our goal -- and I know the president and the secretary -- to get health care for all American citizens. The issue of a right, or attaching privilege, right, I don't think really is germane to the issue. I mean, our goal is to be able to provide the health care. Since I've come in, I'm very proud to say -- we know we have 40 (million), 45 million people or so without health insurance; it's a revolving door. But the president's

stepped up. We've had authority from the president and Congress to move forward with 1,200 new community health centers, which may be able to provide primary health care and wellness and prevention activities for about 16 (million) to 20 million people who otherwise wouldn't receive care.

So again, I've learned the value of incrementalism. We can't wipe it out all at once. But we're diligently working to continue to provide services for those populations who don't have it. And I'm never going to become complacent. I'm sure I'll leave this job still wanting more, and my successor will have to inherit that as well. But it's on our radar screen and something that's extremely important to all of us.

MR. SALANT: You said you didn't get dental care when you grew up, but you do now. When you return to Harlem, where they were so proud of you when they gave your high school diploma, what do you tell them about getting good dental care?

SURGEON GENERAL CARMONA: Well, I think I've told them that already in a report that I previously reported on oral health just a couple of years ago. And I made that statement with our chief dentist at the time, Admiral Dushanka Kleinman, and it was very well received. One of the messages of that report was to providers and the public in general that don't forget oral health is part of public health. And our goal there was that until we understand that when you say the public's health, it includes oral health, we're still going to be a nation divided.

Oral health, or lack of oral health is a significant problem in our society. And you know, if you read the book you'll see; I mean, it's associated with many, many diseases, many, many problems. The point is, we recognize that good oral health is important. The Army saved me at 17 and 18 years old and fixed my cavities and filled my teeth and pulled the ones that weren't cared for, but we shouldn't have that happen.

The good news is is that more and more every year, through various programs we have through the federal government, state government, partnerships, SCHIP and so on, more and more children do have access to health care, including dental care.

MR. SALANT: Fifteen years ago today, or 50 years ago, the editor of the New England Journal of Medicine spoke in this very room and talked about the fact that if the money then spent on health care was spent intelligently, then every man, woman and child in the United States would have the finest and most complete medical care in the world. Is this true today? And how do we get to this happy place?

SURGEON GENERAL CARMONA: It's clear that the amount of money we spend on health care is unprecedented in the world. There are many nations, when you look at global metrics of health care and outcomes, who spend less and have equal or better outcomes. That's not a right or wrong issue. It's just how our culture has evolved. I think I've made the point strongly already that the path to success to reduce the cost of health care while reducing disease burden is in prevention,

because the majority of what we care for and what we pay for is preventable.

We are fooling ourselves if we continue to debate who pays as the primary problem. We're all paying. And whether the states argue it's their responsibility or the feds argue it's their responsibility and we play a shell game and move the payer around, the disease burden

will continue to mount. Until we all take personal responsibility for our health and work to raise children who understand that and families that understand that so we can extinguish all in society that's preventable, then there will be no health care crisis. There will be more for everybody. And the quality of life and the quantity of life will both improve.

MR. SALANT: Does prevention and good health include the use of condoms and other birth control, and the "morning-after pill"?

SURGEON GENERAL CARMONA: Good health includes good sexual and reproductive health across the board, the spectrum. And so, depending on who you are and how you practice your sexual habits, you need to be aware that there is an array of options available to you that includes condoms, when and if appropriate. The fact is, that's science. Anybody can get in on the Web; you can read a magazine. The fact of the matter is condoms, abstinence is a continuum. The only safe way, sure way to ensure you're not going to get a disease and you're not going to have a problem is abstinence. But we recognize, the science tells us, that abstinence doesn't work for everybody. So what are other methods that are necessary? And so people need to educate themselves as to the options for safe and healthy reproductive health.

MR. SALANT: Where is serious mental illness among your priorities?

SURGEON GENERAL CARMONA: It's very high. When I left -- when I came into office and my predecessor, David Satcher, and I spoke -- he's a good friend and a mentor to me -- that was a priority for David as it was for me. Having run a county hospital and a county health system where I had 51 psychiatric beds for seriously mentally ill, every single day every bed was full and I had people waiting -- poor people who had no place to go.

In our nation, every day one of five people who need mental health care don't get mental health care. We do a good job of stabilizing people for a couple of days and putting them on psychotropics, and then they go back out and they have problems, or they end up in jails because they do things that get them incarcerated. So mental health is very important. It's been on our radar screen. We're pushing a number of programs.

One I'm most proud of is a surgeon general's report -- have in the pipeline right now that will be coming out shortly on women's mental health to highlight the uniqueness of mental health needs of women.

MR. SALANT: This questioner says, I was glad to hear your emphasis on prevention. How we can as a nation reduce pollution,

which impacts not only cancer but also many other diseases?

SURGEON GENERAL CARMONA: Well, there's no question -- I already made reference to the report on indoor air quality that we spoke of.

You're all aware of the outdoor air quality. I mean, that's a pretty simple one. I mean, using public transportation, stopping driving cars, car pools and all of the things we all know about that most people ignore is the bottom line. It is within our ability to reduce consumption of combustible fuels and to improve the environment, through everything from recycling and less use of automobiles and gas. So as a nation, we're going to have to come to terms with that. If not because the gas is \$3 or more a gallon, but because the environment continues to be polluted.

MR. SALANT: Before I ask the last question, I want to present to you with the official National Press Club coffee mug, suitable for drinking some healthful beverage, of course. (Laughter.)

SURGEON GENERAL CARMONA: (Laughs.)

MR. SALANT: -- and of course a certificate of appreciation.

SURGEON GENERAL CARMONA: Thank you. Thank you very much. (Applause.)

MR. SALANT: What's going to happen to Washington's legendary smoke-filled rooms when the nation's capital goes smoke-free?

SURGEON GENERAL CARMONA: I can only hope that as we move toward that, which is a desirable end point for any community -- whether it's Washington or whether it's Harlem where I grew up or Beverly Hills, our goal should be to eliminate all smoke-filled environments, because they contribute and they are in fact environmental hazards that contribute to disease.

What's going to happen? I think we'll have healthier legislators and elected officials and appointed officials, and we can certainly hope then that the disease burden in that population will drop as well as the cost of their care.

(Laughter, applause.)

MR. SALANT: I'd like to thank everyone for coming today. I'd also like to thank the National Press Club staff members Melinda Cooke, Pat Nelson, Jo Anne Booz and Howard Rothman for organizing today's lunch. And thanks to the Eric Friedheim Library at the National Press Club for its research. And research at the library's available for all club members. For information, please call area code 202-662-7523.

We're adjourned. (Sounds gavel.)

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