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Subseries: Chron File, 1989-1993

OA/ID Number: 13660
Folder ID Number: 13660-010

Folder Title:
Louis Sullivan Swearing-In Ceremony 3/10/89 [OA 6343]

Stack:	Row:	Section:	Shelf:	Position:
G	26	18	7	1

**REMARKS: SWEARING-IN OF DR. LOUIS SULLIVAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FRIDAY, MARCH 10, 1989**

THANK YOU. I AM VERY PLEASED TO BE HERE THIS MORNING FOR THE SWEARING-IN OF DR. LOUIS SULLIVAN.

LOU, BEFORE I BEGIN, I WANT TO TAKE THIS OPPORTUNITY TO MAKE AN ANNOUNCEMENT ABOUT A PUBLIC HEALTH ISSUE THAT I KNOW ALL OF YOU HERE TODAY CAN APPRECIATE: THE HEALTH AND WELL-BEING OF OUR ENVIRONMENT.

2

I WANT TO ANNOUNCE AN IMPORTANT STEP MY ADMINISTRATION IS TAKING TO ADDRESS AN ENVIRONMENTAL ISSUE OF GREAT CONCERN -- THE TRANSBOUNDARY MOVEMENT OF HAZARDOUS WASTES. DURING THE PAST YEAR, THERE HAVE BEEN MANY ACCOUNTS OF THE RISKS TO HUMAN HEALTH AND THE ENVIRONMENT POSED BY CERTAIN EXPORTS OF HAZARDOUS WASTES, PARTICULARLY TO DEVELOPING COUNTRIES. THE U.S. HAS BEEN A WORLD LEADER IN REQUIRING THE INFORMED CONSENT OF RECEIVING COUNTRIES, BEFORE ALLOWING EXPORTS OF SUCH HAZARDOUS WASTES.

3

I INTEND TO CONTINUE AND TO EXTEND THIS LEADERSHIP ROLE BY SEEKING NEW LEGISLATION THAT WILL GIVE THE UNITED STATES GOVERNMENT AUTHORITY TO BAN ALL EXPORTS OF HAZARDOUS WASTES, EXCEPT WHERE WE HAVE AN AGREEMENT WITH THE RECEIVING COUNTRY PROVIDING FOR THE SAFE HANDLING AND MANAGEMENT OF THOSE WASTES. WE ARE DETERMINED TO WORK WITH OTHER CONCERNED GOVERNMENTS, TO EXERCISE WISE STEWARDSHIP OVER OUR ENVIRONMENT.

4

THE SWEARING IN OF DR. LOUIS SULLIVAN IS A PROUD DAY FOR ALL INVOLVED:

FOR THIS DEPARTMENT, WHOSE DEDICATED WORKERS ARE WELCOMING AS THEIR NEW LEADER A MAN OF ENERGY, ENTHUSIASM, AND INTELLECT.

FOR DR. SULLIVAN'S FAMILY -- HIS WIFE, GINGER, AND HIS CHILDREN, PAUL, SHANTA, AND HALSTED -- WHOSE SHARE IN LOU'S SUCCESS IS BEYOND MEASURE.

AND FOR ALL OF US WHO KNOW LOUIS SULLIVAN, ADMIRE HIM, AND CALL HIM FRIEND.

DR. SULLIVAN HAS ENJOYED A DISTINGUISHED CAREER AS A PHYSICIAN, SCIENTIST AND SCHOLAR, TEACHER AND ADMINISTRATOR. BUT WHAT SETS LOU SULLIVAN APART IS THAT "SOMETHING EXTRA" HE BRINGS TO HIS WORK: A SENSE OF MISSION.

AS THE FIRST PRESIDENT OF MOREHOUSE SCHOOL OF MEDICINE, LOU MADE IT HIS GOAL NOT ONLY TO TRAIN A NEW GENERATION OF MINORITY PHYSICIANS, BUT TO INSTILL IN THEM A SENSE OF SERVICE -- A COMMITMENT TO MINISTER TO COMMUNITIES IN OUR INNER CITIES AND IN RURAL AMERICA, WHERE HEALTH CARE FACILITIES ARE STRETCHED THIN, AND DOCTORS ARE IN SHORT SUPPLY.

IN THE PAST SEVEN YEARS, BARBARA AND I HAVE TAKEN A SPECIAL INTEREST IN THE WORK BEING DONE BY DR. SULLIVAN AT MOREHOUSE.

I KNEW THAT A MAN OF DR. SULLIVAN'S VISION COULD CONTRIBUTE TO OUR NATIONAL WELL-BEING, IN MUCH THE SAME WAY HE HAD CONTRIBUTED TO THE HEALTH AND WELL-BEING OF SO MANY PEOPLE, THROUGHOUT HIS CAREER IN MEDICINE.

LOU, THE ASSIGNMENT YOU ARE ABOUT TO EMBARK ON IS AMONG THE MOST DIVERSE AND DIFFICULT PUBLIC SERVICE HAS TO OFFER. THE DEPARTMENT OF HEALTH AND HUMAN SERVICES IS INVOLVED IN A VAST ENTERPRISE. YOU COMMAND A \$400 BILLION BUDGET, AND 114,000 EMPLOYEES.

IN ALL, YOUR RESPONSIBILITIES RANGE FROM REGULATING FOOD AND DRUGS AND CONDUCTING MAJOR MEDICAL RESEARCH, TO PROVIDING SUPPORT AND CARE FOR THE ELDERLY, THE DISABLED, THE DISADVANTAGED.

WHAT THIS DEPARTMENT DOES AFFECTS THE LIFE OF EACH AND EVERY AMERICAN -- AND ESPECIALLY THE LIVES OF THE LEAST ADVANTAGED AMONG US.

LOU, I KNOW WE SPOKE ABOUT THE SCOPE OF THE ADMINISTRATIVE CHALLENGES YOU'D BE TAKING ON AT HHS. DID I MENTION THAT YOUR BUDGET RANKS FOURTH IN THE WORLD -- BEHIND THE U.S., SOVIET UNION AND JAPAN'S?

WE LOOK TO YOU AND TO THE HHS TEAM TO MEET A NUMBER OF MAJOR CHALLENGES IN THE YEARS AHEAD. WE ASK YOU TO:

-- WORK TO GET BETTER VALUE FOR HEALTH CARE DOLLARS, TARGETING EFFECTIVE SERVICES, AND FINDING WAYS TO CONTAIN THE ESCALATING COSTS OF MEDICAL CARE, WITHOUT COMPROMISING QUALITY HEALTH SERVICE.

-- WORK TO SUSTAIN PROGRAMS LIKE AID TO FAMILIES WITH DEPENDENT CHILDREN AND HEAD START, THAT HELP BUILD THE FOUNDATION FOR FAMILIES AND CHILDREN TO OVERCOME DISADVANTAGES AND DIFFICULT CIRCUMSTANCES, TO SUCCEED AND GROW STRONG.

-- ADVANCE OUR UNDERSTANDING OF THE AIDS VIRUS, AND MOVE US TOWARDS A CURE. TO THAT END, I'VE DIRECTED HHS TO PULL TOGETHER TWENTY-THREE SEPARATE AIDS PROJECTS NOW IN PROGRESS, INTO A MORE FOCUSED EFFORT UNDER THE DIRECTION OF THE PUBLIC HEALTH SERVICE. I'VE CALLED ON CONGRESS TO PROVIDE \$1.6 BILLION DOLLARS FOR THE PUBLIC HEALTH SERVICE EFFORTS IN 1990 -- AN INCREASE OF 24% OVER 1989.

-- AND FINALLY, LOU, I KNOW YOU'LL TAKE A POSITION RIGHT ON THE FRONT LINE, AS WE WAGE UNCONDITIONAL WAR ON DRUGS IN AMERICA. TOO MANY LIVES HAVE BEEN IMPERILED OR LOST TO DRUGS -- TOO MUCH HUMAN POTENTIAL HAS BEEN WASTED. I'VE SAID IT BEFORE, AND I'LL SAY IT AGAIN: THIS SCOURGE WILL STOP.

I'LL NEED YOU TO TRAIN SCIENTISTS, TO CONDUCT THE RIGHT KIND OF RESEARCH; I'LL LOOK TO YOU TO ASSESS THE DATA ON DRUGS, AND TELL US WHERE AND HOW TO RESPOND; I'M COUNTING ON YOU TO SEE THAT STATE ORGANIZATIONS, HOSPITALS, AND VOLUNTEER GROUPS GET THE KIND OF TECHNICAL ASSISTANCE THEY NEED TO HELP US WIN THIS WAR.

I'M ASKING YOU TO WORK WITH ME, AND WITH BILL BENNETT, TO FIND SOLID STRATEGIES FOR THE PREVENTION OF DRUG ABUSE -- AND EFFECTIVE TREATMENT FOR THOSE ALREADY CAUGHT IN THE TRAP.

LOU, I HOPE THESE -- AND THE MANY CHALLENGES I HAVE NOT NAMED -- WILL BE ENOUGH TO KEEP YOU BUSY.

REST ASSURED YOU'LL HAVE HELP. THE HEALTH AND HUMAN SERVICES STAFF IS AMONG THE MOST TALENTED AND DEDICATED IN THE FEDERAL SERVICE. THEY UNDERSTAND THE IMPORTANCE OF THE WORK THEY DO -- AND THE DIFFERENCE HHS MAKES IN THE LIVES OF THE MANY MILLIONS OF AMERICANS IT SERVES.

HHS IS THE DEPARTMENT THAT, MORE THAN ANY OTHER AT THE FEDERAL LEVEL, GIVES SHAPE AND FORM TO THE PROMISE AMERICA MAKES TO ITS PEOPLE -- THE PROMISE I HAVE MADE TO YOU -- TO FASHION FOR OURSELVES A KINDER, GENTLER NATION: TO TAKE CARE OF THOSE IN NEED, ESPECIALLY OUR CHILDREN AND THE ELDERLY, TO STEADY THOSE WHO SEEK ONLY AN OPPORTUNITY TO BETTER THEMSELVES AND THEIR FAMILIES.

THAT IS NOBLE WORK.

**LOU, AS YOU MAKE THIS RESPONSIBILITY YOUR OWN, YOU
HAVE MY BEST WISHES, MY COMPLETE CONFIDENCE AND MY FULL
SUPPORT.**

NOW, WE WILL WITNESS THE SWEARING-IN.

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TALKING POINTS FOR THE PRESIDENT

I am pleased to take this occasion to announce an important step my Administration is taking to address an environmental and public health issue of great concern -- the transboundary movement of hazardous wastes. During the past year, there have been many accounts of the risks to human health and the environment posed by certain exports of hazardous wastes, particularly to developing countries. The U.S. has been a world leader in requiring the informed consent of receiving countries before allowing exports of such hazardous wastes. I intend to continue and extend this leadership role by seeking new legislation that will give the United States Government authority to ban all exports of hazardous wastes, except where we have an agreement with the receiving country providing for environmentally sound management of the wastes. We are determined, working with other concerned governments, to exercise wise stewardship over the environment.

TO PRESIDENT

(McGroarty)
March 7, 1989
7:25pm
dan1

REMARKS: SWEARING-IN OF DR. LOUIS W. SULLIVAN
WASHINGTON, D.C.
MARCH 10, 1989

Thank you. I am very pleased to be here this morning for the swearing-in of Dr. Louis Sullivan. / This is a proud day for all involved:

For this Department, whose dedicated workers are welcoming as their new leader a man of energy, enthusiasm, and intellect.

For Dr. Sullivan's family -- his wife, Ginger, and his children, Paul, Shanta, and Halsted -- whose share in Lou's success is beyond measure.

And for all of us who know Louis Sullivan, admire him, and call him friend.

Dr. Sullivan has enjoyed a distinguished career as a physician, scientist and scholar, teacher and administrator. But what sets Lou Sullivan apart is that "something extra" he brings to his work: a sense of mission.

As the first president of Morehouse School of Medicine, Lou made it his goal not only to train a new generation of minority physicians, but to instill in them a sense of service -- a commitment to minister to communities in our inner cities and in rural America, where health care facilities are stretched thin, and doctors are in short supply.

In the past seven years, Barbara and I have taken a special interest in the work being done by Dr. Sullivan at Morehouse. I knew that a man of Dr. Sullivan's vision could contribute to our national well-being, in much the same way he had contributed to the health and well-being of so many people, throughout his career in medicine.

With that in mind, and with a cabinet to assemble, I spoke to someone I know on the Morehouse board of directors -- someone who happens also to be my most trusted advisor. Barbara told me of the phenomenal progress Morehouse had made in its first decade -- and that, perhaps, its president might be persuaded to take up a new challenge, in Washington.

It's our good fortune that she proved to be correct.

Lou, the assignment you are about to embark on is among the most diverse and difficult public service has to offer. The Department of Health and Human Services is involved in a vast enterprise. You command a \$400 billion dollar budget, and 114,000 employees. In all, your responsibilities range from regulating food and drugs and conducting major medical research, to providing support and care for the elderly, the disabled, the disadvantaged.

What this Department does affects the life of each and every American -- and especially the lives of the least advantaged among us.

Lou, I know we spoke about the scope of the administrative challenges you'd be taking on at HHS. Did I mention that your

budget ranks fourth in the world -- behind the U.S., Soviet Union and Japan's?

We look to you and to the HHS team to meet a number of major challenges in the years ahead. We ask you to:

-- Work to get better value for health care dollars, targeting effective services, and finding ways to contain the escalating costs of medical care, without compromising quality health service.

-- Work to sustain programs like Aid to Families with Dependent Children and Head Start, that help build the foundation for families and children to overcome disadvantages and difficult circumstances, to succeed and grow strong.

-- Advance our understanding of the AIDS virus, and move us towards a cure. To that end, I've directed HHS to pull together twenty-three separate AIDS projects now in progress, into a more focused effort under the direction of the Public Health Service. I've called on Congress to provide \$1.6 billion dollars for the Public Health Service efforts in 1990 -- an increase of 24% over 1989.

-- And finally, Lou, I know you'll take a position right on the front line, as we wage unconditional war on drugs in America. Too many lives have been imperiled or lost to drugs -- too much human potential has been wasted. I've said it before, and I'll say it again: this scourge will stop.

I'll need you to train scientists, to conduct the right kind of research; I'll look to you to assess the data on drugs, and tell us where and how to respond; I'm counting on you to see that

state organizations, hospitals, and volunteer groups get the kind of technical assistance they need to help us win this war.

I'm asking you to work with me, and with Bill Bennett, to find solid strategies for the prevention of drug abuse -- and effective treatment for those already caught in the trap.

Lou, I hope these -- and the many challenges I have not named -- will be enough to keep you busy.

Rest assured you'll have help. The Health and Human Services staff is among the most talented and dedicated in the federal service. They understand the importance of the work they do -- and the difference HHS makes in the lives of the many millions of Americans it serves.

HHS is the department that, more than any other at the federal level, gives shape and form to the promise America makes to its people -- the promise I have made to you -- to fashion for ourselves a kinder, gentler nation: to take care of those in need, especially our children and the elderly, to steady those who seek only an opportunity to better themselves and their families.

That is noble work.

Lou, as you make this responsibility your own, you have my best wishes, my complete confidence and my full support.

Now, we will witness the swearing-in.

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(McGroarty)
March 3, 1989
2:00pm
danl

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*Sullivan's Speech
Statement p 4*

*Koy Jones
245-3084*

*Sullivan's Speech
Statement p 5*

*Koy Jones
245-3084*

*bio
article*

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Key Jones
2-15-3084
WYT
12/23/88

Key Jones
2-15-3084

Histor. Tables
p. 87
Sullivan Senate
Statement p. 2
U.S. Govt. Manual
p. 291

HHS

HHS

Robin Fields
HHS budget off
p. 5 - 6131
is faxing info

U.S.S.R & Jap budget from St.
exch. rates from 11/5/89 WP to
convert to \$
U.S. & HHS budgets from 1990
budget proposal

Sally Clindner
shked w/HHS
budget

budget ranks third in the world -- behind the U.S. and the Soviet Union's? ^{And fourth} Japan's?

DMR
HHS
6/15/89

We look to you and to the HHS team to meet a number of major challenges in the years ahead. We ask you to:

William's Senate
Statement p. 5

-- Work to find ways to contain the escalating costs of medical care, without compromising quality health service.

William's Senate
Statement p. 4

-- To work to sustain programs like Aid to Families with Dependent Children and Head Start, that help build the foundation for families and children to overcome disadvantages and difficult circumstances, to succeed and grow strong.

