

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. briefing paper	David Satcher, Candidate for Assistant Secretary of Health and Surgeon General (14 pages)	nd	P2

COLLECTION:

Clinton Presidential Records
 Domestic policy Council
 Chris Jennings (Subject File)
 OA/Box Number: 23758

FOLDER TITLE:

Satcher Confirmation [2]

gf57

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker

Clinton Library

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001. briefing paper	David Satcher, Candidate for Assistant Secretary of Health and Surgeon General (14 pages)	nd	P2

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
Withdrawal/Redaction Sheet at the front of the folder.**

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5/16/97

White House
Liaison for
Political Personnel
Washington, D.C. 20201

Chris/Sarah -

Here is the balance of requested articles regarding Satcher. The two listed on top are ones that none of the HHS libraries have, nor can they find them through any of their searches outside their libraries...

Betsy D Janoo

File Dr Satcher

C O V E R

S H E E T

FAX

To: Christopher Jennings
Fax #: (202) 456-7028
Subject: **Nomination of Dr. David Satcher for Surgeon General**
Date: September 29, 1997
Pages: 3, including this cover sheet.

COMMENTS:

Attached please find a letter supporting the confirmation of Dr. David Satcher for Surgeon General and a CMA press release.

Handwritten notes:
 → [initials]
 → [initials]
 → [initials]
 → [initials]
 → [initials]

From the desk of...

John C. Lewin, MD
 Executive Vice President & CEO
 California Medical Association
 221 Main Street
 San Francisco, CA 94120-7620

(415) 882-5100
 Fax: (415) 882-5116



California Medical Association

221 Main Street, P.O. Box 7690, San Francisco, CA 94120-7690 • (415) 541-0900
Physicians dedicated to the health of Californians

September 29, 1997

Christopher Jennings
Deputy Assistant to the President on Health Policy
The White House
Old Executive Office Bldg., Room 212
Washington D.C., 20500

Dear Mr. Jennings:

Greetings from the California Medical Association. I am enclosing for your information a copy of the statement CMA has issued on the nomination of Dr. David Satcher for Surgeon General and Assistant Secretary for Public Health.

CMA enthusiastically supports Dr. Satcher's nomination as our nation's top physician based on his distinguished and responsible tenure at CDC, his advocacy for children's health, and his support for necessary research.

Please feel free to use this statement in any way you find helpful in expediting confirmation of this nomination. Thank you for your commitment to improving the health of American families and their access to health care, which CMA strongly shares. If I can be of assistance in any way, please do not hesitate to contact me at P6/(b)(6) Best regards.

Sincerely,

A handwritten signature in black ink, appearing to read 'John C. Lewin', with a long, sweeping horizontal line extending to the right.

John C. Lewin, M.D.
CEO & EVP
California Medical Association

Enclosure

CMA NEWS For Immediate Release

California Medical Association News Bureau • P.O. Box 7690 • San Francisco, CA 94120-7690 • <http://www.cmanet.org>

STATEMENT OF THE CALIFORNIA MEDICAL ASSOCIATION SUPPORTING THE NOMINATION OF DR. DAVID SATCHER FOR SURGEON GENERAL

The California Medical Association, the nation's largest state medical association with 35,000 member physicians, is pleased to announce its unqualified support for Dr. David Satcher for Surgeon General and Assistant Secretary for Health of the U.S. Public Health Service. We look forward to working with Dr. Satcher to improve the health and the access to health care of all Americans.

The position of our nation's premier physician is very important to the health professions, but most important to the public at large. Dr. Satcher's distinguished tenure at the Centers for Disease Control, where he advocated for research, physical education, immunizations and healthy habits for children, demonstrates his deep commitment to improving the health of the American people.

Dr. Satcher is a physician leader who will help reestablish our country's confidence in both the position of Surgeon General and the role of the federal government as steward of healthy families and communities.

The California Medical Association urges rapid Senate confirmation of Dr. Satcher's nomination and stands ready to work with the Office of the Surgeon General to promote the public health.

###

The California Medical Association represents California physicians from all regions, modes of practice and medical specialties. With 35,000 members, CMA is the nation's largest state medical association, dedicated to the health of all Californians. For more information, please contact: Martha DiSario, Vice President, CMA Communications Center, 415-882-5125.

Draft 9/12/97 10:40am

File Dr Satcher

**PRESIDENT WILLIAM J. CLINTON
REMARKS TO ANNOUNCE NOMINATION OF
DR. DAVID SATCHER FOR SURGEON GENERAL
AND ASSISTANT SECRETARY FOR HEALTH
OVAL OFFICE
September 12, 1997**

Acknowledgments: VP Gore, the Satcher family.

As you just heard from the Vice President, it is clear that all of Dr. Satcher's many accomplishments are built on a foundation of personal experience and deep empathy. One thing I just learned is that on the small corn and peanut farm where Dr. Satcher grew up, there was a man who made a profound difference in his life and that of his family. Down in rural Alabama, the Satchers relied on a dedicated country doctor -- the only African-American doctor in the area -- to come to their side in times of need.

That man -- Dr. Jackson was his name -- helped save David Satcher's life and then he and other mentors and family members inspired Dr. Satcher to dedicate his life to caring for the health of families. They inspired a man whose parents didn't have the opportunity to finish elementary school to become the first black M.D./ Ph.D. in the history of Case Western Reserve University and then go on to become the President of the Meharry Medical College and the Director of the world-renowned Centers for Disease Control and Prevention.

In part because of the inspiration his family doctor, David Satcher is uniquely qualified to be America's family doctor. So I am proud to announce that I intend to nominate Dr. Satcher as both Assistant Secretary for Health and Surgeon General of the United States.

Only once before has a President asked one person to fill two of the nation's most prominent public-health offices. I do so today because in his role as the Director of the CDC, the agency that is the world's best defense against disease, Dr. Satcher has demonstrated his profound medical expertise, proven leadership, and eloquent advocacy for the nation's public health.

Dr. Satcher has helped lead our fights to improve the safety of our food, wipe out the scourge of emerging infectious diseases, and expand access to vital cancer screening. And I particularly want to thank him for guiding my Administration's Childhood Immunization Initiative. Thanks in large measure to this effort, child-immunization levels have reached an all-time high -- and cases of childhood diseases that can be prevented by vaccines are at an all-time low.

