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Empowering the Public Health Service

Louis F Graham, *University of Massachusetts - Amherst*



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EMPOWERING THE PUBLIC HEALTH SERVICE

Louis Graham, University of North Carolina – Greensboro

Increase the efficacy of the Public Health Service (PHS) by making the head of PHS an appointment with a lifetime term and establishing criteria for PHS leadership to have formal training in population health research and practice.

Recent Surgeons General have been less visible in cautioning the country about health risks, owing chiefly to the reduced influence of career public health officers within the Department of Health and Human Services (DHHS). Efforts at reform could begin by expanding the authority and visibility of the Surgeon General in directing public health policy and education. Additionally, granting the Surgeon General greater autonomy from

the executive branch by making the position an extended term appointment would alleviate current political pressures that have severely impeded effective public health policy. The Office of the Surgeon General should be given financial and resource independence by allowing the Surgeon General to work with Congress directly for appropriations. Instituting these changes would lead to a reduction in healthcare costs by increasing the efficacy of the PHS in promoting preventive measures. Specifically, the PHS would be better positioned to effectively guide evidence-based health legislation development and implementation. This will ultimately lead to improved population health outcomes for the American people.

KEY FACTS

- On July 10, 2007, three former Surgeons General testified before Congress that they were pressured by White House officials to weaken or suppress scientific findings and reports
- Historically, top Department of Health and Human Services (DHHS) aids and officials either are not formally trained in the health sciences; or their previous careers do not include experience in health research, policy, or practice.
- Traditionally, some key PHS administrators are primarily trained in individual-level medical care even though they head population-level health prevention agencies.

HISTORY AND ANALYSIS

Two main branches of the Department of Health and Human Services (DHHS) house most of the federal entities responsible for the public's health: the Public Health Service (PHS) and the Health Care Financing Administration. During the first half of the 20th century, the Surgeon General had administrative control of the PHS. However, the historical model of the PHS as an agency with effective political control no longer holds true. The effect of this political restructuring on public health policy has been detrimental. The Office of the Surgeon General is still a constituent

TALKING POINTS

- Extending the term of the PHS head will help insulate the PHS and its leadership from political pressure.
- Allowing the PHS head to negotiate directly with Congress on legislation and appropriations and better aligning PHS leadership qualifications with respective responsibilities will lead to better structuring of population health efforts.
- The Federal Reserve may be a potentially useful model for restructuring the PHS, particularly with its designation as an independent governmental entity.
- Increasing the efficacy of the PHS will lead to more effective preventative health measures, leading to cost

of the DHHS, but is devoid of any significant responsibility or resources. Extending the term of the Surgeon General, granting the PHS more independence through the allowance of direct legislative and appropriations accord with Congress, and establishing clear leadership eligibility criteria will prevent weakened or suppressed public health reports and censorship of important scientific information. Reorganization and restructuring will enable the PHS to craft and implement a quality and effective national health agenda, strategic plan, and processes to carry out its mission unfettered by political pressure, which will ultimately increase efficiency and lower healthcare costs. Specifically, the PHS would be able to disseminate quality scientific information through reports, speeches, and release of study findings in a timelier manner that warns against health threats and presents efficacious promotion and prevention strategies to the public before health hazards become worse and more costly to address.

The Federal Reserve could serve as a useful model for a new PHS, particularly to the degree that it is designed to be independent within the government. The Federal Reserve was established by the Federal Reserve Act in response to a series of financial panics during the turn of the century. Our population's health is similarly in crisis, lagging far behind our industrial country peers on nearly every measure. Just as the Federal Reserve is charged with fostering a sound banking system and healthy economy, the PHS is charged with fostering a sound wellness system and healthy society. The PHS would greatly benefit from an extended term appointment for the Surgeon General, in a similar fashion to the Federal Reserve Chair. The goal of Congress in shaping the Federal Reserve Act was to keep politics out of monetary policy, so that economic principles rather than political considerations, were the driving force for setting and achieving overarching economic aims, goals, and objectives. In fact, in 1935 Congress realized how the lack of sufficient autonomy and authority affected the board's ability to carry out its functions and increased its authority and influence through the Banking Act of 1935. Additionally, each Federal Reserve Chair and members of the board have had formal training in economics and extensive experience in the financial industry, and most also have significant policy backgrounds. Likewise, the head of the PHS and all affiliated agencies should be formally trained and have extensive experience in population health research and service provision.

AUDIENCE

Policy makers, practitioners, and patients should all care about this change because they will all benefit from having a more powerful and autonomous PHS with qualified leadership.

NEXT STEPS

1. Establish rules and regulations for congressional over-site and accountability of an independent PHS.
2. Convene a federal commission comprised of leading population health researchers, practitioners, and policy makers, to devise DHHS and PHS leadership qualifications, training standards, and eligibility criteria.

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