William's Senate
Statement p. 4
Billings A. Bell
p. 113-4

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X
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draft before insert

1989 MAR -7 PM 5:16

(McGroarty)
March 7, 1989
3:40pm
dan1

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HHS is the department that, more than any other at the federal level, gives shape and form to the promise America makes to its people -- the promise I have made to you -- to fashion for ourselves a kinder, gentler nation: to take care of those in need, especially our children and the elderly, to steady those who seek only an opportunity to better themselves and their families.

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Now, we will witness the swearing-in.

###

Longe
insert

INSERT "A" for Sullivan swearing-in:

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*draft
before drug insert*

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###

Associate Deputy Commissioner, Central Processing	HULDAH LIEBERMAN
Associate Deputy Commissioner, Systems Support	DEAN MESTERHARM
Deputy Commissioner, Policy and External Affairs	MICHAEL CAROZZA
Associate Commissioner, Governmental Affairs	LESLIE GOODMAN
Associate Commissioner, Policy Director, Legislative and Regulatory Policy	ELLIOT KIRSCHBAUM
Chief Financial Officer	GIL FISHER, <i>Acting</i>
Director, Information Technology Systems Review Staff	NORMAN GOLDSTEIN
Associate Commissioner, Program and Integrity Reviews	TOM ROBINSON, <i>Acting</i>
Associate Commissioner, Financial Policy and Operations	BEVERLY BEDWELL
	MATTHEW G. SCHWIENSTECK, <i>Acting</i>

FAMILY SUPPORT ADMINISTRATION

200 Independence Avenue SW., Washington, DC 20201
Phone, 202-245-1319

Administrator	WAYNE A. STANTON
Deputy Administrator	DAVID J. KIRKER
Director, Office of Family Assistance	CATHERINE BERTINI
Director, Office of Child Support Enforcement	WAYNE A. STANTON
Director, Office of Community Services	MARY M. EVERT
Director, Office of Refugee Resettlement	BILLIE GEE

The Department of Health and Human Services is the Cabinet-level department of the Federal executive branch most concerned with people and most involved with the Nation's human concerns. In one way or another—whether it is mailing out social security checks or making health services more widely available—HHS touches the lives of more Americans than any other Federal agency. It is literally a department of people serving people, from newborn infants to our most elderly citizens.

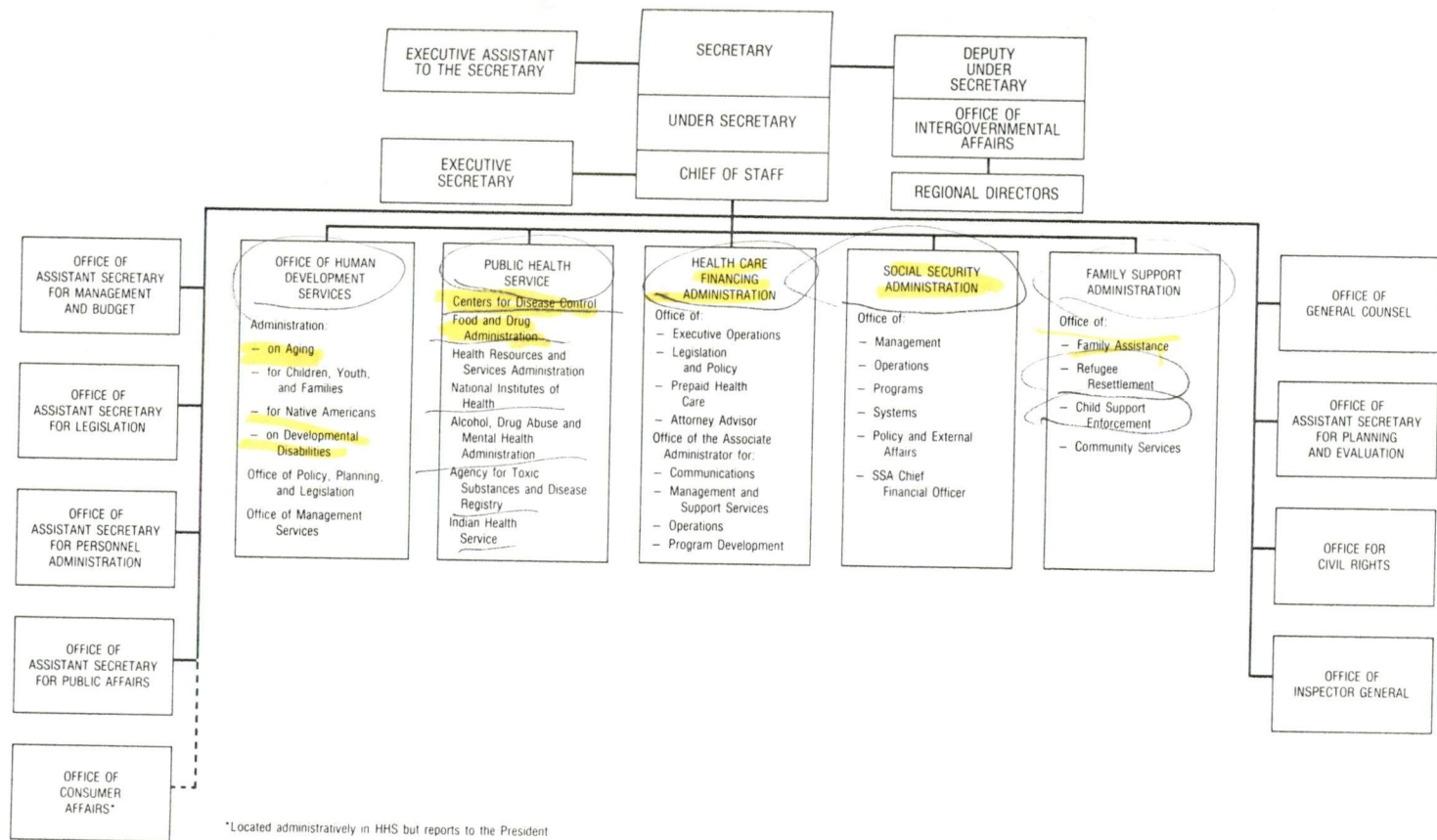
The Department of Health, Education, and Welfare was created on April 11, 1953. The Department was redesignated as the Department of Health and Human Services (HHS), effective May 4, 1980, by the Department of Education Organization Act (20 U.S.C. 3508).

Office of the Secretary

The Secretary of HHS advises the President on health, welfare, and income security plans, policies, and programs of the Federal Government. The Secretary directs Department staff in carrying out

the approved programs and activities of the Department and promotes general public understanding of the Department's goals, programs, and objectives. The Secretary administers these functions through the Office of the Secretary and the five Operating Divisions, which include: the Social Security Administration, the Health Care Financing Administration, the Office of Human Development Services, the Public Health Service, and the Family Support Administration.

DEPARTMENT OF HEALTH AND HUMAN SERVICES



*Located administratively in HHS but reports to the President

The Under Secretary, the Assistant Secretaries, the General Counsel, the Inspector General, and other senior officials aid the Secretary with the overall management responsibilities of the Department.

Since the Secretary is accountable to the Congress and the public for the way the Department spends taxpayers' money, the Secretary and top staff spend a considerable amount of time testifying before committees of the Congress, making speeches before national organizations, and meeting with the press and the public to explain HHS actions. They also prepare special reports on national problems that are available to the public through the Department and the Government Printing Office. In addition, the Secretary submits to the President and the Congress periodic reports required by law that further explain how tax money was spent, progress was achieved, or social problems resolved.

Under Secretary The Under Secretary serves as Acting Secretary in the absence of the Secretary and performs on behalf of the Secretary such functions and duties as the Secretary may designate, coordinates regional and field activities, and coordinates Federal-State relations.

Inspector General The Office of Inspector General is responsible for conducting and supervising audits, investigations, and inspections relating to programs and operations of the Department. The Office provides leadership and coordination for, and recommends policies and corrective actions concerning activities designed to promote economy and efficiency in the administration of, and prevent and detect fraud and abuse in the Department's programs and operations. The Office provides a means for keeping the Secretary and Congress fully and currently informed about problems and deficiencies relating to the administration of such programs and operations, and the necessity of corrective action.

Civil Rights The Office for Civil Rights is responsible for the administration and enforcement of departmental policies under title VI of the Civil Rights Act of

1964 that prohibits discrimination with regard to race, color, or national origin in programs and activities receiving Federal financial assistance; sections 799A and 845 of the Comprehensive Health Manpower and Nurse Training Acts of 1971; section 504 of the Rehabilitation Act of 1973; the community services assurance under the Hill-Burton Act; the nondiscrimination provisions of the health care and related block grant statutes; and the Age Discrimination Act of 1975.

Consumer Affairs The U.S. Office of Consumer Affairs advises the Secretary on consumer-related policy and programs and constitutes the staff of the Special Assistant to the President responsible for handling consumer matters; analyzes and coordinates implementation of all Federal activities in the area of consumer protection; and recommends ways in which governmental consumer programs can be made more effective.

Public Affairs The Assistant Secretary for Public Affairs serves as the Secretary's principal public affairs adviser; provides functional management of public affairs activities throughout the Department; reviews and approves all publications and audio visual material released throughout the Department; communicates on behalf of the Department with various segments of the public, special interest groups, news media, and other government agencies at all levels; and administers the Freedom of Information and Privacy Acts.

Legislation The Assistant Secretary (Legislation) serves as principal adviser to the Secretary in the development and implementation of the Department's legislative program and maintains liaison with the Members and committees of Congress and their staffs.

Planning and Evaluation The Office of the Assistant Secretary for Planning and Evaluation coordinates Department activities in economic and social analysis, program analysis and planning, and evaluation activities; and ensures that Department policy and program planning appropriately reflects the results of these activities.

General Counsel The General Counsel furnishes legal advice to the Office of the Secretary and to the Operating and Staff Components of the Department.

Management and Budget The Assistant Secretary for Management and Budget provides advice and guidance to the Secretary on administrative and financial management, excluding personnel management, and provides for the direction and coordination of these activities throughout the Department on a day-to-day basis. The activities include overseeing the preparation of the departmental budget, maintenance of a departmentwide system for developing and administering financial operating plans, review and analysis of organizations and information systems, and policy development and regulations for grants and procurement management.

Personnel Administration The Assistant Secretary for Personnel Administration promotes effective personnel management and personnel administration in the Department. The Assistant Secretary advises and acts for the Secretary on personnel management and training matters, formulating policies and plans for broad programs under

which the personnel and training functions will be carried out; maintains cognizance of such policies and programs; and represents the Department on personnel and training matters with the Office of Personnel Management, other Federal agencies, the Congress, and the public. The Assistant Secretary for Personnel Administration also advises the Secretary on and provides departmentwide leadership and guidance to equal employment opportunity programs and activities and oversees the establishment, staffing, and operation of departmental advisory committees.

Regional Offices The 10 Regional Directors of the Department of Health and Human Services are the Secretary's representatives in direct, official dealings with State and local government organizations. They provide a central focus in each region for departmental relations with Congress and promote general understanding of Department programs, policies, and objectives. They also advise the Secretary on the potential effects of decisions and provide administrative services and support to Department programs and activities in the regions.

Regional Offices—Department of Health and Human Services

(Areas included within each region are indicated on the map in Appendix A.)

Region/Address	Director	Telephone
1. John F. Kennedy Federal Bldg., Boston, MA 02203	Claire Monier	617-565-6831
2. 26 Federal Plaza, New York, NY 10278	Bernard Kilbourn	212-264-4600
3. 3535 Market St., Philadelphia, PA 19101	Linda Marston	215-596-6492
4. 101 Marietta Tower, Atlanta, GA 30323	George Rudy	404-221-2442
5. 300 S. Wacker Dr., Chicago, IL 60606	Michelle Harris	312-353-5160
6. 1200 Main Tower, Dallas, TX 75202	John Daeley	214-767-3301
7. 601 E. 12th St., Kansas City, MO 64106	Al Kemp	816-374-2821
8. 1961 Stout St., Denver, CO 80294	Patrick Allison	303-844-3372
9. Federal Office Bldg., San Francisco, CA 94501	George Miller	415-556-6746
10. 2901 3d Ave., Seattle, WA 98101	Bernard Kelly	206-442-0420

Office of Human Development Services

For the Office of Human Development Services statement of organization, see the *Federal Register* of Sept. 29, 1980, 45 FR 64253]

The Office of Human Development Services (HDS) serves as the adviser to

the Secretary and Under Secretary on human development services and provides leadership and direction to human services programs for the elderly, children and youth, families, Native

Americans, persons living in rural areas, and handicapped persons. The Office:

- recommends to the Secretary actions and strategies that improve coordination of human services programs among HHS programs, other Federal agencies, State and local governments, and private sector organizations;
- manages and provides leadership in planning and developing HDS programs;
- supervises the use of research and impact evaluation funds;
- promotes the development of simplified and coherent human services delivery systems;
- provides support and coordination for key advisory bodies;
- controls equal employment opportunity and civil rights policies and programs for HDS; and
- directs public affairs, regional operations, and correspondence and assignment tracking activities.

Office of the Assistant Secretary for Human Development Services

The Office of the Assistant Secretary for Human Development Services provides executive direction, leadership, and guidance to all HDS headquarters and regional components; and serves as the Director of Equal Employment Opportunity for HDS.

Administration on Aging This Administration is the principal agency designated to carry out the provisions of the Older Americans Act of 1965, as amended (42 U.S.C. 3001). It advises the Secretary, HHS components, and other Federal departments and agencies on the characteristics and needs of older people and develops programs designed to promote their welfare; conducts training programs; and provides advice and assistance to promote the development of State-administered, community-based systems of comprehensive social services for older people. The Administration also serves as the primary agency within HDS on all issues concerning aging; advocates for the needs of the elderly in HDS program planning and policy development; and develops standards, provides technical assistance, issues best practices guidelines, and initiates policy

relative to services provided to older Americans funded by HDS.

For further information, contact the Commissioner on Aging. Phone, 202-245-0556.

Administration for Children, Youth, and Families The Administration advises the Secretary, through the Assistant Secretary for Human Development Services, on matters relating to children, youth, and families. The Administration:

- serves as the principal adviser at the Federal level concerning such matters and is the focal point in the Department to support and encourage the sound development of children, youth, and families by planning, developing, and implementing a broad range of activities;
 - administers State grant programs under titles IV-A, B, and E of the Social Security Act, as amended (42 U.S.C. 601, 620, 670);
 - manages the adoption opportunities program;
 - administers discretionary grant programs providing Head Start services and runaway youth facilities;
 - administers provisions of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.);
 - supports and encourages services that prevent or remedy the effects of abuse and/or neglect of children and youth; and
 - manages the national clearinghouse on child abuse and neglect and administers the child abuse and neglect State grant programs.
- Together with other units of HDS, the Administration:
- develops and implements research, demonstration, and evaluation strategies for discretionary funding of activities designed to improve and enrich the lives of children and youth and to strengthen families;
 - administers child welfare services training and child welfare services research demonstration programs authorized by title IV-B of the Social Security Act;
 - administers the Runaway and Homeless Youth Act authorized by title III of the Juvenile Justice and

Delinquency Prevention Act of 1974 (42 U.S.C. 5601 note); and

—manages initiatives that involve the private and voluntary sectors in the areas of children, youth, and families.

For further information, contact the Commissioner, Administration for Children, Youth, and Families. Phone, 202-755-7762.

Administration for Native Americans

The Administration represents the concerns of American Indians, Alaska Natives, and Native Hawaiians (hereafter referred to as Native Americans) and advises the Assistant Secretary for Human Development Services on their behalf.

The Administration:

—develops policy, legislative proposals, and guidance on matters involving the social and economic development and self-sufficiency of Native Americans;

—serves as departmental liaison with other Federal agencies on Native American affairs;

—administers a grant program to promote the social and economic development of Native Americans;

—explores new program concepts and methods;

—ensures that information about departmental services and benefits and eligibility criteria is conveyed to Native Americans;

—fosters self-determination in Native Americans and their operation of Native American programs and enterprises;

—serves as the primary agency within HDS on all issues concerning Native Americans;

—advocates for the needs of Native Americans in HDS program planning and policy development; and

—develops standards, provides technical assistance, issues best practices guidelines, and initiates policy relative to

HDS-funded services provided to Native Americans.

For further information, contact the Commissioner, Administration for Native Americans. Phone, 202-245-7776.

Administration on Developmental Disabilities

The Administration assists States to increase the provision of quality services to persons with developmental disabilities, through the development and implementation of a comprehensive State plan that makes optimal use of all existing resources for the provision of treatment, services, and habilitation in least restrictive environments, and protection of the rights of individuals with developmental disabilities.