Just yesterday we were reminded of other ways Dr. Satcher and the CDC's dedication have translated into remarkable public-health progress. We learned that last year infant mortality declined to a record low, prenatal care reached a record high, the teen birth rate declined for a

fifth straight year, and death from HIV and AIDS declined more than 25 percent. These are huge gains for our public health -- and Dr. Satcher and everyone at the CDC deserve great credit.

Now I look forward to working with Dr. Satcher on our most important public health mission: freeing our children from the grip of tobacco. Every year, more Americans die from smoking-related diseases than from AIDS, car accidents, murders, and suicides combined. And as we all know, if people don't begin to smoke in their teens, it is unlikely they will ever begin to smoke. We must make the most of this historic opportunity to protect our children against the dangers of tobacco by passing sweeping legislation that focuses first and foremost on reducing smoking among young people.

Over the past three decades of serving the health needs of this nation, Dr. Satcher has earned the highest respect of public-health officials around the nation and the world. No one is better qualified to be America's doctor. No one is better qualified to be the nation's leading voice for the health of all Americans.

File Surgeon General Satcher



September 18, 1997

Dr. David Satcher
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

Dear Dr. Satcher:

I would like to congratulate you on your pending nomination for Surgeon General and Assistant Secretary for Health and Human Services. I urge you to continue your long-standing commitment to public health and the need to deliver prevention messages to help raise awareness of AIDS and HIV. In particular, you have brought some accountability to the Centers for Disease Control and Prevention by opening channels of communication among the AIDS community and the public health community.

This excitement is tempered with the recent House-passed restriction to the Secretary's authority to determine when it is appropriate to use federal funds for needle exchange programs. As you know, there is tremendous scientific data to support the fact that needle exchanges reduce the risk of HIV transmission and do not increase the use of illegal drugs. We hope that you will remain resolute on this issue throughout your nomination process and in your capacity as the health community leader in supporting policies that reflect the science on this effective prevention intervention.

During your tenure at the CDC, you guided and introduced many HIV/AIDS prevention programs that have benefited the many people living with HIV/AIDS including allowing more local control of funding and targeting funding for specific high-risk groups. You have been sensitive to the urgency in maintaining a standard against any breaches of confidentiality, and ensuring a health care system that respects the privacy of its clients.

The decrease in AIDS deaths occurred under your watch as well. It is important to keep perspective of the hope that the new therapies generate with the reality that new infections are still occurring at record rates. Furthermore, AIDS is still the number one cause of death for African-Americans aged 25-44.

I wish you the best of luck for a speedy nomination, and if AIDS Action can be of any assistance, please let me know.

Sincerely,
Daniel Zingale
Daniel Zingale
Executive Director

- | | | | |
|-----|--------------------|---------------------------|-----------------------|
| Cc: | Hon. Donna Shalala | Mr. Chris Jennings | Ms. Sandra Thurman |
| | Dr. Helene Gayle | Mr. John Hilley | Mr. Richard Socarides |
| | Mr. Josh Gotbaum | Ms. Nancy Ann Min DeParle | |

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Connecticut Ave NW
Suite 700
Washington DC
20009
Fax 202 986 1345
Tel 202 986 1300

Satcher File

HEALTH: LOTT SAYS HE KNOWS OF NOTHING TO BAR SATCHER'S CONFIRMATION

By CQ Staff

Sep. 16, 1997 - As Dr. David Satcher began courting the Senate yesterday, Majority Leader Trent Lott, Miss., said he knew of no reason why Satcher should not be confirmed as both surgeon general and assistant secretary for health at the Department of Health and Human Services.

Lott stopped short of offering an endorsement, but he also said he was inclined in this case to take the word of Bill Frist, R-Tenn., the Senate's only physician, who is Satcher's principal patron.

Still, Lott criticized a portion of what Satcher said at the White House news conference on Friday where President Clinton announced his nomination. Satcher, now head of the Centers for Disease Control and Prevention, had said he hoped to use his new jobs "to send messages of good health to our cities and our suburbs, our barrios and reservations, and even our prisons."

Lott told reporters: "When he starts talking about how he's going to be doing his job for everyone in America, including prisoners, somebody needs to counsel with him. ... That was probably a little bit beyond what most Americans would want to hear him say."

Satcher, 56, visited Frist and Labor and Human Resources Chairman James M. Jeffords, R-Vt., whose panel will hold the confirmation hearings. Afterward, the chairman said nothing about when those hearings would be held.

The job of surgeon general has been vacant since Joycelyn Elders was fired in December 1994 because of her controversial remarks about sexuality. The next June the Senate thwarted Clinton's second nominee, Dr. Henry W. Foster Jr., because of controversy over how many abortions he had performed.

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File:
Surgeon
General ~~note~~

DATE: 2/10/98

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 INDEPENDENCE AVE., SW
WASHINGTON, D.C. 20201

PHONE: (202) 690-6786

FAX: (202) 690-6351

OFFICE OF THE DEPUTY ASSISTANT SECRETARY
CONGRESSIONAL LIAISON OFFICE
ROOM 406-G HUMPHREY BUILDING

FROM:

TO : Sarah

OFFICE : _____

PHONE NO : 456-5585

FAX NO : 456-5557

TOTAL PAGES
(INCLUDING COVER) : _____

- IRENE BUENO
- MARK MAGANA
- MARION ROBINSON
- KEITH WILSON
- BEATRICE BUTLER
- CYNTHIA JOYCE
- TIJUANA TRIPPLET
- STACEYE ARRINGTON

REMARKS:

02-10-98 01:30PM

TO 96906351

PO01/002

Final Passage

FEB 10 1998

(Date)