The Administration:

—administers formula grants programs to address these goals and oversees project grants that provide administrative and operations support to

interdisciplinary training programs for specialized personnel, clinical services, and research program services for the developmentally disabled;

—administers grants for projects aimed at removing physical, mental, social, and environmental barriers encountered by developmentally disabled persons;

—advises the Assistant Secretary for Human Development Services on the formulation, development, implementation, and review of legislation and policies affecting developmentally disabled persons;

—serves as the primary agency within HDS on all issues concerning the developmentally disabled;

—advocates for the needs of the handicapped in HDS program planning and policy development; and

—develops standards, provides technical assistance, issues best practices guidelines, and initiates policy relative to HDS-funded services provided to developmentally disabled Americans.

For further information, contact the Commissioner, Administration on Developmental Disabilities. Phone, 202-245-2890.

Public Health Service

[For the Public Health Service statement of organization, see the *Federal Register* of Dec. 2, 1977, 42 FR 61317]

The Public Health Service (PHS) has its origin in an act of July 16, 1798 (ch. 77, 1 Stat. 605), authorizing marine hospitals for the care of American merchant seamen. Subsequent legislation has vastly broadened the scope of its activities.

The Public Health Service Act of July 1, 1944 (42 U.S.C. 201), consolidated and revised substantially all existing legislation relating to the Public Health Service. The basic Public Health Service legal responsibilities have been broadened and expanded many times since 1944. Major organizational changes have occurred within the Public Health Service to support its mission to promote the protection and advancement of the Nation's physical and mental health. This is accomplished by:

- coordinating with the States to set and implement national health policy and pursue effective intergovernmental relations;
- generating and upholding cooperative international health-related agreements, policies, and programs;
- conducting medical and biomedical research;
- sponsoring and administering programs for the development of health resources, prevention and control of diseases, and alcohol and drug abuse;
- providing resources and expertise to the States and other public and private institutions in the planning, direction, and delivery of physical and mental health care services; and
- enforcing laws to assure the safety and efficacy of drugs and protection against impure and unsafe foods, cosmetics, medical devices, and radiation-producing projects.

The Office of the Assistant Secretary for Health consists of general and special staff offices that support the Assistant Secretary for Health and the Surgeon General plan and direct the activities of the Public Health Service. The Office also consists of the National Center for

Health Services Research and Health Care Technology Assessment.

National Center for Health Services Research and Health Care Technology Assessment The Center plans, develops, and administers research, evaluations, and research training on the financing, organization, quality, and utilization of health services. Intramural research is done by several large in-house projects, and extramural research is done through grants and contracts to universities and other nonprofit organizations nationwide. The Center assesses technologies that are being considered for coverage by federally funded health programs. The Center widely disseminates research findings to health services providers and policymakers in the public and private sectors, and the Center provides technical assistance to other Federal programs and State and local agencies.

For further information, call 301-443-4100.

Alcohol, Drug Abuse, and Mental Health Administration

The mission of the Alcohol, Drug Abuse, and Mental Health Administration is to provide a national focus for the Federal effort to increase knowledge and promote effective strategies to deal with health problems and issues associated with the use and abuse of alcohol and drugs and with mental illness.

In carrying out these responsibilities, the Administration:

- conducts and supports research on the biological, psychological, behavioral, and epidemiological aspects of alcoholism, drug abuse, and mental health and illness;
- conducts and supports research on the delivery of alcoholism, drug abuse, and mental health treatment and prevention services;
- supports the training of scientists to conduct research in the alcoholism, drug abuse, and mental health fields;
- gathers and analyzes data about the extent of alcohol, drug abuse, and mental

health problems and the national response to these needs in terms of planning, establishing, and evaluating alcoholism, drug abuse, and mental health programs;

—collaborates with, provides assistance to, and encourages other Federal agencies, national, foreign, State, and local organizations, hospitals, and voluntary groups to facilitate and expand programs for the prevention and treatment of alcohol, drug abuse, and mental health problems; and

—provides information on alcoholism, drug abuse, and mental health to the public and to the scientific community.

For further information, call 301-443-3875.

Major Components

National Institute on Alcohol Abuse and Alcoholism The Institute provides a national focus for the Federal effort to increase knowledge and promote effective strategies to deal with health problems and issues associated with alcohol abuse and alcoholism. In carrying out these responsibilities, the Institute:

—conducts and supports research on alcohol-related disorders in its own laboratories and through extramural projects;

—supports epidemiological studies and national and community surveys to assess the risks for alcohol abuse among various population groups;

—plans, directs, supports, and evaluates research to identify new and improved alcoholism prevention, intervention, and treatment methods and techniques for application in the Nation's health care system;

—supports training and development of scientists for participation in alcohol research programs and activities;

—collaborates with other research institutes and Federal programs relevant to alcohol abuse and alcoholism and provides coordination of Federal alcohol abuse and alcoholism research activities;

—serves as a national resource for the collection, analysis, and dissemination of scientific findings and improved methods of alcoholism prevention and treatment services;

—maintains continuing relationships with institutions and professional associations and with international, national, State, and local officials, and voluntary agencies and organizations engaged in alcohol-related work;

—conducts policy studies and activities that have broad implications for alcoholism treatment, prevention, and rehabilitation activities;

—performs data collections and analyses, and provides technical assistance/technology transfer to State and local governments and community and voluntary organizations in the areas of policy development, program assessment, establishment of treatment standards, accreditation, and resource utilization; and

—supports public education activities to inform the public of the risks and consequences associated with alcohol abuse and alcoholism.

For further information, call 301-443-4373.

National Institute on Drug Abuse The Institute provides a national focus for the Federal effort to increase knowledge and promote effective strategies to deal with health problems and issues associated with drug abuse. In carrying out these responsibilities, the Institute:

—conducts and supports research on the biological, psychological, psychosocial, and epidemiological aspects of drug abuse;

—supports research training of individuals and institutions who are training individuals in the biological and psychological sciences and epidemiological aspects of drug abuse to enable them to pursue careers in research;

—collaborates with and provides technical assistance to State drug abuse authorities, and encourages State and community efforts in planning, establishing, maintaining, coordinating, and evaluating more effective drug abuse programs;

—collaborates with and encourages other Federal agencies, national, foreign, State and local organizations, hospitals, and volunteer groups to enable them to facilitate and extend programs for the

prevention of drug abuse, and for the care, treatment, and rehabilitation of drug abusers; and

—carries out administrative and financial management, policy and program development, planning and evaluation, and public information functions that are required to implement such programs.

For further information, call 301-443-6487.

National Institute of Mental Health

The Institute provides a national focus for the Federal effort to increase knowledge and advance effective strategies to deal with health problems and issues in the promotion of mental health and the prevention and treatment of mental illness.

In carrying out these responsibilities, the Institute:

—conducts and supports research and research training on the biological, psychological, behavioral, and epidemiological aspects of mental health and illness;

—conducts and supports research on the development and improvement of mental health services and prevention programs and on their administration and financing;

—collaborates with and provides technical assistance and data to State and local authorities to assist them in planning, establishing, maintaining, coordinating, and evaluating more effective mental health programs;

—collaborates with, provides assistance to, and encourages other Federal agencies and national, foreign, State, and local organizations, hospitals, professional associations, and volunteer groups to facilitate and extend programs to promote mental health and prevent mental illness and to provide for the care, treatment, and rehabilitation of mentally ill persons;

—collects, analyzes, and disseminates scientific findings and data on the incidence, prevalence, and resources for the treatment of mental illness; and

—carries out administrative and financial management, policy development, planning and evaluation,

and public information functions that are required to implement such programs.

For further information, call 301-443-3877.

Centers for Disease Control

The Centers for Disease Control (CDC), established as an operating health agency within the Public Health Service by the Secretary of Health, Education, and Welfare on July 1, 1973, is the Federal agency charged with protecting the public health of the Nation by providing leadership and direction in the prevention and control of diseases and other preventable conditions and responding to public health emergencies. It is composed of nine major operating components: Epidemiology Program Office, International Health Program Office, Training and Laboratory Program Office, Center for Prevention Services, Center for Environmental Health and Injury Control, National Institute for Occupational Safety and Health, Center for Health Promotion and Education, Center for Infectious Diseases, and the National Center for Health Statistics.

CDC administers national programs for the prevention and control of communicable and vector-borne diseases and other preventable conditions. CDC develops and implements programs in chronic disease prevention and control, including consultation with State and local health departments. CDC develops and implements programs to deal with environmental health problems, including responding to environmental, chemical, and radiation emergencies. CDC directs and enforces foreign quarantine activities and regulations; provides consultation and assistance in upgrading the performance of public health and clinical laboratories; organizes and implements a National Health Promotion Program; and participates in a nationwide program of research, information, and education in the field of smoking and health.

To ensure safe and healthful working conditions for all working people, occupational safety and health standards are developed, and research and other activities are carried out, through the

CDC's National Institute for Occupational Safety and Health.

CDC also provides consultation to other nations in the control of preventable diseases, and participates with national and international agencies in the eradication or control of communicable diseases and other preventable conditions.

For further information, call 404-639-3286.

Agency for Toxic Substances and Disease Registry

The Agency for Toxic Substances and Disease Registry (ATSDR) was established as an operating agency within the Public Health Service by the Secretary of Health and Human Services on April 19, 1983. The mission of ATSDR is to carry out the health-related responsibilities of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA); (42 U.S.C. 9601), as amended by the Superfund Amendments and Reauthorization Act of 1986, the Resource Conservation and Recovery Act (RCRA) (42 U.S.C. 6901), and provisions of the Solid Waste Disposal Act relating to CERCLA or RCRA sites and substances found at those sites and other forms of uncontrolled releases of toxic substances into the environment. ATSDR provides leadership and direction to programs and activities designed to protect both the public health and worker safety and health from exposure and/or the adverse health effects of hazardous substances in CERCLA storage sites or released in fires, explosions, or transportation accidents.

To carry out this mission, ATSDR, in cooperation with States and other Federal and local agencies:

- collects, maintains, analyzes, and disseminates information relating to serious diseases, mortality, and human exposure to toxic or hazardous substances;

- establishes appropriate registries necessary for long-term followup or specific scientific studies;

- establishes and maintains a complete listing of areas closed to the public or otherwise restricted in use because of toxic substance contamination;

- assists, consults, and coordinates with private or public health care providers in the provision of medical care and testing of exposed individuals;

- assists the Environmental Protection Agency in identifying hazardous waste substances to be regulated;

- develops scientific and technical procedures for evaluating public health risks from hazardous substance incidents and for developing recommendations to protect public health and worker safety and health in instances of exposure or potential exposure to hazardous substances; and

- arranges for program support to ensure adequate response to public health emergencies.

For further information, call 404-488-4590.

Food and Drug Administration

The name "Food and Drug Administration" was first provided by the Agriculture Appropriation Act of 1931 (46 Stat. 392), although similar law enforcement functions had been in existence under different organizational titles since January 1, 1907, when the Food and Drug Act of 1906 (21 U.S.C. 1-15) became effective.

The Food and Drug Administration's (FDA) activities are directed toward protecting the health of the Nation against impure and unsafe foods, drugs and cosmetics, and other potential hazards.

Center for Drug Evaluation and Research The Center develops FDA policy with regard to the safety, effectiveness, and labeling of all drug products for human use and reviews and evaluates new drug applications and investigational new drug applications. It develops and implements standards for the safety and effectiveness of all over-the-counter drugs and monitors the quality of marketed drug products through product testing, surveillance, and compliance programs.

The Center coordinates with the Center for Biologics Evaluation and Research regarding activities for biological drug products, including research, compliance, and product

review and approval, and develops and promulgates guidelines on Current Good Manufacturing Practices for use by the drug industry. It develops and disseminates information and educational material dealing with drug products to the medical community and the public in coordination with the Office of the Commissioner. It conducts research and develops scientific standards on the composition, quality, safety, and effectiveness of human drugs; collects and evaluates information on the effects and use trends of marketed drug products; monitors prescription drug advertising and promotional labeling to assure their accuracy and integrity; and analyzes data on accidental poisonings and disseminates toxicity and treatment information on household products and medicines.

In carrying out these functions, the Center cooperates with other Agency components of FDA, other PHS organizations, governmental and international agencies, volunteer health organizations, universities, individual scientists, nongovernmental laboratories, and manufacturers of drug products.

For further information, call 301-443-2894.

Center for Biologics Evaluation and Research The Center administers regulation of biological products under the biological product control provisions of the Public Health Service Act and applicable provisions of the Federal Food, Drug, and Cosmetic Act. It provides dominant focus in FDA for coordination of the Acquired Immune Deficiency Syndrome (AIDS) program, works to develop an AIDS vaccine and AIDS diagnostic tests, and conducts other AIDS-related activities. It inspects manufacturers' facilities for compliance with standards, tests products submitted for release, establishes written and physical standards, and approves licensing of manufacturers to produce biological products.

The Center plans and conducts research related to the development, manufacture, testing, and use of both new and old biological products to develop a scientific base for establishing standards designed to ensure the

continued safety, purity, potency, and efficacy of biological products and coordinates with the Center for Drug Evaluation and Research regarding activities for biological drug products, including research, compliance, and product review and approval.

The Center plans and conducts research on the preparation, preservation, and safety of blood and blood products, the methods of testing safety, purity, potency, and efficacy of such products for therapeutic use, and the immunological problems concerned with products, testing, and use of diagnostic reagents employed in grouping and typing blood.

In carrying out these functions, the Center cooperates with other Agency components of FDA, other PHS organizations, governmental and international agencies, volunteer health organizations, universities, individual scientists, nongovernmental laboratories, and manufacturers of biological products.

For further information, call 301-496-3556.

Center for Food Safety and Applied Nutrition The Center conducts research and develops standards on the composition, quality, nutrition, and safety of food and food additives, colors, and cosmetics. It conducts research designed to improve the detection, prevention, and control of contamination that may be responsible for illness or injury conveyed by foods, colors, and cosmetics and coordinates and evaluates FDA's surveillance and compliance programs relating to foods, colors, and cosmetics.

The Center also reviews industry petitions and develops regulations for food standards to permit the safe use of color additives and food additives; collects and interprets data on nutrition, food additives, and environmental factors affecting the total chemical result posed by food additives; and maintains a nutritional data bank.

For further information, call 202-245-8850.

Center for Veterinary Medicine The Center develops and conducts programs with respect to the safety and efficacy of

veterinary preparations and devices; evaluates proposed use of veterinary preparations for animal safety and efficacy; and evaluates FDA's surveillance and compliance programs relating to veterinary drugs and other veterinary medical matters.

For further information, call 301-443-3450.

Center for Devices and Radiological Health The Center develops and carries out a national program designed to control unnecessary exposure of humans to, and ensure the safe and efficacious use of, potentially hazardous ionizing and nonionizing radiation. It develops policy and priorities regarding FDA programs relating to the safety, effectiveness, and labeling of medical devices for human use; conducts an electronic product radiation control program, including the development and administration of performance standards.

The Center plans, conducts, and supports research and testing relating to medical devices and to the health effects of radiation exposure; and reviews and evaluates medical devices premarket approval applications, product development protocols, and exemption requests for investigational devices. It develops, promulgates, and enforces performance standards for appropriate categories of medical devices and Good Manufacturing Practice regulations for manufacturers; provides technical and other nonfinancial assistance to small manufacturers of medical devices.

The Center develops regulations, standards, and criteria and recommends changes in FDA legislative authority necessary to protect the public health; provides scientific and technical support to other components within FDA and other agencies on matters relating to radiological health and medical devices; and maintains appropriate liaison with other Federal, State, and international agencies, with industry, and with consumer and professional organizations.

For further information, call 301-443-4690 or 301-427-7163.

National Center for Toxicological Research The Center conducts research programs to study the biological

effects of potentially toxic chemical substances found in the environment, emphasizing the determination of the health effects resulting from long-term, low-level exposure to chemical toxicants and the basic biological processes for chemical toxicants in animal organisms; develops improved methodologies and test protocols for evaluating the safety of chemical toxicants and the data that will facilitate the extrapolation of toxicological data from laboratory animals to man; and develops Center programs as a natural resource under the National Toxicology Program.

For further information, call 501-541-4000.

Regional Operations Field operations for the enforcement of the laws under the jurisdiction of FDA are carried out by 10 Regional Field Offices located in the cities of the Department's Regional Offices, through 21 District Offices and 135 Resident Inspection Posts located throughout the United States and Puerto Rico.

For further information, call 301-443-1591; and for a listing of FDA Consumer Affairs Officers, see page 313.

Health Resources and Services Administration

The Health Resources and Services Administration has leadership responsibility in the Public Health Service for general health services and resource issues relating to access, equity, quality, and cost of care.

To accomplish this goal, the Administration:

- supports States and communities in their efforts to plan, organize, and deliver health care, especially to underserved area residents, migrant workers, mothers and children, and the homeless;

- participates in the Federal campaign against AIDS by funding service demonstration projects in major cities, establishing centers to train health professionals serving AIDS patients, supporting renovation of health facilities for AIDS patients, and awarding pediatric health care grants;

- provides leadership in improving the education, distribution, quality, and use of the health professionals needed to staff the Nation's health care system;

- tracks the supply of and requirements for health professionals and addresses their competence through the development of a medical malpractice data bank;

- monitors developments affecting health facilities and ensures that previously aided institutions honor their commitments to provide uncompensated care;

- administers the National Organ Transplant Act by serving as an information resource on donation, procurement, and transplantation and by promoting other activities designed to increase the availability of organs and tissues;

- provides direct, personal health services for Hansen's disease patients and other designated beneficiaries;

- assists Federal managers to assure that employee and workplace health factors that increase the Government's productivity are raised to the highest practical level; and

- monitors rural health issues and helps coordinate government and private efforts on behalf of rural health facilities.

For further information, contact the Associate Administrator for Communications. Phone, 301-443-2086.

Major Components

Bureau of Health Care Delivery and Assistance The Bureau serves as a national focus for efforts to ensure the availability and delivery of health care services in health manpower shortage areas, to medically underserved populations, and to special services populations.

To accomplish this goal, the Bureau:

- provides, through project grants to community-based organizations, funds to meet the health needs of populations in medically underserved areas by supporting the development of primary health care delivery capacity;

- provides, through project grants to State, local, voluntary, public, and private entities, funds to help them meet the health needs of special populations such

as migrants, Alzheimer's disease patients, the homeless, and victims of black lung disease;

- administers the National Health Service Corps Program, which recruits and places highly trained health care practitioners for health manpower shortage areas and populations;

- administers the National Health Service Corps Scholarship and Loan Repayment Programs, which provide financial assistance to medical, dental, and nursing students or former students in return for service in health manpower shortage areas;

- designates health manpower shortage and medically underserved areas and populations;

- provides leadership and direction for the Bureau of Prisons Medical Program, the National Hansen's Disease Program, and support for Health Unit No. 1 and the CHAMPUS Program;

- provides on a reimbursable basis comprehensive occupational health consultation and assistance to Federal agencies to enhance productivity and limit employment-related liability through the Federal Employee Occupational Health Program;

- administers a comprehensive health program for designated PHS beneficiaries, including active duty members of the Coast Guard, PHS, and the National Oceanic and Atmospheric Administration.

For further information, contact the Director, Office of Program Support. Phone, 301-443-2330.

Bureau of Health Professions The Bureau provides national leadership in coordinating, evaluating, and supporting the development and utilization of the Nation's health personnel.

To accomplish this goal, the Bureau:

- serves as a focus for health care quality assurance activities and issues related to malpractice;

- supports health professions and nurse training institutions, targeting resources to areas of high national priority such as disease prevention, health promotion, bedside nursing, and care of the elderly;

- funds regional centers that provide educational services and multidisciplinary training for health professions faculty and practitioners in geriatric health care;

- supports programs to increase the supply of primary care practitioners and to improve the distribution of health professionals;

- develops, tests, and demonstrates new and improved approaches to the development and utilization of health personnel within various patterns of health care delivery and financing systems;

- provides leadership for promoting equity in access to health services and health careers for the disadvantaged;

- provides technical and financial assistance to national, State, and local agencies and organizations for the development, production, utilization, and evaluation of health personnel;

- collects and analyzes data and disseminates information on the characteristics and capacities of U.S. health training systems;

- designates health manpower shortage areas, a prerequisite for the assignment of National Health Services Corps professionals;

- assesses the Nation's health personnel force and forecasts supply and requirements; and

- in coordination with the Office of the Administrator, HRSA, serves as a focus for technical assistance activities in the international aspects of health personnel development, including the conduct of special international projects relevant to domestic health personnel problems.

For further information, contact the Information Officer. Phone, 301-443-2060.

Bureau of Maternal and Child Health and Resources Development The Bureau develops, administers, directs, coordinates, monitors, and supports Federal policy and programs pertaining to health care facilities, health care promotion of mothers and children, a national network of activities associated with organ donations, procurements, and transplantation, and activities related to acquired immune deficiency syndrome

(AIDS). This includes financial, capital, organizational, and physical matters.

To accomplish this goal, the Bureau:

- provides national leadership in supporting, identifying, and interpreting national trends and issues of significance relative to the health status of mothers, infants, children, and children with special health care needs, and administers block and discretionary grants, contracts, and funding arrangements designed to address these issues;

- administers grant, loan, loan guarantee, and interest subsidy programs under titles VI and XVI of the Public Health Service Act, as amended, relating to the construction, modernization, conversion, or closure of health and health care organizations;

- develops long- and short-range program goals and objectives for health facilities, and for specific health promotional, organ transplantation, and AIDS activities;

- promotes reduction of costs associated with facility design, construction, modernization, and replacement, and nonmedical operations such as energy and maintenance;

- develops, conducts, and maintains a program of grants to organ procurement organizations;

- serves as adviser to and coordinates activities with other administration organizational elements, other Federal organizations within and outside the Department, State and local bodies, and professional and scientific organizations;

- develops, promotes, and directs efforts to improve the management, operational effectiveness, and efficiency of health care systems, organizations, and facilities;

- provides technical assistance to organ procurement organizations and health care delivery systems and facilities in a wide variety of specific technical and technological systems;

- administers regional facilities engineering and construction activities performed by PHS Regional Offices; and

- maintains liaison and coordinates with non-Federal public and private entities as necessary for the

accomplishment of its missions and objectives.

For further information, contact the Information Officer. Phone, 301-443-3376.

Indian Health Service

The Indian Health Service (IHS) provides a comprehensive health services delivery system for American Indians and Alaska Natives with opportunity for maximum tribal involvement in developing and managing programs to meet their health needs. The goal of IHS is to raise the health level of the Indian and Alaska Native people to the highest possible level.

To carry out its mission and to attain its goal, IHS:

- assists Indian tribes in developing their health programs through activities including health management training, technical assistance, and human resource development;

- facilitates and assists Indian tribes in coordinating health planning, in obtaining and utilizing health resources available through Federal, State, and local programs, in operating comprehensive health programs, and in health program evaluation;

- provides comprehensive health care services, including hospital and ambulatory medical care, preventive and rehabilitative services, and development of community sanitation facilities; and

- serves as the principal Federal advocate for Indians in the health field to assure comprehensive health services for American Indians and Alaska Natives.

For further information, contact the Information Coordinator. Phone, 301-443-1397.

National Institutes of Health

The mission of the National Institutes of Health (NIH) is to improve the health of the American people. To carry out this mission, NIH conducts and supports biomedical research into the causes, prevention, and cure of diseases; supports research training and the development of research resources; and makes use of modern methods to communicate biomedical information.

Major Components

National Cancer Institute Research on cancer is a high priority program as a result of the National Cancer Act, which made the conquest of cancer a national goal. The Institute developed a National Cancer Program to expand existing scientific knowledge on cancer cause and prevention as well as on the diagnosis, treatment, and rehabilitation of cancer patients.

Research activities conducted in the Institute's laboratories or supported through grants or contracts include many investigative approaches to cancer, including chemistry, biochemistry, biology, molecular biology, immunology, radiation physics, experimental chemotherapy, epidemiology, biometry, radiotherapy, and pharmacology. Cancer research facilities are constructed with NCI support, and training is provided under university based programs. The Institute, through its cancer control element, applies research findings as rapidly as possible in preventing and controlling human cancer.

For further information, call 301-496-5737.

National Heart, Lung, and Blood Institute

The Institute provides leadership for a national program in diseases of the heart, blood vessels, blood, and lungs, and in the use of blood and the management of blood resources.

It conducts studies and research into the clinical use of blood and all aspects of the management of blood resources, and supports training of manpower in fundamental science and clinical disciplines for participation in basic and clinical research programs relating to heart, blood vessel, blood, and lung diseases.

It coordinates with other research institutes and with all Federal agency programs relating to the above diseases, including programs in hypertension, stroke, respiratory distress, and sickle cell anemia.

It plans, conducts, fosters, and supports an integrated and coordinated program of research, investigations, clinical trials and demonstrations relating

to the causes, prevention, methods of diagnosis and treatment (including emergency medical treatment) of heart, blood vessel, lung, and blood diseases through research performed in its own laboratories and through contracts and research grants to scientific institutions and to individual scientists.

The Institute also conducts educational activities, including the collection and dissemination of educational materials about these diseases, with emphasis on the prevention thereof, for health professionals and the lay public, and maintains continuing relationships with institutions and professional associations and with international, national, and State and local officials, and voluntary agencies and organizations working in these areas.

For further information, call 301-496-2411.

National Library of Medicine The Library, which serves as the Nation's chief medical information source, is authorized to provide medical library services and on-line bibliographic searching capabilities, such as MEDLINE, TOXLINE, and others, to public and private agencies and organizations, institutions, and individuals. It is responsible for the development and management of a Biomedical Communications Network, applying advanced technology to the improvement of biomedical communications, and operates a computer-based toxicology information system for the scientific community, industry, and other Federal agencies. In addition, the Library acquires and makes available for distribution audiovisual instructional material, and develops prototype audiovisual communication programs for the health educational community. Through grants and contracts, the Library administers programs of assistance to the Nation's medical libraries that include support of a Regional Medical Library network, research in the field of medical library science, establishment and improvement of the basic library resources, and

supporting biomedical scientific publications of a nonprofit nature.

For further information, call 301-496-6491.

National Institute of Diabetes and Digestive and Kidney Diseases The Institute conducts, fosters, and supports basic and clinical research into the causes, prevention, diagnosis, and treatment of the various metabolic and digestive diseases. It covers the broad areas of diabetes, blood, endocrine, and metabolic diseases; digestive diseases and nutrition; and kidney and urologic diseases, joined with the Artificial Kidney/Chronic Uremia Program, through research performed in its own laboratories and clinics, research grants, individual and institutional research training awards, applied research and development programs through the contract mechanisms, field epidemiologic and clinical investigation studies on selected populations in the United States, and collection and dissemination of information on Institute programs.

For further information, call 301-496-5741.

National Institute of Allergy and Infectious Diseases The Institute conducts and supports broadly based research and research training on the causes, characteristics, prevention, control, and treatment of a wide variety of diseases believed to be attributable to infectious agents, including bacteria, viruses, and parasites, to allergies, or to other deficiencies or disorders in the responses of the body's immune mechanisms. Among areas of special emphasis are: asthma and allergic disease, clinical immunology, including organ transplantation, venereal diseases, hepatitis, influenza and other viral respiratory infections, disease control measures, research and development, antiviral substances, and hospital-associated infections.

For further information, call 301-496-1521.

National Institute of Child Health and Human Development The Institute conducts and supports biomedical and behavioral research on child health and maternal health; on problems of human

development, with special reference to mental retardation; and on family structure, the dynamics of human population, and the reproductive process. Information related to these research findings is disseminated to other researchers, medical practitioners, and the general public to improve the health of children and their families.

For further information, call 301-496-3454.

National Institute of Dental Research

The Institute supports and conducts clinical and laboratory research directed toward the ultimate eradication of tooth decay and of a broad array of oral-facial disorders.

For further information, call 301-496-6621.

National Institute of Environmental Health Sciences

The Institute, located in Research Triangle Park, NC, conducts and supports fundamental research concerned with defining, measuring, and understanding the effects of chemical, biological, and physical factors in the environment on the health and well-being of man.

For further information, call 919-541-3212 or (FTS) 8-629-3211.

National Institute of General Medical Sciences

The emphasis of the Institute's programs for support of research and research training is basic biomedical science. The activities range from cell biology to genetics to pharmacology and systemic response to trauma and anesthesia.

For further information, call 301-496-7714.

National Institute of Neurological and Communicative Disorders and Stroke

The Institute conducts and supports fundamental and applied research on human neurological and communicative disorders such as Parkinson's disease, epilepsy, multiple sclerosis, muscular dystrophy, head and spinal cord injuries, stroke, deafness, disorders of speech, and language development problems. The Institute also conducts and supports research on the development and function of the normal brain and nervous system in order to better understand

normal processes relating to disease states.

For further information, call 301-496-5751.

National Eye Institute The Institute conducts and supports fundamental studies on the eye and visual system, and on the causes, prevention, diagnosis, and treatment of visual disorders.

For further information, call 301-496-7425.

National Institute on Aging

The Institute conducts and supports biomedical and behavioral research to increase the knowledge of the aging process and associated physical, psychological, and social factors, resulting from advanced age. Incontinence, menopause, susceptibility to diseases, and memory loss are among the areas of special concern.

For further information, call 301-496-5345.

National Institute of Arthritis and Musculoskeletal and Skin Diseases

The Institute conducts and supports fundamental research in the major disease categories of arthritis and musculoskeletal and skin diseases through: research performed in its own laboratories and clinics, epidemiologic studies, research contracts and grants, and cooperative agreements to scientific institutions and to individuals. It supports training of manpower in fundamental sciences and clinical disciplines, conducts educational activities, including the collection and dissemination of health educational materials on these diseases, and coordinates with the other research institutes and with all Federal health programs relevant activities in the categorical diseases.

For further information, call 301-496-4353.

Clinical Center The Center is designed to bring scientists working in the Center's laboratories into close proximity with clinicians caring for patients, so that they may collaborate on problems of mutual concern. The research institutes select patients, referred to NIH by physicians throughout the United States and overseas, for clinical studies of specific diseases and disorders. A certain percent

of the patients are "normal volunteers," healthy persons who provide an index of normal body functions against which to measure the abnormal. Normal volunteers come under varied sponsorship, such as colleges, civic groups, and religious organizations.

For further information, call 301-496-3227.

Fogarty International Center The Center promotes discussion, study, and research on the development of science internationally as it relates to health and administers a number of international programs for advanced study in the health sciences.

For further information, call 301-496-4625.

National Center for Nursing Research The Center fosters, conducts, supports, and administers research and research training programs aimed at promoting the growth and quality of research related to nursing and patient care and expanding the pool of experienced nurse researchers.

For further information, call 301-496-0523.

Division of Computer Research and Technology The Division conducts an integrated research, developmental, and service program in computer-related physical and life sciences in support of NIH biomedical research programs.

For further information, call 301-496-5206.

Division of Research Resources The Division supports general clinical

research centers, biotechnology resources, and regional primate research centers; increases and improves laboratory animal facilities and resources; makes awards for minority biomedical support; and provides general research support to institutions throughout the United States.

For further information, call 301-496-5605.

Division of Research Services The Division conducts a centralized program of scientific, engineering, and technical services in support of NIH activities; furnishes services and specialized assistance in biomedical engineering and instrumentation design and development, research animal production, care, procurement, and animal disease identification and control. The Division assists in the following areas: biomedical library and translation services, environmental health and safety programs, and medical arts and photography services.

For further information, call 301-496-6235.

Division of Research Grants The Division provides staff support to the Office of the Director, NIH, in the formulation of grant and award policies and procedures, central receipt of all PHS applications for research and research training support, and makes initial referral to PHS components.

For further information, call 301-496-7881.

Health Care Financing Administration

[For the Health Care Financing Administration statement of organization, see the *Federal Register* of July 18, 1986, 51 FR 26060]

The Health Care Financing Administration (HCFA) was established by the Secretary's reorganization of March 8, 1977, as a principal operating component of the Department.

HCFA places under one Administration the oversight of the Medicare and Medicaid Programs and related Federal medical care quality control staffs. The

following major programs are directed by HCFA.

Medicare The Medicare Program is a Federal health insurance program for persons over 65 years of age and certain disabled persons. It is funded through social security contributions, premiums, and general revenue. HCFA develops and implements policies, procedures, and guidance related to program recipients, the providers of services such as hospitals, nursing homes, physicians, and

the contractors who process claims. HCFA also coordinates with the States to develop departmental programs, activities, and organizations that are closely related to the Medicare Program. **Medicaid** The Medicaid Program, through grants to States, provides medical services to the needy and the medically needy. HCFA is responsible for working with the States to develop approaches toward meeting the needs of those who cannot afford adequate medical care.

The Medicare/Medicaid Programs include a quality assurance focal point to carry out the quality assurance provisions of the Medicare and Medicaid Programs; the development and implementation of health and safety standards for providers of care in Federal health programs; and the implementation of the End Stage Renal Disease Program and the Professional Standards Review provisions.