11:32am

Roll Call Vote

NO. 9

Executive

SUBJECT NOMINATION -
DAVID SATCHER TO BE
ASST. SECRETARY OF H.H.S
AND SURGEON GENERAL

YEAS		NAYS
	Abraham	
	Akaka	
	Allard	
	Ashcroft	
	Baucus	
	Bennett	
	Biden	
	Blingaman	
	Bond	
	Boxer <i>A.S.</i>	
	Breaux	
	Brownback	
	Bryson	
	Bumpers	
	Burns	
	Byrd	
	Campbell	
	Chafee	
	Cleland	
	Coats	
	Cochran	
	Collins <i>A.S.</i>	
	Conrad	
	Coverdell	
	Craig	
	D'Amato	
	Daschle	
	DeWine	
	Dodd	
	Domenici	
	Dorgan	
	Durbin	
	Enzi	
	Fuireloth	
	Feingold	
	Feinstein <i>A.S.</i>	
	Ford	
	Frist	
	Glenn	
	Gorton	
	Grabam, Florida	
	Cranston, Texas	
	Grass, Minnesota	
	Grenley	
	Grogg	
	Hagel	
	Harkin	
	Hatch	
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02-10-98 01:30PM

TO 96906351

P002/002

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.....	Hutchinson, Arkansas
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.....	Inhofe
.....	Inouye
.....	Jaffords
.....	Johnson
.....	Kempthorne
.....	Kennedy
.....	Kerry, Nebraska
.....	Kerry, Massachusetts
.....	Kohl
.....	Kyl
.....	Landrieu ^{AKS}
.....	Lautenberg
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.....	Lugar
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.....	Shelby
.....	Smith, New Hampshire
.....	Smith, Oregon
.....	Snowe ^{AKS}
.....	Specter
.....	Stevens
.....	Thomas
.....	Thompson
.....	Thurmond
.....	Torricelli
.....	Warner
.....	Wallstone
.....	Wyden

CPD 1000 01-10-98

63 35

File Satcher

ENDORSEMENTS OF DR. DAVID SATCHER

as of Sept. 12, 1997

Medical Associations

American Medical Association
American Academy of Family Physicians
National Medical Association
Tennessee Medical Association
American Academy of Child and Adolescent Psychiatry
American Academy of Pediatrics
American Association of Clinical Endocrinologists
American Association of Neurological Surgeons
American Association of Public Health Physicians
American College of Chest Physicians
American College of Emergency Physicians
American College of Gastroenterology
American College of Nuclear Physicians
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Preventive Medicine
American Gastroenterological Association
American Medical Group Association
American Medical Women's Association
American Osteopathic Association
American Psychiatric Association
American Society of Cataract and Refractive Surgery
American Society of Clinical Pathologists
American Society of Internal Medicine
American Society of Pediatric Nephrology
American Society for Reproductive Medicine
American Society of Transplant Physicians
College of American Pathologists
Congress of Neurological Surgeons
Society of Nuclear Medicine

Nurses

American Nurses Association

Hospitals

National Association of Public Hospital and Health Systems
National Association of Children's Hospitals

Pharmaceutical Companies

Merck
SmithKline Beecham Pharmaceuticals
Zeneca Inc.

Businesses

American Airlines
American Association of Health Plans
American Greetings
Ford
Phoenix Healthcare Corporation

Academic Health Centers

Association of American Medical Colleges
The Rollins School of Public Health of Emory University
Vanderbilt University Medical Center

Allied Health Groups

American Cancer Society

File Satcher

9/11/97

NOTE TO BARRY TOIV AND CHRIS JENNINGS --

Attached is the final paper for tomorrow's nomination. Included are:

For distribution to the press:

- One page White House fact sheet
- Dr. Satcher's bio

For internal use only:

- Background questions and answers
- Talking points that Barbara Wooley is distributing to supportive groups entitled "Why is Dr. Satcher is the Best Person to be Surgeon General and Assistant Secretary for Health?"
- Four CDC fact sheets that give more detail on accomplishments under Dr. Satcher (may be distributed to the press, if you want)

We understand that the White House will distribute additional materials to the press, including a White House press release and a list of endorsements. Could you send me copies of those documents as soon as they're finalized?

Please let me know if you have questions or need additional information.

Thanks --
Melissa Skolfield

PRESIDENT CLINTON ANNOUNCES SURGEON GENERAL NOMINEE

Friday, September 12, 1997

Today, President Clinton nominated David Satcher, M.D., Ph.D, to be both Surgeon General and Assistant Secretary for Health at the Department of Health and Human Services (HHS). For the past four years, Dr. Satcher has served as the Director of the Centers for Disease Control and Prevention (CDC), the nation's lead agency for preventing disease, injury, and disability. In announcing Dr. Satcher's nomination, President Clinton emphasized that Dr. Satcher's experience as a physician, a scholar, and a public health leader of national stature makes him uniquely qualified for this dual role. President Clinton also praised Dr. Satcher for spearheading key initiatives as CDC director that have made a real difference in improving the health and safety of our nation.

PROVEN PUBLIC HEALTH LEADERSHIP. Under Dr. Satcher's leadership, CDC has dramatically strengthened the nation's prevention system. As President Clinton emphasized today, CDC has made particularly important strides in four key areas:

- **Increasing childhood immunization.** In 1993, in response to low vaccination rates among preschool children, CDC launched a comprehensive Childhood Immunization Initiative. Largely as a result of this initiative, childhood immunization levels are at all-time highs, and most vaccine preventable childhood diseases are at record lows. In 1996, 90 percent or more of America's two year olds had received the most critical doses of most of the routinely recommended vaccines, and 78 percent had received the complete series of vaccinations.
- **Building our national and global defenses against emerging infectious diseases.** In 1994, CDC unveiled a comprehensive strategy to improve the nation's methods for combating new and reemerging infectious diseases. As part of this strategy, CDC is working with states and international organizations to improve early disease detection, surveillance, and outbreak containment.
- **Ensuring food safety.** Since 1993, CDC has played a critical role in modernizing our food safety programs. As part of this effort, CDC is playing a key role in creating a new Early Warning System to help catch and respond to foodborne illness outbreaks earlier, and to provide the data we need to prevent future outbreaks.
- **Expanding access to breast and cervical cancer screening.** Since 1993, CDC has expanded to all 50 states its landmark "National Breast and Cervical Cancer Early Detection Program," which offers comprehensive breast and cervical cancer screening services to medically underserved women. As of 1996, the program had provided more than 1.2 million cancer screening tests, extending these important services to women who otherwise could not have afforded them.