For further information, contact the Administrator, Health Care Financing Administration, Department of Health and Human Services, 200 Independence Avenue SW., Washington, DC 20201. Phone, 301-966-3000.

Social Security Administration

[For the Social Security Administration statement of organization, see the *Code of Federal Regulations*, Title 20, Part 422]

The Social Security Administration (SSA) was established and its predecessor, the Social Security Board, was abolished by Reorganization Plan No. 2 of 1946 (5 U.S.C. App.), effective July 16, 1946.

By Reorganization Plan No. 1 of 1953 (5 U.S.C. App.), effective April 11, 1953, the Social Security Administration was transferred from the Federal Security Agency to the Department of Health, Education, and Welfare. The Department was redesignated as the Department of Health and Human Services by the Department of Education Organization Act (20 U.S.C. 3508).

The Office of the Commissioner of Social Security is directly responsible to the Secretary of Health and Human Services for all programs administered by SSA and provides executive direction and support to SSA.

The Social Security Administration, under the direction of the Commissioner of Social Security, administers a national program of contributory social insurance whereby employees, employers, and the self-employed pay contributions that are pooled in special trust funds. When earnings stop or are reduced because the worker retires, dies, or becomes

disabled, monthly cash benefits are paid to partially replace part of the earnings the family has lost.

Part of the contributions go into a separate hospital insurance trust fund, so that when workers and their dependents become 65 years old they will have help with their hospital bills. They may also elect to receive help with doctor bills and other medical expenses by paying a percentage of supplementary medical insurance premiums, while the Federal Government pays the remainder. Together, these two programs are often referred to as "Medicare." Under certain conditions, Medicare protection also is provided to people who are receiving social security or railroad retirement monthly benefits based on a disability. The responsibility for the administration of the Medicare Program has been transferred to the Health Care Financing Administration. By agreement with the Department of Labor, SSA is also involved in certain aspects of the administration of the black lung benefits provisions of the Federal Coal Mine Health and Safety Act of 1969, as amended (30 U.S.C. 901).

Principal SSA programs include the Old Age Survivors and Disability Insurance Program, which provides monthly benefits to retired and disabled

workers, their spouses and children, and to survivors of insured workers.

Effective January 1, 1974, SSA undertook administration of the supplemental security income (SSI) program for the aged, blind, and disabled. The basic Federal SSI payment program is financed out of general revenue, rather than a special trust fund. Some States, choosing to provide payments to supplement SSI benefits, have agreements with SSA under which SSA administers these supplemental payments for the States.

In addition, SSA, through a nationwide field organization of 10 regional offices, 6 program service centers, and over 1,300 local offices, guides and directs all aspects of the cash benefit program operations of SSA; and directs the activities of those offices responsible for various program operations, including retirement, survivors, and disability insurance, and supplemental security income.

The Social Security Administration also provides administrative direction to a national organization of administrative law judges, who conduct independent hearings and decide appealed determinations involving the benefit provisions of SSA programs. SSA, through its Appeals Council, reviews such appealed determinations and renders the Secretary's final decision.

Social Security Administration operations are decentralized to provide appropriate services at the local level. The United States is divided into 10 regions, each headed by a Regional Commissioner. The Regional

Commissioner is the principal SSA representative at the regional level, responsible for effective SSA contact with HHS, other Federal agencies, State disability determination services, and State welfare agencies. Regional Commissioners implement national operational and management plans for providing SSA services directly to the public. Regional Commissioners coordinate SSA's regional operations so that they are effective and consistent with national and regional requirements, as well as systems and policy directives.

Each region contains, under the overall direction of the Regional Commissioner, a network of district offices, branch offices, and teleservice centers, which serve as the contact between SSA and the public. These installations have responsibility for:

- informing people of the purposes and provisions of programs administered by SSA and their rights and responsibilities thereunder;
- assisting with claims filed for retirement, survivors, health, or disability insurance benefits, black lung benefits, or supplemental security income;
- developing and adjudicating claims;
- assisting certain beneficiaries in claiming reimbursement for medical expenses;
- conducting development of cases involving earnings records, coverage, and fraud-related questions;
- making rehabilitation service referrals; and
- assisting claimants in filing appeals on SSA determinations of benefit entitlement or amount.

For further information, contact the Office of Public Inquiries, Social Security Administration, Department of Health and Human Services, 6401 Security Boulevard, Baltimore, MD 21235. Phone, 301-965-7700.

Family Support Administration

[For the Family Support Administration statement of organization, see the *Federal Register* of Oct. 6, 1986, 51 FR 35561]

The Family Support Administration (FSA):

- serves as the adviser to the Secretary and Under Secretary on efforts to serve America's children and families, especially low-income families;

—provides leadership and direction to family support programs;

—recommends to the Secretary actions and strategies that improve coordination of family support programs among HHS programs, other Federal agencies, State and local governments, and private-sector organizations;

—directs and coordinates programs with the Assistant Secretary of Labor for Employment and Training, who together form the Work Incentive Program (WIN) National Coordinating Committee (NCC) to administer WIN;

—manages and provides leadership and planning and developing FSA programs; and

—supervises the use of research and evaluation funds and controls equal employment opportunity programs for FSA.

Family Support Administration The Office of the Administrator for the Family Support Administration provides executive direction to all FSA headquarters components, jointly administers the WIN Program nationwide, and is the Director of the Office of Child Support Enforcement.

Family Assistance The Office of Family Assistance is the principal agency designated to carry out the Aid to Families with Dependent Children (AFDC) Program (title IV-A of the Social Security Act (42 U.S.C. 601)), a Federal-State program that helps needy families in which there are children. AFDC subsidizes children who are deprived of the financial support of one of their parents due to death, disability, absence from the home, or, in some States, unemployment. The assistance payment programs are State and local programs administered by State welfare agencies under individual plans developed by each State in conformity with Federal requirements and regulations.

For further information, contact the Office of Family Assistance, Family Support Administration, Department of Health and Human Services, 2100 Second Street, SW., Washington, DC 20024. Phone, 202-245-2000.

Child Support Enforcement The Office of Child Support Enforcement was established pursuant to act of January 4,

1975 (42 U.S.C. 651). Its mission is to provide leadership in the planning, development, management, and coordination of the Department's Child Support Enforcement programs and activities authorized and directed by title IV-D of the Social Security Act, as amended (42 U.S.C. 651), and other pertinent legislation. The general purpose of this legislation and the Child Support Enforcement programs is to require States to enforce support obligations owed by absent parents to their children by: locating absent parents, establishing paternity when necessary, and obtaining child support.

For further information, contact the Child Support Information Officer, Office of Child Support Enforcement, Family Support Administration, Department of Health and Human Services, 330 C Street SW., Washington, DC 20201. Phone, 202-245-1740.

Community Services The Office of Community Services was established within the Department of Health and Human Services by section 676 of the Omnibus Budget Reconciliation Act of 1981 (42 U.S.C. 9905).

The Office of Community Services administers the Community Services block grant and discretionary grant programs established by sections 672 (42 U.S.C. 9901) and 681 (42 U.S.C. 9910) of the act and the Community Services transition project grants authorized by section 682 (42 U.S.C. 9911) for implementation during fiscal year 1982. The Office also carries out the Low Income Home Energy Assistance Program, which provides assistance to low-income households in meeting the costs of home energy. The program provides funds through block grants to States, Indian tribes, Puerto Rico, and the territories for their use in programs tailored to meet the unique requirements of their jurisdictions.

For further information, contact the Director, Office of Community Services, Family Support Administration, Department of Health and Human Services, 330 C Street SW., Washington, DC 20201. Phone, 202-475-0423.

Refugee Resettlement The Office of Refugee Resettlement administers the Refugee Assistance Program, which is

designed to assimilate refugees and Cuban and Haitian entrants into American society as quickly and effectively as possible (title IV of the Immigration and Nationality Act (8 U.S.C. 1521) and section 501 of the Refugee Education Assistance Act of 1980 (8 U.S.C. 1522 note). The Refugee Assistance Program provides a comprehensive program of cash and medical assistance and social services for refugees.

The Office of Refugee Resettlement also administers the State Legalization

Impact Assistance Grant program authorized by Section 204 of the Immigration Reform and Control Act of 1986 (8 U.S.C. 1255a note). The program's purpose is to pay a portion of State and local costs associated with providing public assistance, public health, and educational services to eligible legalized aliens.

For further information, contact the Office of Refugee Resettlement, Family Support Administration, Department of Health and Human Services, 200 Independence Avenue SW., Washington, DC 20201. Phone, 202-245-0418.

Sources of Information

Office of the Secretary

Inquiries on the following information may be directed to the specified office, Department of Health and Human Services, Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201.

Consumer Activities Call or write the U.S. Office of Consumer Affairs for information about consumer activities. Phone, 202-634-4310.

Contracts and Small Business Activities For information concerning programs, call or write the Director, Office of Small and Disadvantaged Business Utilization. Phone, 202-245-7300.

Employment Inquiries and application for employment and inquiries regarding the college recruitment program should be directed to the Office of Personnel Services. Phone, 202-475-6563.

Locator Inquiries about the location and telephone numbers of HHS offices should be directed to the HHS locator in Room G-174 of the Wilbert H. Cohen Building, 330 Independence Avenue SW., Washington, DC 20201. Phone, 202-475-0257.

Publications Persons requiring a short history of the Department of Health and Human Services may request *A Common Thread of Service* from the Information Center.

Prenatal Care, Infant Care, Your Child from 1 to 6, Your Child From 6 to 12,

No Smoking! Pamphlets for Parents, Teenagers, Grade School Children, Thinking About Drinking, and many others are available at various prices from the Superintendent of Documents, Government Printing Office, Washington, DC 20402.

Telephone Directory The Department of Health and Human Services telephone directory is available for sale by the Superintendent of Documents, Government Printing Office, Washington, DC 20402.

Office of Human Development Services

General inquiries may be directed to the Office of Human Development Services, Department of Health and Human Services, Washington, DC 20201.

Contracts Contact the Grants and Contract Management Division. Phone, 202-472-3243.

Information Center Public Information Office, Room 329F, Humphrey Building. Phone, 202-472-7257.

Mental Retardation Call or write the President's Committee on Mental Retardation, OHDS, for information on HHS mental retardation programs. Phone, 202-245-7634.

Public Health Service

Office of the Assistant Secretary for Health Inquiries on the following

should be directed to the specified office, Office of the Assistant Secretary for Health, 5600 Fishers Lane, Rockville, MD 20857.

Employment The majority of positions are in the Federal civil service. Inquiries should be addressed to the Office of Personnel Operations, Room 17A-07. Phone, 301-443-6900.

Many medical, scientific, and technical positions are filled through the Commissioned Corps of the Public Health Service, a uniformed service of the U.S. Government. Inquiries should be directed to the Division of Commissioned Personnel Operations, Room 4A-15. Phone, 301-443-3067.

Films, Publications, and Other Information Information concerning films, publications, and other specific information should be directed to the six health agencies that are listed below. All other inquiries about the Public Health Service should be directed to the Office of Communications, Room 712H, Hubert H. Humphrey Building. Phone, 202-245-6867.

Alcohol, Drug Abuse, and Mental Health Administration

Inquiries on the following subjects may be directed to the office indicated at the Alcohol, Drug Abuse, and Mental Health Administration, 5600 Fishers Lane, Rockville, MD 20857.

Contracts Write to the Director, Division of Grants and Contracts Management. Phone, 301-443-4147.

Employment Inquiries should be addressed to the Director, Division of Personnel Management. Phone, 301-443-3408.

Publications Write to the Associate Administrator for Communications and External Affairs. Phone, 301-443-3783.

Centers for Disease Control

Inquiries on the following information may be directed to the CDC office indicated at the Centers for Disease Control, 1600 Clifton Road NE., Atlanta, GA 30333.

Employment The majority of CDC positions are in the Federal civil service. For information about positions, inquiries

may be addressed to the Personnel Management Office.

Many medical, scientific, and technical positions are filled through the Commissioned Corps of the Public Health Service, a uniformed service of the U.S. Government. Inquiries may be addressed to CDC, Personnel Management Office (phone, 404-639-3276); or to Commissioned Personnel Operations Division, OPM, PHS, Department of Health and Human Services, 5600 Fishers Lane, Rockville, MD 20857.

Films Information concerning availability of audiovisual materials related to CDC program activities can be obtained from the Office of Public Affairs. Phone, 404-639-3286.

Publications Single copies of most CDC publications are available free of charge from the Management Analysis and Services Office, CDC. Phone, 404-639-3534.

Bulk quantities of publications may be purchased from the Superintendent of Documents, Government Printing Office, Washington, DC 20402.

Health Resources and Services Administration

Inquiries on the following should be directed to the specified office, Health Resources and Services Administration, 5600 Fishers Lane, Rockville, MD 20857.

Employment The majority of HRSA positions are in the Federal civil service. For positions in the Washington, DC, metropolitan area, employment inquiries may be addressed to the Division of Personnel, Room 14A46. Phone, 301-443-5460.

Hiring in other areas is decentralized to the Regional Health Administrators in each of the 10 HHS regional offices. The U.S. Government listings in the appropriate commercial telephone directories will provide specific addresses.

Some health professional positions are filled through the Commissioned Corps of the Public Health Service, a uniformed service of the U.S. Government. Inquiries may be addressed to Division of

Commissioned Personnel, Office of the Surgeon General, Public Health Service, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

Films Information concerning the availability of audiovisual materials related to HRSA program activities, including films for recruiting minorities into health professions and women into dentistry, are available from the Office of Communications.

Publications Single copies of most Health Resources and Services Administration publications are available free of charge. For a complete listing, request the catalog *Current Publications of the Health Resources and Services Administration* from the Office of Communications, Room 14-43. Bulk

quantities of publications may be purchased from the Superintendent of Documents, Government Printing Office, Washington, DC 20402. Certain technical publications may be purchased from the National Technical Information Service, Department of Commerce, Springfield, VA 22151.

Food and Drug Administration

Inquiries on the following subjects may be directed to the specified office, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857.

Consumer Activities FDA Consumer Affairs Officers are located in 32 cities across the country. Consumer phones in these same cities provide recorded messages of interest to the consumer. Phone, 301-443-5006.

Consumer Affairs Officers—Food and Drug Administration

Office	Address	Telephone
Atlanta, GA	60 8th St. NE., 30309	404-347-7355
Baltimore, MD	900 Madison Ave., 21201	301-962-3731
Boston, MA	One Montvale Ave., Stoneham, MA 02180	617-279-1479
Brooklyn, NY	850 3d Ave., 11232	718-965-5043
Buffalo, NY	599 Delaware Ave., 14202	716-846-4483
Chicago, IL	1222 Main Post Office Bldg. and 433 W. Van Buren St., 60607	312-353-7126
Cincinnati, OH	1141 Central Pkwy., 45202-1097	513-684-3501
Cleveland, OH	P.O. Box 838, 3820 Center Rd., Brunswick, OH 44212	216-273-1038
Dallas, TX	3032 Bryan St., 75204	214-767-5433
Denver, CO	P.O. Box 25087, Bldg. 20, Denver Federal Ctr., 80225-0087	303-236-3031
Detroit, MI	1560 E. Jefferson Ave., 48207	313-226-6274
West Orange, NJ	61 Main St., 07052	201-645-3265
Houston, TX	Suite 420, 1445 N. Loop W, 77008	713-229-3530
Indianapolis, IN	Rm. 693, 575 N. Pennsylvania St., 46204	317-269-6500
Kansas City, MO	1009 Cherry St., 64106	816-374-3817
Los Angeles, CA	1521 W. Pico Blvd., 90015-2486	213-252-7597
Minneapolis, MN	240 Hennepin Ave., 55401	612-334-4103
Nashville, TN	297 Plus Park Blvd., 37217	615-738-2088
New Orleans, LA	4298 Elysian Fields Ave., 70122	504-589-6341
Omaha, NE	200 S. 16th St., 68102	402-221-4675
Orlando, FL	Suite 120, 7200 Lake Ellenor Dr., 32809	305-855-0900
Philadelphia, PA	Rm. 900, 2d and Chestnut Sts., 19106	215-597-0837
San Antonio, TX	Rm. B-406, 727 E. Durango, 78206	512-229-6737
San Francisco, CA	Rm. 506, 50 United Nations Plaza, 94102	415-556-1457
San Juan, PR	P.O. Box 5719 Puerta de Tierra Station, 00906-5719	809-753-4443
Seattle, WA	Rm. 5003, 909 1st Ave., 98174	206-442-5265
St. Louis, MO	808 N. Collins Alley, 63102	314-425-5021

Contracts Contact the Director, Division of Contracts and Grants Management (HFA-500). Phone, 301-443-6890.

Employment FDA uses various civil service examinations and registers in their recruitment for positions such as consumer safety officers,

pharmacologists, microbiologists, physiologists, chemists, mathematical statisticians, physicians, dentists, animal caretakers, etc. Inquiries for positions in the Washington, DC, metropolitan area should be directed to the Personnel Officer (HFA-400). Phone, 301-443-2234.

Inquiries for positions outside the Washington, DC, area should be directed to the appropriate local FDA office.

Schools interested in their college recruitment program should write to the Personnel Officer (HFA-400). Phone, 301-443-6890.

Publications *FDA Consumer*, FDA's official magazine, is available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402. Phone, 301-443-3220.

Reading Rooms Freedom of Information, Room 12A-30, phone, 301-443-1813; Hearing Clerk, Room 4-65, phone, 301-443-1751; and Press Office, Room 15-05 (or Room 3807, FB-8, 200 C Street SW., Washington, DC 20204), phone, 301-443-3285.

Speakers Available for presentations to private organizations and community groups. Requests should be directed to the local FDA office.

National Institutes of Health

Inquiries on the following subjects may be directed to the NIH office indicated at the National Institutes of Health, Bethesda, MD 20892, or the address given.

Contracts For information on research and development contracts, contact the Division of Contracts and Grants. Phone, FTS 8-496-6431. For all other contracts, contact the Division of Procurement. Phone, FTS 8-496-3181.

Employment A wide range of civil service examinations and registers are used; staff fellowships are available to recent doctorates in biomedical sciences; college recruitment is conducted as necessary to meet requirements. Write to Division of Personnel Management for further information. Phone, 301-496-4197.

PHS Commissioned Officer Program

Contact the Division of Personnel Management (phone, FTS 8-496-4212 or 301-496-4212) for information on the Commissioned Officer programs at NIH and the program for early commissioning of senior medical students in the Reserve Corps of the Public Health Service.

Environment Research on the biological effects of chemical, physical,

and biological substances present in the environment are conducted and supported by the National Institute of Environmental Health Sciences, Research Triangle Park, NC 22709. Phone, FTS 8-629-3211.

Films Research and health-related films are available for loan from the National Library of Medicine, Collection Access Section, Bethesda, MD 20984. Films are available for purchase from the National Audiovisual Center (GSA), Washington, DC 20409.

Publications Publications, brochures, and reports on health and disease problems, medical research, and biomedical communications are available from the Division of Public Information, Office of Communications, NIH, Bethesda, MD 20892, phone, 301-496-4143; or Government Printing Office, Washington, DC 20402. Publications include: *Journal of National Cancer Institute*; *Environmental Health Perspectives*; *Scientific Directory and Annual Bibliography*; *NLM—Medline* (brochure); and *NIH Publications List*. Single copies of these publications are available from NIH. *Index Medicus*, *Cumulated Index Medicus Annual*, and *Research Grants Index* may be ordered from the Government Printing Office.

Health Care Financing Administration

Inquiries on the following information may be directed to the Health Care Financing Administration, Department of Health and Human Services, 6325 Security Boulevard, Baltimore, MD 21207.

Contracts and Small Business Activities

Contact the Chief, Contracts and Grants Branch, Division of Procurement Services. Phone, 301-966-5141.

Employment Inquiries should be addressed to the Office of Human Resources. For information on employment in an HCFA regional office, contact the Regional Personnel Officer in the Office of the Regional Director for that region. Phone, 301-966-5489.

Publications For information on publications write to the Printing, Distribution, and Property Management

Branch, Division of General Services.
Phone, 301-966-7858.

Social Security Administration

Inquiries on the following information may be directed to the specified office, Social Security Administration, 6401 Security Boulevard, Baltimore, MD 21235.

Contracts and Small Business Activities

Contact the Office of Management, Budget, and Personnel. Phone, 301-965-0580.

Employment A variety of civil service registers and examinations are used in hiring new employees. Specific employment information may be obtained from the Office of Human Resources. Phone, 301-965-3060.

Publications The Social Security Administration collects a substantial volume of economic, demographic, and other data in furtherance of its program mission. Basic data on employment and earnings, beneficiaries and benefit payments, utilization of health services and other items of program interest are published regularly in the *Social Security Bulletin*, its *Annual Statistical*

Supplement, and in special releases and reports that appear periodically on selected topics of interest to the general public. Additional information may be obtained from the Publications Staff of SSA's Office of Research and Statistics, Room 921, 1875 Connecticut Avenue NW., Washington, DC 20009. Phone, 202-673-5579.

The Office of Governmental Affairs has published numerous pamphlets concerning programs administered by SSA. Single copies may be obtained at any of SSA's over 1,300 local offices.

Reading Rooms Requests for information, for copies of records, or to inspect or copy records may be made at any of SSA's local offices or the Headquarters Contact Unit, Room G-44, Altmeyer Building. Phone, 301-876-6450 (answering service).

Speakers and Films It is SSA's policy to make speakers, films, and exhibits available to public or private organizations, community groups, schools, etc., throughout the Nation. Requests for this service should be directed to the nearest Social Security Office or the Office of Governmental Affairs.

For further information concerning the Department of Health and Human Services, contact the Information Center, Department of Health and Human Services, 200 Independence Avenue SW., Washington, DC 20201. Phone, 202-475-0257.

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Stephanie Blessey

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Kay Jones

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STATEMENT OF LOUIS W. SULLIVAN, M.D.

CONFIRMATION HEARINGS

SENATE FINANCE COMMITTEE

FEBRUARY 23, 1989

Mr. Chairman, Members of the Committee, I am honored to appear before you today. I am honored, first, to enjoy the confidence and trust of our new President, as reflected in his nomination of me for the Office of Secretary of Health and Human Services. I admire George Bush; I am, frankly, proud to claim his friendship; and, if confirmed, I shall carry out the task he has given me in such a way that the hopes and aspirations we mutually hold for this Department, and for the American people, are fulfilled.

I am privileged to have the opportunity to discuss with this distinguished Committee the broad contours of those hopes and aspirations. They center on the President's commitment -- a commitment I fully share -- to the ideal of a "kinder, gentler" America. No Department will be more directly affected by that commitment than HHS, which touches the lives of Americans wherever they are most vulnerable -- from the beginning of life, through health and sickness, from the foods we eat to the medicines we take, to the care of the elderly and disabled.

Taking that commitment as my guide, I intend to see to it that the regulations we promulgate at HHS carry a firm, but

2

gentle touch; that HHS employees take pride once more in the invaluable service they render our citizens; that government itself comes to have a more human face.

This may seem to be an unreasonably idealistic goal. But in our lifetime, many idealistic goals have in fact become reality. Our economic system has brought well-being to numbers undreamed of in human history. Our once-segregated society, where the color of one's skin determined where one ate, went to school, and lived, is evolving into a nation of mutual understanding and good will. This has been especially so in my native South, which has achieved remarkable progress in racial harmony over the past 2-3 decades. A tolerant, compassionate society is no longer merely an idealistic goal; it is within our reach.

I have seen these momentous changes in my own life. When I entered medical school in 1954 -- the year the Supreme Court struck down segregation in public schools -- there were very few black doctors, and it seemed naive to suppose that the medical profession could ever be completely open to all races. But today, my oldest son is a doctor, and the young Morehouse School of Medicine is sending scores of highly trained, deeply committed young minority men and women into medically-underserved rural areas and inner cities of our country.

Bringing a new spirit of kindness and compassion to a vast federal Department -- one with 114,000 employees and a \$400 billion budget -- may seem excessively idealistic. But it is an

ideal we can and must attain. Nothing less shall be my goals, as Secretary of HHS.

As a physician and as one who came from a proud family of modest circumstances, I have a special grasp of the responsibilities of HHS. During my medical career, I have seen remarkable progress in the nation's system of health care, with programs like Medicare and Medicaid making available to the elderly and poor, services that were once open only to the rich. As an academician, I have rejoiced in the great strides we have made against cancer, polio and other dread diseases, through research supported by the National Institutes of Health. And I have seen the improvements brought to the lives of millions of our children and less privileged through HHS' program of human services.

But much remains to be done. And it must be done with an eye to reducing the Federal budget deficit -- a concern, I know, of paramount importance to this Committee, as you consider not only how funds are spent, how they are to be raised, as well.

Let me indicate how we might begin to make further progress toward improving the health and well-being of our citizens, bearing these constraints in mind:

o First, we must assure the solvency of programs like Social Security and Medicare. We must find ways to contain escalating medical costs, without sacrificing our commitment to quality health care for all. And we must emphasize health promotion and preventive medicine strategies, because promoting

health is ultimately more humane and economical than merely treating illness.

o Second, we must sustain and improve programs like Aid to Families with Dependent children and Head Start -- programs that help the poor learn and work their way out of poverty. Implementation of last year's welfare reform legislation will therefore be one of my highest and earliest priorities.

o Third, we must seek ways to strengthen family life and reinforce our society's sense of community, our shared sense of responsibility and commitment to one another. As President Bush notes, "family . . . is a powerful word, full of emotional resonance," and those of us who have been blessed with strong families must work to bring that blessing to those who have not.

Attention to family means that the health of our children must be our particular concern, for nothing less than our nation's future is at stake. Today, that future is threatened by the epidemic of drug abuse among our young. I am deeply committed to the battle against "this scourge," as President Bush has called it, and will work long and hard with this Committee, with the President, and with his Drug Advisor, Mr. Bennett, in pursuit of victory.

o Fourth, we must sustain our biomedical research efforts in the quest for a cure for AIDS. As the President has said, "We must commit the resources and the will to find a cure. American science must know that we have the resolve to beat this disease." At the same time, however, we must not slight our

efforts to conquer cancer, heart disease, diabetes and other disorders afflicting our citizens.

o Finally, we must focus our limited resources on the poor, the disadvantaged, and the neglected in our society. Programs like Medicare and Medicaid must be carefully administered so that rural and inner city health care needs are met, and the nation's poor are accorded decent, dignified care.

During my career as a doctor, scientist, teacher, and administrator, I have developed the habit of consultation -- of seeking the wisdom and experience of others, exploring many alternatives, sometimes even playing the devil's advocate in order to understand all sides of an issue. As my wife and children will attest, this is very much a part of my nature.

Such free and robust discussion was an essential part of doing an effective job, as President of Morehouse School of Medicine. As nominee for Secretary of HHS, however, it has made for a good deal of press. With apologies to Senator Packwood for having misspoken when I met him, thereby causing confusion, please allow me to clarify some important matters.

I am opposed to abortion, except when the life of the mother is threatened, or cases of rape or incest.

I support a human life amendment, embracing the exceptions just noted.

Like President Bush, I would welcome a Supreme Court decision overturning Roe v. Wade.

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If confirmed, I will actively encourage adoption and other alternatives to abortion.

I hope this clarifies my position on the very difficult issue of abortion.

When the President nominated me for this position, he presented me a major challenge. If confirmed by the Senate, I will need and will seek your advice and counsel in meeting that challenge. I intend to approach it in the spirit of a charge I gave to the first graduating class of the Morehouse School of Medicine in 1985. I challenged those young graduates to:

Continue to grow -- in knowledge, wisdom, excellence and service -- for the rest of their lives, in their quest to be the complete physician. That physician is a scientist, a counselor, an educator, an humanitarian, a leader, and a friend -- to his patients and to his community. He is never satisfied with his level of professional attainment, but is forever striving to reach a higher ground -- to master the new biology, to comprehend more fully our expanding technology, to increase his understanding of the social, philosophical and ethical dilemmas which confront us now . . . and will confront our society for many years to come. This is an awesome, and welcome challenge.

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The challenge I issued those young doctors is mine, as well. With the support of my wife, Ginger, and my three children, Paul, Shanta, and Halsted, with the continued confidence of our President, and with your concurrence, I intend to meet that challenge, in service to the people of the United States.

03/07/89

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DEPT. OF HEALTH AND
HUMAN SERVICES

02/01/89

INTERNATIONAL BUDGETS
(for FY 1990)
Outlays in Billions

United States.....	\$1,151.8
Union of Soviet Socialist Republics.....	495.0 (rubles) 1/
Japan.....	\$420.0
HEALTH AND HUMAN SERVICES.....	\$401.6
United Kingdom (England).....	\$280.0

Source

U.S. and HHS: Budget Appendix, 1990

U.S.S.R., Japan, and United Kingdom: State Department

Exchange rate:

Japan & United Kingdom - 01/05/89 Washington Post
State Department

Actual currency:

- U.S.S.R. - 494.7 billion Rubles
- Japan - 56.7 trillion Yen
- United Kingdom - 153.6 billion Pounds

1/ At 6 rubles/dollar would equal \$82.5 billion
U.S. dollars; precise exchange rate unavailable.

DATINTL1(Lotus)

2/28/89

Sullivan Swearing-in

Mary
Bill (asst. sect. dir.)
245-3087
632-6106

4:45 called again; told she will call back

3/1/89

~~Suzanne~~; will call back w/ info

Roy James, 245-3087
is fixing info on priorities
& back on HHS

3/3/89

One of 3 bk member of delegation

to 7 African countries in mid-Nov '82

3 children & wife Ginger will be there

son Paul is physician

3/7/89

Called Roy James of need personal
logs - Is calling bk if there's
a problem.

6. RESPONDING TO HIV/AIDS

OVERVIEW

Solving the problem of Human Immunodeficiency Virus (HIV, the infection which causes AIDS) is the highest public health priority of the Bush Administration.

Basic research will help to solve HIV mysteries, and applied research will lead to new treatments. Although focused on HIV, this research will also shed light on other diseases.

Education, testing, and counseling are used to help individuals reduce the risk of HIV transmission. Fortunately, when individuals reduce their risk for HIV, they also protect themselves from other sexually transmitted diseases and from the horrors of drug abuse.

"We must wage an all-out war against the disease. Let me repeat: an all-out war against the disease—not against the people. Not against the victims of AIDS, but an all-out war against the disease itself."

George Bush

PRINCIPLES

- Prevention and research are the primary tools for combatting the disease. Resources must be committed to both.
- Efforts against HIV are directed towards the disease, not against the people afflicted with it.
- Federal treatment programs are available to assist the needy.

PROPOSED CHANGE

(In millions of dollars)

	1989	1990	Dollar Change	Percent Change
Budget Authority	1,287	1,600	+313	+24
Outlays	1,217	1,377	+160	+13

POLICIES

President Bush will commit the necessary resources to meet the Nation's concern about HIV. Federal agencies are expected to devote over \$2.8 billion to HIV in 1990, \$670 million

more than the 1989 effort. The President proposes \$1.6 billion for Public Health Service (PHS) HIV activities, which is \$313 million or 24 percent over 1989 funding levels.

The National HIV Program will be established in PHS to coordinate and advance HIV activities. Spread among 23 separate PHS agencies, HIV funds are vulnerable to bureaucratic competition and rivalries. This focus will enhance the targetting of funds towards high priority areas and promising new HIV research and prevention efforts as they emerge.

Executive Branch agencies are implementing the ten-point plan against HIV issued last August based on the recommendations of the Presidential HIV Commission.

Federal health care services, including Medicaid, Medicare, the Indian Health Service and Department of Veterans Affairs health programs, are available for Americans afflicted with HIV infection.

In addition to covering HIV-infected persons under its regular program, Medicaid is developing options to address the special needs of HIV individuals through case management, drug treatment, social services, and expanded home health care. These innovative programs are designed to provide more tailored, cost-effective treatment than would be available under the ordinary delivery system. New program options are also being developed to provide special support services specifically for children up to age 5 who are HIV-infected or addicted to drugs at birth, or who develop AIDS after birth. Several Medicare and Medicaid research projects on HIV are currently underway and proposals for new studies and research are actively being solicited.

As with previous national initiatives, ranging from space exploration to the war on cancer, efforts to combat HIV will yield valuable by-products. HIV research will generate new knowledge which will be useful for fighting other diseases, and HIV prevention efforts will help individuals reduce the risk of contracting other illnesses.