LIFE-LONG COMMITMENT TO IMPROVING PUBLIC HEALTH. As President Clinton noted today, Dr. Satcher has a life-long commitment to improving the health of the American people that began not long after he survived a near-fatal brush with whooping cough as a child. Before becoming CDC Director, Dr. Satcher served as President of Meharry Medical College in Nashville, TN, and professor and chairman of the Department of Community Medicine and Family Practice at the Morehouse School of Medicine in Atlanta, GA. In recognition of his leadership, Dr. Satcher has received numerous awards and honors, including the American Medical Association's prestigious Dr. Nathan B. Davis Award for outstanding service to advance the public health, and an appointment to the Institute of Medicine of the National Academy of Sciences.

A STRONG VOICE FOR PUBLIC HEALTH ISSUES. Dr. Satcher's appointment to the two highest public health positions in the federal government would create a strong, single voice inside and outside HHS for public health, science, and medical education. In this dual role, Dr. Satcher would manage the HHS Office of Public Health and Science, advise the President and the Secretary of Health and Human Services on public health policy, and educate the nation on effective disease prevention and health promotion strategies.



David Satcher, M.D., Ph.D.
Director, Centers for Disease Control and Prevention
Administrator, Agency for Toxic Substances and Disease Registry

Dr. David Satcher, Director of the Centers for Disease Control and Prevention (CDC) since November 15, 1993, is a physician, a scholar and a public health leader of national stature.

As Director of CDC, Dr. Satcher, 56 years old, leads the agency of the Department of Health and Human Services responsible for promoting health and preventing disease, injury, and premature death. CDC's 11 Centers, Institutes, and Offices work closely with local, state, and other federal agencies to protect the public health.

During his tenure at CDC, Dr. Satcher has spearheaded initiatives that have increased childhood immunization rates to 78% in 1996 from 55% in 1992, upgraded the nation's capability to respond to emerging infectious diseases, and laid the groundwork for a new Early Warning System to detect and prevent food-borne illnesses.

Under Dr. Satcher's direction, the CDC has also placed a greater emphasis on prevention. For example, the CDC's comprehensive breast and cervical cancer screening program increased from 18 to 50 states and the agency highlighted the importance of physical activity and good health by encouraging Americans to become more physically active in the landmark Surgeon General's Report on Physical Activity and Health.

On July 23, 1997, at a White House ceremony celebrating the fact that vaccine-preventable childhood illnesses had fallen to the lowest level in American history, HHS Secretary Donna E. Shalala called Dr. Satcher one of the CDC's "immunizations heroes," noting that "his own battle with childhood whooping cough inspired him to become a distinguished scientist, physician and public health leader."

Dr. Satcher also serves as Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR), administering the HHS agency created by the Superfund law to prevent or mitigate adverse human health effects and diminished quality of life resulting from exposure to hazardous substances in the environment.

Dr. Satcher was President of Meharry Medical College from 1982 until he was named Director of CDC. Before joining Meharry, he served as professor and chairman of the Department of Community Medicine and Family Practice at the Morehouse School of Medicine in Atlanta.

Dr. Satcher is a former faculty member of the UCLA School of Medicine and the King/Drew Medical Center in Los Angeles. He developed and chaired King/Drew's Department of Family Medicine and, from 1977-1979, served as the interim dean of the Charles R. Drew Postgraduate Medical School. He also directed the King/Drew Sickle Cell Center for six years.

He has received wide recognition during his career. In 1986, he was elected to the Institute of Medicine of the National Academy of Sciences for his leadership skills. Also that year, he was appointed to the Council of Graduate Medical Education, which reports to Congress and to the Secretary of Health and Human Services. The Council, which Dr. Satcher chaired until his CDC appointment, presented three reports to Congress and the Secretary dealing with physician manpower and the financing of medical education.

In 1996, Dr. Satcher received the prestigious Dr. Nathan B. Davis Award in the category of Executive Branch Member Serving by Presidential Appointment for outstanding public service to advance the public health.

Other awards he has received include the Watts Grassroots Award for Community Service in 1979, the National Conference of Christians and Jews Human Relations Award in 1985, Ebony Magazine's American Black Achievement Award in Business and the Professions in 1994, and the Breslow Award for Excellence in Public Health in 1995.

Most recently, Dr. Satcher received the James D. Bruce Memorial Award for distinguished contributions in preventive medicine from the American College of Physicians, the John Stearns Award for Lifetime Achievement in Medicine from The New York Academy of Medicine, and the Surgeon General's Medallion for significant and noteworthy contributions to the health of the nation.

A native of Alabama, Dr. Satcher graduated from Morehouse college in Atlanta in 1963 and was elected to Phi Beta Kappa. He received his M.D. and Ph.D. from Case Western University in 1970, with election to Alpha Omega Alpha Honor Medical Society.

He and his wife, Nola, have four children and currently live in Atlanta.

WHY IS DR. DAVID SATCHER THE BEST PERSON TO BE SURGEON GENERAL AND ASSISTANT SECRETARY FOR HEALTH?