FUNDING SUMMARY

(In millions of dollars)

	1989	1990	1991	1992	1993
Budget Authority	1,287	1,600	1,760	1,936	2,130
Outlays	1,217	1,377	1,550	1,807	1,987

Table 4.1 -- OUTLAYS BY AGENCY: 1962-1984
(in millions of dollars)

Department or other unit	1985	1986	1987	1988	1989 est.	1990 est.	1991 est.	1992 est.
Legislative Branch.....	1,610	1,665	1,812	1,852	2,233	2,184	2,154	2,166
The Judiciary.....	966	1,069	1,178	1,337	1,478	1,513	1,523	1,544
Executive Office of the President.....	111	107	109	121	127	135	273	285
Funds Appropriated to the President.....	11,858	11,042	10,406	7,253	5,577	11,457	11,073	11,596
Agriculture.....	55,523	58,679	49,600	44,003	52,055	42,428	45,173	43,257
Commerce.....	2,140	2,083	2,127	2,279	2,792	3,533	2,312	2,099
Defense-Military.....	245,154	265,480	273,966	281,935	289,800	293,820	304,721	316,250
Defense-Civil.....	18,770	20,254	20,684	22,029	23,353	23,833	24,776	25,592
Education.....	16,682	17,673	16,800	18,246	20,828	24,500	25,099	24,243
Energy.....	10,587	11,026	10,693	11,166	11,403	10,977	12,545	13,160
Health and Human Services-except social security	132,104	143,253	148,893	159,071	174,715	183,801	200,001	219,728
Health and Human Services-social security.....	183,434	190,684	202,422	214,489	226,920	240,557	257,333	271,276
Housing and Urban Development.....	28,720	14,139	15,484	18,938	20,383	22,598	24,118	24,388
Interior.....	4,825	4,789	5,050	5,147	5,547	3,087	5,088	4,766
Justice.....	3,586	3,768	4,333	5,426	6,010	6,755	7,287	7,395
Labor.....	23,893	24,141	23,453	21,870	22,829	23,017	23,562	24,645
State.....	2,645	2,865	2,788	3,421	3,596	3,901	3,917	4,013
Transportation.....	25,020	27,378	25,424	26,404	27,063	27,269	27,375	27,309
Treasury.....	164,892	179,231	180,253	202,386	227,662	235,671	238,850	235,733
Veterans Affairs.....	26,333	26,536	26,952	29,271	29,196	29,830	30,503	31,261
Environmental Protection Agency.....	4,490	4,867	4,904	4,871	5,159	5,492	5,590	5,259
General Services Administration.....	-2	380	51	-281	-42	104	413	-*
National Aeronautics and Space Administration...	7,251	7,403	7,591	9,092	10,596	12,597	14,021	15,088
Office of Personnel Management.....	23,727	23,955	26,966	29,191	30,792	30,491	31,817	33,881
Small Business Administration.....	680	557	-65	-54	153	-102	-120	-160
Other Independent Agencies.....	9,974	12,201	14,264	23,444	24,719	14,900	18,294	16,174
Allowances.....	---	---	---	---	---	-360	857	2,025
Undistributed offsetting receipts:								
Employer share, employee retirement (On-budget).....	-24,648	-25,434	-27,259	-29,037	-29,427	-27,844	-29,158	-30,283
Employer share, employee retirement (Off-budget).....	-2,509	-2,857	-3,300	-4,382	-4,849	-5,551	-5,928	-6,444
Interest received by on-budget trust funds...	-21,838	-26,558	-29,662	-34,480	-39,775	-44,652	-49,244	-52,535
Interest received by off-budget trust funds..	-4,118	-4,329	-5,290	-7,416	-11,210	-14,888	-19,677	-24,008
Interest received from Outer Continental Shelf escrow account.....	-2	-1,072	-903	-1	---	-559	---	---
Rents and royalties on the Outer Continental Shelf.....	-5,542	-4,716	-4,021	-3,548	-2,655	-3,710	-3,283	-3,516
Sale of major assets.....	---	---	-1,875	---	---	-2,285	-1,500	-1,200
Other undistributed offsetting receipts.....	---	---	---	---	---	-2,652	-2,476	-550
Subtotal, Undistributed offsetting receipts.....	-58,656	-64,967	-72,310	-78,863	-87,916	-102,141	-111,265	-118,537
(On-budget).....	(-52,029)	(-57,780)	(-63,720)	(-67,066)	(-71,857)	(-81,702)	(-85,660)	(-88,085)
(Off-budget).....	(-6,627)	(-7,186)	(-8,590)	(-11,798)	(-16,059)	(-20,439)	(-25,605)	(-30,452)
Total outlays.....	946,316	990,258	1,003,830	1,064,044	1,137,030	1,151,848	1,207,291	1,244,438

* \$500 thousand or less

2/2/84
2/2/84
1/1/84

Stephanie:
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of draft, + disc.

— Dan

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REMARKS: SWEARING-IN OF DR. LOUIS W. SULLIVAN
WASHINGTON, D.C.
MARCH 10, 1989

Thank you. I am very pleased to be here this morning for the swearing-in of Dr. Louis Sullivan. This is a proud day for all involved:

For this Department, whose dedicated workers are welcoming as leader a man of energy, enthusiasm, and intellect; for Dr. Sullivan's family -- his wife, Ginger, and his children, Paul, Shanta, and Halsted -- whose share in Lou's success is beyond measure; and for all of us who know Louis Sullivan, admire him, and call him friend.

Dr. Sullivan has enjoyed a distinguished career as a physician, scientist and scholar, teacher and administrator. But what sets Lou Sullivan apart is that "something extra" he brings to his work: a sense of mission.

As first president of Morehouse School of Medicine, Lou made it his goal not only to train up a new generation of minority physicians, but to instill in them a sense of service -- a commitment to minister to communities in our inner cities and in

rural America, where health care facilities are stretched thin, and doctors are in short supply.

In the past seven years, Barbara and I have taken a special interest in the work being done by Dr. Sullivan at Morehouse. I knew that a man of Dr. Sullivan's vision could contribute to our national well-being, in much the same way he had contributed to the health and well-being of so many people, throughout his career in medicine.

With that in mind, and with a cabinet to assemble, I spoke to someone I know on the Morehouse board of directors -- someone who happens also to be my most trusted advisor. She told me of the phenomenal progress Morehouse had made in its first decade -- and that, perhaps, its president might be persuaded to take up a new challenge, in Washington.

It's our good fortune that she proved to be correct.

Lou, the assignment you are about to embark on is among the most diverse and difficult public service has to offer. The enterprise the Department of Health and Human Services is involved in is vast. You command a \$400 billion dollar budget, and 114,000 employees. In all, your responsibilities range from regulating food and drugs and conducting major medical research, to providing support and care for the elderly, the disabled, the disadvantaged.

What this Department does affects the life of each and every American -- and especially the lives of the least advantaged among us.

Lou, I know we spoke about the scope of the administrative challenges you'd be taking on at HHS. Did I mention that your budget ranks third in the world -- behind the U.S. and the Soviet Union's?

We look to you and to the HHS team to meet a number of major challenges in the years ahead. We ask you to:

-- Work to find ways to contain the escalating costs of medical care, without compromising quality health service.

-- To work to sustain programs like Aid to Families with Dependent Children and Head Start, that help build the foundation for families and children to overcome disadvantages and difficult circumstances, to succeed and grow strong.

-- To advance our understanding of the AIDS virus, and move us towards a cure. To that end, I've directed HHS to pull together twenty-three separate AIDS projects now in progress, into a more focused effort under the direction of the Public Health Service. I've called on Congress to provide \$1.6 billion dollars for the Public Health Service efforts in 1990 -- an increase of 24% over 1989.

Lou, I hope these -- and the many challenges I have not named -- will be enough to keep you busy.

HHS is the department that, more than any other at the federal level, gives shape and form to the promise America makes to its people -- the promise I have made to you -- to fashion for ourselves a kinder, gentler nation: to take care of those in need, especially our children and the elderly, to steady those who seek only an opportunity to better themselves and their families.

That is noble work.

Lou, as you make this responsibility your own, you have my best wishes, my complete confidence and my full support.

Now, we will witness the swearing-in.

4TH STORY of Level 1 printed in FULL format.

The Associated Press

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July 20, 1982, Tuesday, AM cycle

SECTION: Domestic News

LENGTH: 490 words

HEADLINE: Nation's First 20th Century Black Medical School Opening In Atlanta

BYLINE: By ROBERT BYRD, Associated Press Writer

DATELINE: ATLANTA

KEYWORD: Morehouse

BODY:

The only black U.S. medical college created in this century moves into its permanent home Wednesday with a commitment to train doctors to serve those who need them most.

Vice President George Bush will be looking on when Morehouse School of Medicine dedicates its \$6.5 million Basic Medical Sciences Building. The school started four years ago, admitting 24 students to a makeshift two-year program.

Sixteen of those students have since received M.D. degrees, after two years at borrowed sites on the Morehouse College campus and two more years at other medical schools. Completion of the new building, a modern brick, three-story structure in the Atlanta University Center, opens the way for graduation of the first four-year Morehouse class in 1984.

The school was born in 1975 to alleviate a critical shortage of black doctors in Georgia and across the nation.

Black medical schools were founded in the 1800s and flourished at the beginning of this century, but only three train black physicians today, according to the American Medical Association — Meharry Medical College in Nashville, Tenn.; Howard University in Washington; and Morehouse.

Only 185 of Georgia's estimated 7,000 physicians are black, said Louis W. Sullivan, president and dean of the Morehouse school. Only "about a dozen" work outside the state's major urban areas. Many rural communities have no doctor, black or white, he said.

The shortage of black physicians is as severe across the country, he said; of approximately 450,000 doctors, only 9,300 are black.

Sullivan hopes his students will forsake the bright lights of the big cities and serve where they're needed.

The Associated Press, July 20, 1982

"We try to make them aware of the very meaningful role they can play, not just as a physician but as a community leader, and try to show them the ~~challenges and rewards that come from working in an underserved area,~~" Sullivan said.

"We tell them they're not going to starve if they become a family physician in a small community," he said. "They may not have the six-figure or higher income of a neurosurgeon in a big metropolitan area. But there are contributions and impact that have other rewards that cannot be measured in terms of income _ like what they're doing with their life."

Eighty percent of Morehouse's students are black, with 15 percent white and 5 percent other minorities. Admissions will jump to 32 with the freshman class entering this week, and eventually rise to 64 per year. At full staff, Morehouse will boast a faculty of 230 _ with an equal number of volunteer instructors, Sullivan said.

Tuition is \$8,000 a year, with total student costs about \$15,000 _ low by medical school standards, but out of reach of most Morehouse students without financial assistance.

Sullivan said 40 percent of the school's operating revenue will come from the state with 30 percent from the federal government. The remainder will come from endowments, gifts and tuition.

1ST STORY of Level 2 printed in FULL format.

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Time

December 26, 1988, U.S. Edition

SECTION: NATION; Pg. 28

LENGTH: 879 words

HEADLINE: "A Clean Bill of Health"

BYLINE: By Jacob V. Lamar Reported by Dan Goodgame/Washington

HIGHLIGHT:

Tower is tapped for the Pentagon, but is Kemp headed for HUD?

BODY:

For a month, the rumors mounted as President-elect George Bush let his choice to run the Pentagon twist slowly in the wind. Liberal critics complained that former Texas Senator John Tower was too cozy with defense contractors. Some conservatives questioned his fealty to the Strategic Defense Initiative. Gossips whispered about his reputation for boozing and womanizing. Last week, after one of the most prolonged background checks the FBI has ever conducted, Bush finally named Tower his Secretary of Defense.

Why did the selection take so long? Tower, 63, had been mentioned repeatedly by suspects in the Justice Department's "Ill Wind" investigation of corruption in defense contracting. But after an extensive review of the evidence, the FBI concluded that the suspects were merely dropping his name in an attempt to enhance their purported influence. Tower was cleared of any involvement in wrongdoing. In addition, the FBI probed his former wife's allegations that while serving as an arms-control negotiator in Geneva he had affairs with foreign women. Such liaisons would raise the possibility that Tower had been compromised by a foreign government. He denied the affairs, and the FBI absolved him of any suspicion of entrapment by enemy agents. The bureau, declared Bush, gave Tower "a clean bill of health."

Although Tower is a former Senator, his confirmation is likely to be rough. Because of his renown as the Senate's most voluble defender of the Reagan military buildup, he can expect tough questions on how he will prune as much as \$300 billion from projected defense expenditures over the next four years. Last week Tower declared that he was ready to cope with a new era of Pentagon austerity, promising "as much if not more defense for less money." But Bush will nonetheless insist that Tower choose a tightfisted manager as his top Pentagon aide.

Even as the rumors about Tower continued to swirl, they were joined by a new -- and to Bush, infuriating -- round of leaks about the imminent appointment of Jack Kemp as Secretary of Housing and Urban Development. Bush offered the post to his defeated rival for the G.O.P. nomination last Wednesday. Two days later, the story hit the front pages. At week's end the President-elect had said nothing about the appointment, though aides to both Bush and Kemp said it would be announced this week -- unless Bush changes his mind.

(c) 1988 Time Inc., Time, December 26, 1988

If it goes through, the appointment of Kemp, 53, a nine-term New York Congressman who is retiring from the House next month, will be a political twofer. On the one hand, he is a favorite of the right wing, a supply-side apostle who championed the Reagan tax cuts in 1981. On the other, he is one of the few prominent Republican politicians in good standing with the black community. He has consistently exhorted the G.O.P. to reach out to minorities and the poor. Though Kemp made the short list of possible Bush vice-presidential running mates, the former Buffalo Bills quarterback has never been a favorite of the President-elect. But his selection would add some pizzazz to a Cabinet that is quickly filling up with bland, middle-of-the-road pragmatists.

Kemp surprised some Washington insiders by seeking the HUD post, a job that has had little stature during the Reagan Administration. For the past eight years, the HUD Secretary has been Samuel Pierce, the only black in Reagan's Cabinet, who has gone so unnoticed that he has earned the nickname "Silent Sam." Kemp would bring a more ambitious agenda to HUD. For years, he has been a strong advocate of Urban Enterprise Zones, in which the Federal Government would give investors tax breaks to encourage the economic revitalization of inner cities. He has also proposed selling public housing to its tenants.

As he mulled the Kemp appointment, Bush scrambled to fulfill his pledge to add minorities to his Cabinet. He met last week with Dr. Louis Sullivan, president of Atlanta's predominantly black Morehouse School of Medicine and the leading candidate for the Health and Human Services spot. He also tapped Clayton Yeutter, now special trade representative, to head the Agriculture Department.

With seven Cabinet seats remaining to be filled, Bush's irritation over unauthorized disclosures of his selections is evident. During a recent photo session with a group of his state political coordinators, a reporter bruised the decorum by inquiring about the latest rumored appointments to his Cabinet. Bush responded with an impromptu etiquette lesson. "Talking at photo ops will continue until Jan. 20," he chided, "and after that there will be absolutely none." He added that questions shouted by reporters are "demeaning to your profession. You shouldn't have to yell at me to get an answer."

In his determination to plug leaks, the President-elect has imposed a secrecy pledge on his transition staff. He has also replaced his campaign mantra, "Read my lips," with a new slogan: "Stay tuned. Wait for the announcement." Says an aide: "I don't count anything a done deal until George Bush announces it. He can be unpredictable." Last week Bush spited journalists who prematurely published the identity of his choice for Transportation Secretary by postponing the nomination of Chicago attorney Samuel Skinner.

GRAPHIC: Picture 1, Bush introduced his pick for Defense, but held back on plans for the Congressman, above An old friend of the weapons makers will preside over the coming era of austerity. descColor: George Bush, John Tower., DIANA WALKER; Picture 2, See above. descColor: Jack Kemp., STEVE LISS

6TH STORY of Level 2 printed in FULL format.

The Xinhua General Overseas News Service

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DECEMBER 22, 1988, THURSDAY

LENGTH: 335 words

HEADLINE: bush names first black, four others for top-level jobs

DATELINE: washington, december 22; ITEM NO: 1222034

BODY:

president-elect george bush today announced five more top-level appointments, including the first black secretary of his cabinet. at a press conference this afternoon, bush named dr. louis sullivan, president of the medical school of morehouse college in atlanta, as secretary of health and human services. sullivan, 55, is the first black to attain such post in the bush administration. other appointments announced today were samuel skinner as secretary of transportation, edwin derwinski as secretary of veterans' affairs, manuel lujan as secretary of the interior and william reilly as head of the sub-cabinet department of environmental protection agency. the appointments bring to 12 the number of the filled top-level posts in the bush cabinet, leaving only the secretaries of energy and labor departments undecided. skinner, 50, an attorney who heads the regional transportation authority of northeastern illinois, was active in bush's presidential campaigns in 1980 and 1988. derwinski, 62, currently an undersecretary of the state department, served as house of representative from illinois from 1959 to 1983. lujan, 60, was an outgoing new mexican house of representative for 20 years and is also the second hispanic named to bush's cabinet, besides education secretary lauro cavazos. reilly, 48, is environmental protection expert currently holding president of the conservation foundation and of the world wildlife fund-u.s. the announcement of sullivan was originally scheduled for tuesday but was abruptly put off after he was quoted as saying that women have the constitutional right to abortion. his position has infuriated the pro-life movements, a key block of bush's constituents. bush said today that he and sullivan see "eye to eye on the critical issues facing the next secretary of hhs." bush said in the campaign that he opposed abortion except in the case of rape, incest or threat to the life of the mother.