- Dr. Satcher is a physician, a scholar and a public health leader of national stature. For the past four years, he has directed the Centers for Disease Control and Prevention (CDC) -- the HHS agency responsible for promoting health and preventing disease, injury and premature death. Dr. Satcher's experience as director of CDC -- an agency with 11 major branches and worldwide responsibility -- makes him uniquely qualified to serve as both the Surgeon General and the Assistant Secretary for Health. During his distinguished service as CDC Director, Dr. Satcher demonstrated that he is both an eloquent spokesperson and a proven public health professional -- the qualities vital to successfully executing this dual role. In the new position, Dr. Satcher would manage the Office of Public Health and Science and be a strong voice for public health, science, and medical education.
- Dr. Satcher has a life-long commitment to improving the health of American people that began not long after he survived a near-fatal brush with whooping cough as a child. He understands how important it is to have a Surgeon General who communicates clearly with people about health-related issues and policies that can literally save their lives.
- At CDC, Dr. Satcher has spearheaded initiatives that have increased childhood immunization rates from 55 percent in 1992 to a record 78 percent in 1996, and reduced vaccine-preventable childhood diseases to the lowest level in American history. Under Dr. Satcher's leadership, CDC also dramatically upgraded the nation's ability to detect and respond to emerging infectious diseases and foodborne illnesses. Since 1993, CDC has played a key role in responding to an outbreak of *Salmonella* in Oregon caused by contaminated alfalfa sprouts, an outbreak of *E. coli* from lettuce, and a multi-state outbreak of *Cyclospora* infections associated with the consumption of imported raspberries, as well as in protecting the American food system from a new variant of Creutzfeldt-Jakob disease. CDC's improvements under Dr. Satcher laid the groundwork for a new Early Warning System announced in January 1997 by President Clinton, which will further improve our nation's ability to detect and prevent foodborne diseases.
- Under Dr. Satcher's direction, the CDC has placed a greater emphasis on prevention. Since he came on board at CDC, participation in the agency's comprehensive breast and cervical cancer screening program has increased from 18 to 50 states. His agency also did a majority of the work in preparing the first-ever Surgeon General's Report on Physical Activity and Health, which outlined ways in which all types of Americans can be more physically active.
- Dr. Satcher's career has included work in patient care, health care policy development and planning, education, research, health professions education, and family medicine. Dr. Satcher was President of Meharry Medical College from 1982 until he was named Director of CDC. Before joining Meharry, he served as professor and chairman of the Department of Community Medicine and Family Practice at the Morehouse School of Medicine in Atlanta.
- Dr. Satcher's broad support in the medical community is evidenced by the numerous awards he has received. In 1986, he was elected to the Institute of Medicine of the National Academy of Sciences in recognition of his leadership skills. In 1996, he received the prestigious Dr. Nathan B. Davis Award from the American Medical Association for outstanding service to advance the public health. Other awards include the American College of Physicians' James D. Bruce Memorial Award for distinguished contributions in preventive medicine, the New York Academy of Medicine's John Stearns Award for Lifetime Achievement in Medicine, and the National Conference of Christians and Jews' Human Relations Award.



INCREASING CHILDHOOD IMMUNIZATION LEVELS

In 1993, in response to low vaccination rates among preschool children, CDC launched the Childhood Immunization Initiative (CII), with the goal of creating a comprehensive vaccination delivery system that would integrate the efforts of the public and private sectors, health care professionals and volunteer organizations. This national initiative focuses on five key areas: (1) improving the quality and quantity of immunization services; (2) reducing vaccine costs for parents; (3) increasing community participation, education, and partnerships; (4) improving systems for monitoring diseases and vaccinations; and (5) improving vaccines and vaccine use.

In 1993, the CDC set two major goals for the program. The first goal is to ensure that at least 90 percent of all two-year olds receive each of the initial and most critical doses of vaccine, and to eliminate or reduce most diseases preventable by childhood vaccination. In 1996, the vaccination goal was reached, three diseases reached the elimination goal, and four other diseases were at or near record lows. The second major goal of the program is to ensure that at least 90 percent of all two-year-olds receive the complete series of vaccinations, and that a system is in place to sustain high immunization coverage, by the year 2000.

Additional accomplishments of the Childhood Immunization Initiative include:

- **Expanding services.** In addition to increasing the number of children receiving vaccinations, CDC has expanded the availability of important vaccinations, including *Hepatitis A*, *Varicella (chicken pox)*, *DTP/Hib combination*, *DTaP*, and *Influenza*. To support these expansions in services, funding for childhood immunization has nearly doubled since FY 1993.
- **Improving federal-state coordination.** Under the CII, CDC provides its primary support through state and local Immunization Action Plans (IAPs), which allow State and local health agencies to determine the most effective ways to meet their needs. Performance-based funding rewards those IAPs which meet or exceed immunization targets. As part of the overall initiative, CDC also launched the Vaccines for Children program, which provides free vaccines to eligible children, allows states to purchase vaccines at discounted rates, and provides a stable source of funding for vaccine purchase. Today, all 50 states are participating in the program, and enrollment of private providers into the program has almost doubled since the program's inception.
- **Expanding outreach and partnerships.** CDC has made significant progress in establishing public and private partnerships. Community outreach activities have focused on increasing parental awareness of the need to immunize children; improving community involvement in immunization programs; expanding national partnerships; and building coalitions to develop strategies for improving immunization levels. For example, CDC is partnering with school-based health centers and national retailers like McDonald's and the Gerber Products Company to ensure that children are immunized. In addition, CDC is collaborating with the WIC program to reach more low income children, and with the Department of Housing and Urban Development and the Corporation for National Service to reach children living in public housing.
- **Increasing access to immunization information.** CDC has established toll-free information services that refer callers to local immunization providers, and has immunization information specialists available to answer questions in English and Spanish. The toll-free numbers are: 1-800-232-2522 for information in English and 1-800-232-0233 for information in Spanish.
- **Improving data sources.** In 1994, the CDC began the National Immunization Survey (NIS), which has been used to measure immunization coverage for the nation, all 50 states and 28 large urban areas. The NIS provides an accurate measure of vaccination coverage rates for the first time, and provides an early warning system for potential problems. The survey also monitors the introduction of new vaccines into the recommended childhood immunization schedule.

File Satchler - Surgeon General



DEPARTMENT OF HEALTH & HUMAN SERVICES

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Comments:

Revised Q's & A's.

Questions and Answers on the Nomination of Dr. David Satcher for Surgeon General

FIRST TIER

Q: What are Dr. Satcher's views on the proposed tobacco settlement? Has he been involved in the Administration's review?

A: Dr. Satcher and his staff have been involved in the Administration's review of the proposed tobacco settlement, which as you know is being led by Bruce Reed and Secretary Shalala. We will have more to say about their conclusions in the near future.

Q: Some have asserted that Dr. Satcher and his National Center for Injury Prevention and Control (NCIPC) are promoting a political agenda against gun ownership through wasteful and scientifically biased studies. What's your reaction?

A: The CDC does not promote gun control. Its National Center for Injury Prevention and Control simply carries out a mandate to collect data relating to all types of injuries, including those caused by motor vehicle crashes, fires and other acts of violence. The NCIPC collects its data through scientific research that is peer-reviewed to ensure its scientific integrity.

Former President Bush established the NCIPC in hopes that, just as the federal highway fatality reporting system helps to reduce automobile unintended deaths, better information about all types of injuries would lead to improved policing as well as better education and prevention programs that would reduce the number of such incidents. Recent public service campaigns have focused upon designing strategies of intervention which prevent personal injury. These campaigns include: children's safety issues, bicycle safety, seat belt use, and personal watercraft safety awareness.

The budget of the NCIPC amounts to only \$49 million a year, which is only about 2 percent of the overall CDC budget. And of that \$49 million, only about \$7.5 million is spent on research concerning youth violence, and only 10.6% of that \$7.5 million in research deals with firearm-related violence.

Again, there is no "all or none" solution for preventing firearm injuries. Scientific investigation of diverse strategies can, however, empower people to understand the problems and make decisions to reduce risk of injury for themselves, their families and their communities in ways that support their own values.

Q: Does Dr. Satcher support distributing condoms to children through the schools?

A: Dr. Satcher believes that this is a matter for local school boards and parents to decide. He knows we can't, and shouldn't, dictate those policies from Washington.

Q: But doesn't CDC fund condom distribution to children as part of its HIV prevention activities?

A: First and foremost, we strongly believe that abstinence is a key strategy to prevent teen pregnancy and sexually transmitted diseases among youth. We also believe that communities, schools, and parents -- not Washington -- are best able to determine the needs of children, and that communities must be allowed to design programs that are right for them. We must all send the strongest possible message to teens, as the welfare law signed by President Clinton does, that postponing sexual activity, staying in school, and preparing for work are the right things to do.

To back up this message, as part of our National Strategy to Prevent Teen Pregnancy, we are engaging all of our teen pregnancy prevention and related youth programs in sending a strong abstinence message to teenage boys and girls. In addition, the new welfare law provides \$50 million a year in new funding for state abstinence education activities, beginning in FY 1998. All 50 states have applied for this program and will receive funding early in the next fiscal year. Since 1992, we have steadily seen teen birth rates coming down. This decline indicates that prevention efforts may be having some success.

But despite the recent decline in the teen birth rate, teen pregnancy remains a significant problem in the nation. Most teen pregnancies are unintended. Approximately 600,000 teenagers aged 18 and under have at least one child. It is simply not acceptable -- emotionally, physically, and financially -- for children to be having sex and having children of their own. Therefore, we believe that there is no single or simple intervention to combat teen pregnancy and prevent STDs and that our strategy must approach teen pregnancy and public health on a number of fronts. While CDC does not directly fund the distribution of condoms, it does provide financial and technical support to every state education agency to plan and implement programs that assist students in learning how to protect oneself against HIV, STDs and unplanned pregnancy. Local officials, consistent with local community values, determine how those dollars are spent to achieve this objective.

[Background: Each year, over 300,000 teenage girls aged 17 and younger have children. Since 1992, teen birth rates have declined by six percent. Although the reasons for the good news are complex, the recent declines in teen birth rates indicate that public and private-sector programs may be having some success and that in the past few years, we've been able to forge a consensus about the importance of both personal responsibility and community involvement.]

Q: What is Dr. Satcher's position on abortion?

A: Dr. Satcher believes that individuals have a right to complete and accurate medical information, and access to safe, legal medical services. He supports the President's position that the decision to have an abortion should be between a woman, her conscience, her doctor and God, and that abortion should be safe, legal, and rare.

Q: Does Dr. Satcher agree with a previous Surgeon General that the teaching of masturbation should be part of a comprehensive, age-appropriate sex education curriculum?

A: No one in this Administration would presume to lay out a precise curriculum for every community. Dr. Satcher believes that families and parents must take the lead in determining the content of such a curriculum.

Q: What is Dr. Satcher's position on needle exchange programs?

A: Dr. Satcher supports the Administration's position, which was summarized in Secretary Shalala's February 1997 report to Congress. The report concluded that needle exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood-borne infectious diseases in communities that choose to include them.

Dr. Satcher also shares the Administration's position on federal funding of needle exchange programs. As you know, currently there is a Congressionally imposed ban on federal funding for these programs unless the Secretary determines that certain conditions have been met. Although HHS continues to look at the issue, we have not yet concluded that needle exchange programs do not encourage drug use -- the standard set by Congress.

Q: So you may fund needle exchange programs even though they will increase the use of illegal drugs in the name of AIDS prevention?

A: First of all, we would never do anything to advocate the use of illegal drugs. The intravenous use of illegal drugs is wrong and it is a major public health problem as well as a law enforcement concern. As I said, the Administration's position is that needle exchange programs can be an effective component of a comprehensive strategy to prevent HIV and other blood-borne infectious diseases in communities that choose to include them. However, although the Department continues to look at the science on the issue, we have not yet determined that needle exchange programs don't encourage drug use -- the standard set by Congress to lift the ban on federal funding for these programs.

NIH will continue to support research into this question and we are committed to work with Congress on this important issue. But this is, and should be, a local decision.

[Background: Under current law and policy, local communities remain free to use non-federal funds to support such programs if they so choose.]

SECOND TIER

Q: What exactly is the role of the Surgeon General?

A: The Surgeon General is the nation's leading public health advocate, educator, and spokesperson. The Surgeon General advises the President and the Secretary of Health and Human Services on critical public health issues; and provides leadership and management oversight for the Commissioned Corps of the Public Health Service.

It is important to note that Dr. Satcher is also being nominated to be the Assistant Secretary for Health at the Department of Health and Human Services, the Secretary of Health and Human Services' senior public health advisor. This dual appointment would create a strong, single voice inside and outside HHS for public health, science, and medical education.

Q: We haven't had a Surgeon General for more than 2 years. If the country can go this long without a Surgeon General, do we really need one?

A: Absolutely. The Surgeon General has historically been a critical voice on public health in this country, focusing attention on public health crises. When the first Surgeon General's report on smoking and health was issued more than 30 years ago, more than 55 percent of the country smoked cigarettes. Since then, that figure has dropped to 25 percent, in part because of the strong messages from the Surgeon General about the risks of smoking. That is just one example of the impact a national spokesman like the Surgeon General can have on public health issues.

[Background: Luther Terry was the Surgeon General who issued the first Surgeon General's report on smoking.]

Q: What issues will Dr. Satcher focus on as Surgeon General?

A: Dr. Satcher will focus on a variety of public health issues, and looks forward to discussing his intended focus in more detail with Congress during his confirmation hearing. As Surgeon General, he would advocate a healthy start for every child born in this country; healthy lifestyles for all Americans, including appropriate programs of physical activity, diet, and stress reduction; and avoidance of tobacco and other toxins.

Q: What makes Dr. Satcher the best candidate for Surgeon General?

A: Dr. Satcher's experience as a physician, a scholar, and a public health leader of national stature, and his lifelong commitment to public health make him uniquely qualified to be Surgeon General. For the past four years, as Director of the CDC -- the nation's lead agency for preventing disease, injury, and disability -- Dr. Satcher has promoted important public health issues such as response to infectious diseases, implementing food safety protections, expanding cancer screening, and increasing childhood immunization. In this role, he has demonstrated that he is both an eloquent spokesperson and a proven public health professional -- the two qualities vital to successfully executing this role.

Q: What qualifications does Dr. Satcher have for the post of Surgeon General?

A: Dr. Satcher is an eloquent spokesperson and a proven public health professional, whose distinguished career has included work in public health management, health care policy development and planning, research, health professions education, and family medicine.

For the past four years, Dr. Satcher has served as the Director of CDC. In this role, he has dramatically strengthened the nation's prevention system, spearheading crucial initiatives that have increased childhood immunization levels to record highs and reduced vaccine preventable childhood diseases to all-time lows; strengthened our national and global defenses against emerging infectious diseases; increased food safety; and expanded access to breast and cervical cancer screening, among others. At the CDC, Dr. Satcher provides leadership for 11 centers, institutes, and offices, and leads coordination with local, state, federal, and global public health agencies.

Before becoming CDC Director, Dr. Satcher served as President of Meharry Medical College in Nashville, TN; professor and chairman of the Department of Community Medicine and Family Practice at the Morehouse School of Medicine in Atlanta, GA; Director of the King-Drew Sickle Cell Center in Los Angeles, CA; and Medical Director of the Second Baptist Free Clinic, also in Los Angeles. In recognition of his leadership, Dr. Satcher has received numerous awards and honors, including the prestigious Dr. Nathan B. Davis Award for outstanding service to advance the public health, and an appointment to the Institute of Medicine of the National Academy of Sciences.

Q: Why does the Administration want to appoint one person to be both Surgeon General and Assistant Secretary for Health?

A: Dr. Satcher's appointment to the two highest public health positions in the federal government would create a strong, single voice inside and outside HHS for public health, science, and medical education. Appointing one person to these two posts would also bring the resources of the HHS Office of Public Health and Science under one official, creating a more efficient organizational structure and strengthening both positions.

Q: Will appointing one person to both positions require Congressional approval?

A: While both positions require Senate confirmation, the act of appointing one person to both posts did not require Congressional approval for Dr. Julius Richmond who served in the dual role from 1977 to 1981, and we do not believe that Congressional approval will be required today.

Q: Some members of an AIDS group charge that appointing one person to be both Surgeon General and Assistant Secretary for Health is an attempt by the Administration to neutralize the independence of the Surgeon General. Is this true?

A: The charge is absolutely not true. Appointing one person to the two highest public health positions in the nation will strengthen – not weaken – the Surgeon General. It will provide the nation with a strong single voice inside and outside HHS for public health, science, and medical education, and in no way compromise the traditional independence of the Surgeon General. The President selected Dr. Satcher because he is a public health leader of great personal integrity who does not hesitate to speak his mind.

[Background: There is precedent for appointing one person to be both Surgeon General and Assistant Secretary for Health. Dr. Julius Richmond held both roles in the Carter Administration, and nobody questioned his independence.]

The original charge leveled by an AIDS group is that the holder of the dual post will be a political appointee reporting to Secretary Shalala, rather than an independent Surgeon General, and that he will be forced to tow the Administration line and not “rock the boat” by exposing alleged Administration failures in the fight against AIDS. This charge is based on the false premise that the Administration has been deficient in the fight against AIDS. President Clinton and Secretary Shalala have brought unprecedented new resources, strategy, and leadership to prevention, research, and treatment of this terrible disease, and they are getting results. New combination therapies are prolonging and enhancing the lives of people with HIV – but make no mistake, we will not rest until there is a vaccine and a cure.]

Q: Last year, you said that no pro-choice Surgeon General nominee could get through Congress. What's changed?

A: As I've said, Dr. Satcher has demonstrated through his work as CDC Director that he is uniquely qualified to fill the dual role of Surgeon General and Assistant Secretary for Health at HHS. He has proven ability both as a public health spokesperson and as a public health professional. The role of Surgeon General is too important to let it fall prey to politics, and this Administration will fight to see Dr. Satcher confirmed for the job.

Q: Your last two Surgeon General designates have come under fire for being too controversial. Will you stand by Dr. Satcher if something controversial emerges from his past?

A: Of course. We believe that Dr. Satcher is the right person for this job, and we intend to see him confirmed.

Q: Is Dr. Satcher just a safe candidate, offered up because he can be counted on to be noncontroversial once in office?

A: Absolutely not. As I've said, Dr. Satcher has demonstrated that he is the right person for this job. As CDC Director, he has spoken out on a range of public health issues, from immunization to improving our national and global defenses against emerging infectious diseases.

Q: What do you think Dr. Satcher's chances are of being confirmed for this dual role?

A: The President believes that Dr. Satcher has the qualities that it takes to successfully execute this dual role. He wouldn't have nominated him otherwise. We believe that the Senate and the American people will agree with the President that Dr. Satcher should be confirmed.

Q: If Congress objects to joining the Surgeon General and ASH positions, would you settle for having Dr. Satcher fill one position or the other?

A: As I've said, we think that appointing Dr. Satcher to both of these roles will create a strong, single voice inside and outside HHS for public health, science, and medical education. Appointing him to both roles will also bring the resources of the HHS Office of Public Health and Science under one official, creating a more efficient organizational structure and strengthening both positions. There's precedent for this dual nomination, and we think that Dr. Satcher is the right person to fill this dual role.

Q: If Dr. Satcher is confirmed, who will become Director of the CDC?

A: That is something that we will begin considering after Dr. Satcher is confirmed. Until that time, Dr. Satcher will continue his work as usual as the Director of the CDC.

Q: In relationship to the 1997 Vital Statistics Report that was released yesterday, what is Dr. Satcher's role at the CDC in the progress on the decline in AIDS?

A: CDC funds and supports HIV prevention programs which have contributed to the significant progress in reducing the spread of AIDS in this country. CDC also supports extensive HIV counseling and testing, leading to better treatment and care for those impacted by HIV. In addition, CDC's surveillance for AIDS cases has played a key role in defining the epidemic for targeted prevention efforts.

Q: How has Dr. Satcher's work at the CDC contributed to the decline in the teen birth rate?

A: As part of the overall Administration effort to reduce teen pregnancy in this country, the CDC administers the Community Coalition Partnership Program for the Prevention of Teen Pregnancy, one of the most comprehensive and innovative federal teen pregnancy prevention programs. Under the program, CDC has awarded multi-year grants to the 13 communities in 11 states with the highest rates of teen pregnancy to help these communities mobilize and organize their resources to support effective and sustainable teen pregnancy prevention programs.

Q: Did CDC contribute to the increase in women obtaining early prenatal care and the improvement in the infant mortality rate?

A: As part of the overall administration effort to increase prenatal care and reduce infant mortality in this country, CDC has focused on reducing preterm deliveries among African-American women, especially deliveries before 34 weeks gestation, when severe illness or death is likely to occur. CDC is working with health care providers to assist them in using methods to identify women who might be at risk for pre-term delivery, and provide them with appropriate information to help reduce this risk.

Questions and Answers on the Nomination of Dr. David Satcher for Surgeon General

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A: The charge is absolutely not true. Appointing one person to the two highest public health positions in the nation will strengthen – not weaken – the Surgeon General. It will provide the nation with a strong single voice inside and outside HHS for public health, science, and medical education, and in no way compromise the traditional independence of the Surgeon General. The President selected Dr. Satcher because he is a public health leader of great personal integrity who does not hesitate to speak his mind.

[Background: There is precedent for appointing one person to be both Surgeon General and Assistant Secretary for Health. Dr. Julius Richmond held both roles in the Carter Administration, and nobody questioned his independence.

The original charge leveled by an AIDS group is that the holder of the dual post will be a political appointee reporting to Secretary Shalala, rather than an independent Surgeon General, and that he will be forced to tow the Administration line and not “rock the boat” by exposing alleged Administration failures in the fight against AIDS. This charge is based on the false premise that the Administration has been deficient in the fight against AIDS. President Clinton and Secretary Shalala have brought unprecedented new resources, strategy, and leadership to prevention, research, and treatment of this terrible disease, and they are getting results. New combination therapies are prolonging and enhancing the lives of people with HIV – but make no mistake, we will not rest until there is a vaccine and a cure.]

Q: Your last two Surgeon General designates have come under fire for being too controversial. Will you stand by Dr. Satcher if something controversial emerges from his past?

A: Of course. We believe that Dr. Satcher is the right person for this job, and we intend to see him confirmed.

Q: Is Dr. Satcher just a safe candidate, offered up because he can be counted on to be noncontroversial once in office?

A: Absolutely not. As I've said, Dr. Satcher has demonstrated that he is the right person for this job. As CDC Director, he has spoken out on a range of public health issues, from immunization to improving our national and global defenses against emerging infectious diseases.

- Q: What do you think Dr. Satcher's chances are of being confirmed for this dual role?
- A: The President believes that Dr. Satcher has the qualities that it takes to successfully execute this dual role. He wouldn't have nominated him otherwise. We believe that the Senate and the American people will agree with the President that Dr. Satcher should be confirmed.
- Q: If Congress objects to joining the Surgeon General and ASH positions, would you settle for having Dr. Satcher fill one position or the other?
- A: As I've said, we think that appointing Dr. Satcher to both of these roles will create a strong, single voice inside and outside HHS for public health, science, and medical education. Appointing him to both roles will also bring the resources of the HHS Office of Public Health and Science under one official, creating a more efficient organizational structure and strengthening both positions. There's precedent for this dual nomination, and we think that Dr. Satcher is the right person to fill this dual role.
- Q: If Dr. Satcher is confirmed, who will become Director of the CDC?
- A: That is something that we will begin considering after Dr. Satcher is confirmed. Until that time, Dr. Satcher will continue his work as usual as the Director of the CDC.
- Q: In relationship to the 1997 Vital Statistics Report that was released yesterday, what is Dr. Satcher's role at the CDC in the progress on the decline in AIDS?
- A: CDC funds and supports HIV prevention programs which have contributed to the significant progress in reducing the spread of AIDS in this country. CDC also supports extensive HIV counseling and testing, leading to better treatment and care for those impacted by HIV. In addition, CDC's surveillance for AIDS cases has played a key role in defining the epidemic for targeted prevention efforts.
- Q: How has Dr. Satcher's work at the CDC contributed to the decline in the teen birth rate?
- A: As part of the overall Administration effort to reduce teen pregnancy in this country, the CDC administers the Community Coalition Partnership Program for the Prevention of Teen Pregnancy, one of the most comprehensive and innovative federal teen pregnancy prevention programs. Under the program, CDC has awarded multi-year grants to the 13 communities in 11 states with the highest rates of teen pregnancy to help these communities mobilize and organize their resources to support effective and sustainable teen pregnancy prevention programs.

Q: How did CDC contribute to the increase in women obtaining early prenatal care and the improvement in the infant mortality rate?

A: As part of the overall administration effort to increase prenatal care and reduce infant mortality in this country, CDC has focused on reducing preterm deliveries among African-American women, especially deliveries before 34 weeks gestation, when severe illness or death is likely to occur. CDC is working with health care providers to assist them in using methods to identify women who might be at risk for pre-term delivery, and provide them with appropriate information to help reduce this risk.