3RD STORY of Level 2 printed in FULL format.

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December 23, 1988, Friday, FINAL

SECTION: NEWS; Pg. 1; M

LENGTH: 1301 words

HEADLINE: Bush names black to Cabinet
Sullivan to lead HHS; Skinner, Derwinski also picked

BYLINE: By Elaine S. Povich, Chicago Tribune

DATELINE: WASHINGTON

BODY:

President-elect George Bush named the first black member of his Cabinet on Thursday, Dr. Louis Sullivan, president of Morehouse College School of Medicine in Atlanta, and he chose Chicago transportation official Sam Skinner to head the Department of Transportation.

Bush's announcement followed several days of skirmishing over Sullivan's abortion views after he told an Atlanta newspaper he favored a woman's right to decide whether to have an abortion.

On Thursday, Sullivan, nominated to be secretary of health and human services, said he is opposed to abortion except in cases of rape or incest or to save the life of the pregnant woman. He said he opposes federal funding for abortion except to save a woman's life.

The Sullivan and Skinner appointments were expected, but Bush also announced three surprise choices. He selected retiring Rep. Manuel Lujan Jr. (R., N.M.) as secretary of interior; conservationist William Reilly as Environmental Protection Agency administrator; and former Illinois congressman and State Department official Edward Derwinski to head the new Department of Veterans Affairs, which becomes an official Cabinet-level agency in March.

Two Cabinet posts remain to be filled: labor secretary and energy secretary. Bush said he might make more appointments Friday, but then he wished the press corps "Merry Christmas," indicating he does not plan to see most of them until after the holiday.

A leading contender for the energy post is current EPA administrator Lee Thomas, a former associate director of the Federal Emergency Management Agency. Bush has said he would like someone with nuclear energy experience for that job.

The most-mentioned name for labor has been Patricia Diaz Dennis, a member of the Federal Communications Commission.

Sullivan, 55, of Atlanta, refused to elaborate on an abortion statement he read at Bush's news conference, despite several questions directed at him. He said he preferred to leave his answers to confirmation hearings in the Senate.

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His statement did not satisfy some antiabortion activists. The National Right to Life Committee said there are "still many unanswered questions about Dr. Sullivan's position on pro-life issues," and it requested a meeting with him to discuss it.

Bush said antiabortion groups should be satisfied that Sullivan had been endorsed by several members of Congress who strongly oppose abortion.

Skinner, 50, noting that supervision of the Coast Guard would be one of his new responsibilities, said he will use his experience as a prosecutor to improve its drug-interdiction efforts.

A former U.S. attorney in Chicago and now head of the Regional Transportation Authority, Skinner had flown back and forth between Chicago and Washington so many times in recent days that White House staff members joked that he was getting a firsthand look at the nation's transportation system.

Skinner has been criticized by Sen. Howard Metzenbaum (D., Ohio) for failing to follow up in 1977 on allegations of faulty testing of the artificial sweetener aspartame by the G.D. Searle & Co. when he was U.S. attorney and before he went to work for a law firm representing Searle.

Skinner said he is innocent of any wrongdoing and will answer the senator's complaint during his confirmation hearing.

Bush seemed pleased that his appointments of Derwinski, Lujan and Reilly caught political observers off guard. Derwinski and Lujan said they had been offered the jobs Thursday.

Bush said he had been pondering them for some time. "Surprising what length a person will go to fool you all, isn't it?" he told reporters.

Lujan, 60, and Reilly, 48, step into two of the most sensitive posts in the new Bush administration.

Reilly, who was born in Decatur and briefly practiced law in Chicago, is president of the Conservation Foundation and of the U.S. affiliate of the World Wildlife Fund.

Lujan, a 20-year veteran of Congress representing Albuquerque, had twice been mentioned as a possible interior secretary in the Reagan administration, after the resignations of James Watt and William Clark. He would become the second Hispanic member of the Bush Cabinet, along with Education Secretary Lauro Cavazos, a holdover from the Reagan administration.

Environmental activists have complained bitterly about lack of attention to the environment from President Reagan's administration. Bush, while a part of the Reagan administration, ran for election as an environmentalist.

Jim Maddy, executive director of the League of Conservation Voters, said Lujan's voting record in Congress on environmental issues "is not at all encouraging." Lujan supported environmentalist positions on bills only 23 percent of the time during his last 17 years in Congress, Maddy said.

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But Maddy gave Reilly high praise, with one reservation.

"He is very well respected in the conservation community. If given enough support from the White House and the Office of Management and Budget, he is somebody who will do an outstanding job as administrator of the EPA," Maddy said.

Derwinski, 62, is undersecretary of state for security assistance, science and technology, a post he assumed in April, 1987. He left Congress in 1983 after losing a Republican primary when two Republican districts were combined - pitting two incumbents against each other - and he joined the State Department. As the department's international sports coordinator, he worked with South Korean authorities on security arrangements at the Seoul Olympics this year.

A Chicago native, Derwinski served in the Army in the Pacific during World War II. He was a member of Congress from 1959 to 1983, but was not on any veterans committees.

Other Bush appointees.

- Louis W. Sullivan
- Age: 55.
- Birthplace: Atlanta.
- Family: Married; three children.
- Education: Bachelor's degree magna cum laude, Morehouse College, 1954; medical doctorate cum laude, Boston University, 1958.
- Professional experience: Served medical internship and residency at New York Hospital, 1958-60; fellow in pathology, Massachusetts General Hospital, 1960-61; Harvard Medical School research fellow, 1961-63; instructor of medicine, 1963-64; assistant professor of medicine, New Jersey College of Medicine, 1964-66; co-director of hematology, Boston University Medical Center, 1966; associate professor of medicine, Boston University, 1968-74; director of hematology, Boston City Hospital, 1973-75; professor of medicine and physiology, Boston University, 1974-75; Morehouse College director of medical education, 1975-77, head of the School of Medicine, 1978-present.

Manuel Lujan Jr.

- Age: 60.
- Birthplace: San Ildefonso, N.M.
- Family: Married; four children.
- Education: Attended St. Mary's College, California, 1946-47; bachelor's degree, College of Santa Fe, 1950.
- Professional experience: In insurance business, Santa Fe and Albuquerque, since 1948; New Mexico U.S. representative, 1969-present.

William K. Reilly.

- Age: 48.
- Birthplace: Decatur, Ill.
- Family: Married; two daughters.
- Education: Bachelor's degree, Yale University, 1962; law degree, Harvard, 1965; master's degree in urban planning, Columbia University, 1971.
- Professional experience: Attorney, Ross & Hardies, Chicago, 1965; associate director, Urban Policy Center and National Urban Coalition, Washington, 1969-70; senior staff member, President's Council on Environmental Quality, 1970-72;

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executive director, Task Force on Land Use and Urban Growth, 1972-73; president, Conservation Foundation, 1973-present; president, World Wildlife Fund, 1985-present.

Chicago Tribune Graphic; Sources: Who's Who in America, news reports and Morehouse College.

GRAPHIC: PHOTO (color): President-elect George Bush appears at a Washington news conference Thursday to introduce his five latest appointees. From left are William Reilly, chosen to lead the Environmental Protection Agency; Edward Derwinski, for veterans affairs; Sam Skinner, transportation; Bush; Louis Sullivan, health and human services; and Manuel Lujan, interior. Agence France-Press photo.

TERMS: FEDERAL; APPOINTMENT; AGE; BIOGRAPHY; NAMELIST

3/5

Dr. Louis W. Sullivan

Health and Human Services

By RONALD SMOTHERS

Special to The New York Times

ATLANTA, Dec. 22 — If tenacity and a gift for persuasion count for much in a Secretary of Health and Human Services, then Dr. Louis W. Sullivan should come fairly well equipped.

It is those attributes that fellow educators and health care professionals mention most often when asked to assess the 55-year-old hematologist, whom President-elect Bush chose for the post today.

And by all accounts it is those attributes that have served him most faithfully in his development of the Morehouse School of Medicine here, the nation's newest predominantly black medical school, which Dr. Sullivan has headed since its founding a decade ago.

Colleagues recall that his ability to persuade proved crucial when, with the school in its infancy and badly in need of financing, he not only made appeals to city and county governments but also toured rural Georgia to build support among constituents of conservative white state legislators. Later, as a founding member of the National Association of Minority Medical Educators, he managed to be a soft-spoken critic of the Reagan Administration's cuts in aid to institutions like his while at the same time winning for Morehouse sizable Federal research grants.

'In a Class by Himself'

"When government agencies deal with black institutions, they have to

The designee heads a mostly black medical school.

have confidence in the individuals, because they don't have confidence in the institutions," said Prince Rivers, the provost of largely black Atlanta University. "Lou Sullivan, as a researcher and scholar, is in a class by himself, and he was able to build that confidence."

But Dr. Sandra Robinson, former head of the Louisiana Department of Health and Human Resources, says it is less Dr. Sullivan's impressive résumé than his "sophisticated touch," one that is gentle yet at the same time firm, that accounts for his success at Morehouse.

And Dr. James Kaufmann, head of the Georgia Medical Association's policymaking committee, says Dr. Sullivan's ability to "persuade people is uncanny."

The main ingredient of that ability

became apparent to Dr. Sullivan in 1961, when, as a young researcher at the Thorndike Memorial Laboratories in Boston, he was approached by a prominent hematologist, Dr. Victor Herbert, who wanted him to be a subject in an experiment. The idea was to have a particularly informed subject who would deprive himself of certain nutrients and thus allow Dr. Herbert to plot the blood chemistry changes that occur with anemia. Dr. Sullivan declined; Dr. Herbert went on to use himself as the subject and to make important hematological discoveries.

The point of the anecdote, Dr. Sullivan says now, is not any faintheartedness on his part but rather that Dr. Herbert "failed to transfer his vision" to the young researcher, "to convey the scope and importance of what he was doing."

"You need a team to build a school like Morehouse medical school, and to assemble that team you have to have a vision that is large enough and significant enough," Dr. Sullivan said in a recent interview. "Everyone wants to be part of something that they think is important."

Louis Wade Sullivan was born in Atlanta on Nov. 3, 1933. Before he was of school age, he moved with his parents and older brother, Walter, to rural Blakely, Ga., where his father was an undertaker and his mother a teacher. Because of poor educational opportunities for blacks there, the children were sent to live with friends in Atlanta, where they attended public schools.

Walter Sullivan, now a chemist and administrator at the Morehouse School of Medicine, recalls that their parents founded the Blakely chapter of the National Association for the Advancement of Colored People and that the father was shot and wounded once for his activism. "But," he said, "they stayed in that little town for 20 more years to prove a point: that whites couldn't run them out."

Louis Sullivan graduated magna cum laude from Morehouse College here in 1954 and won a scholarship to Boston University Medical School, where he graduated cum laude in 1958. After a residency at the Cornell Medical Center in New York, he returned to Boston, where he took a number of positions, including research associate at the Thorndike



The New York Times

Dr. Louis W. Sullivan, selected to be Secretary of Health and Human Services.

labs and medical instructor at Harvard and Boston University.

All along, his career goal had been to become a department chairman at an established medical school by the age of 45. But by 1975, he and a group of other Morehouse College alumni had begun planning for a new medical school, to be affiliated with Morehouse, that would promote an ethic encouraging graduates to devote themselves to serving poor areas of inner cities and the rural South.

The school was created as a two-year medical education program at Morehouse College, and in 1978 Dr. Sullivan was appointed its dean and founding director. Three years later it became independent of the college and began offering a fully accredited four-year medical program, joining Maherry Medical School in Nashville and Howard University Medical School in Washington as one of only three such institutions in the country that are predominantly black.

Dr. Sullivan, his wife, Eve, and their three children have a friendship with the President-elect that dates from 1982, when Mr. Bush was invited to speak at the Morehouse School of Medicine. Dr. Sullivan accompanied Mr. Bush on a tour of Africa later that year. And in 1983, the school's board of trustees added as a member Mr. Bush's wife, Barbara, whom Dr. Sullivan introduced at the Republican National Convention last summer.

The Cabinet

Sullivan's Rough Trip From Halls of Academe

By STEVEN V. ROBERTS
Special to The New York Times

WASHINGTON, Feb. 1 — Dr. Louis W. Sullivan has had a bruising initiation into the capital's rites and customs, and his trek so far provides a painful lesson in the perils and pitfalls awaiting an innocent traveler in the Washington wilderness.

Last week President Bush's nominee for Secretary of Health and Human Services found himself snarled in controversy over his views on abortion. Then his confirmation hearings, scheduled to begin today, were postponed indefinitely at the request of the White House.

The official line is that the Federal Bureau of Investigation has not completed its background check, but lawmakers from both parties say that Dr. Sullivan needs more time to prepare for the hearings. The nominee himself, who has declined all requests for an interview, is reported confused and upset about the turn of events.

"He's perplexed," said a friend who talked recently to Dr. Sullivan. "He's puzzled about the whole thing."

Assuming the F.B.I. does not turn up any damaging information, Dr. Sullivan is still considered a sure bet to win Senate confirmation. White House aides insist Mr. Bush remains strongly behind his nominee, in part because Dr. Sullivan is the only black selected for the Cabinet, and withdrawing his name would be a major political embarrassment. But Dr. Sullivan's career in the capital is off to a rough start.

The Code of Language

In Washington, certain words have certain meanings, and he apparently did not understand that the news media and special interest groups here would examine his words with excruciating attention.

Moreover, the Secretary-designate apparently did not realize that he was stepping into the middle of one of the fiercest feuds ever to divide the capital: the battle between those who want to outlaw abortions and those who favor keeping it legal.

"He didn't understand the nuances, or the toughness, or the savagery of this city," said Representative Newt Gingrich, a Georgia Republican. "It never occurred to him the scale of pressure he would get over the right-to-life issue."

Dr. Sullivan's ordeal began last month, when he was quoted by an Atlanta newspaper as saying that he favored the decision in Roe v. Wade, the landmark case that legalized abortion in 1973. After anti-abortion forces screamed in protest, Dr. Sullivan switched signals, saying that he

shared President Bush's opposition to the decision.

But after he was nominated, Dr. Sullivan started making courtesy calls on Capitol Hill. When Senator Bob Packwood of Oregon, a leading proponent of legalized abortion, asked what his position was on the Court's ruling, Dr. Sullivan said that he privately opposed reversing it.

Again, the anti-abortion camp raised the alarm and, again, he backtracked. As a result, even the White House concedes that the nominee has stabbed himself in a highly sensitive place — his reputation.

"He's been wounded, at least temporarily, but not necessarily in the long run," said one White House adviser. "He's created a feeling that he's naïve, and his credibility has been hurt a little bit. If he gets through the hearings well, and appears to take hold of his job, he'll be fine. But he's probably used up some of his room for error."

Lack of Information

Part of his problem was simply lack of information. He was trained as a hematologist, a specialty that has little to do with abortion, and he has spent the last decade as president of the Morehouse School of Medicine.

"He's an academic," noted the White House official, "and all of a sudden he's asked about a dozen detailed issues — abortion pills, fetal tissue research, family planning clinics — and half of them he's never thought about or heard about in his life."

Dr. Sullivan compounded his problem by telling lawmakers "what they wanted to hear" about abortion, in-

A college president gets a political education.

stead of sticking to a single, coherent story, a Republican strategist with close ties to Capitol Hill contended.

"What does a college president do?" the strategist said. "You raise money. You appease this faculty faction, or that student group. You go around schmoozing, buttering everybody up. And if you're inexperienced in Washington, you say different things to different people."

A neophyte, the strategist added, will also answer difficult or sensitive questions, while an experienced politi-



Dr. Louis W. Sullivan, right, whose confirmation hearings as Secretary of Health and Human Services were postponed yesterday, with Education Secretary Lauro F. Cavazos at a Cabinet meeting last week.

cian in the same spot "would say, 'I'll let you know,' or just run away."

If some of Dr. Sullivan's wounds have been self-inflicted, his have also been a case of bad luck. With the exception of John G. Tower, the nominee for Defense Secretary, no other Cabinet selection has stirred up much controversy, and the White House has been slow to produce new policy initiatives. With the city's press hungry for news about the new Administration, Dr. Sullivan's missteps could not have happened at a worse time, from a public relations perspective.

The White House also takes some of the blame for Dr. Sullivan's unhappy experience. Bush advisers failed to sense the danger he might encounter, and when the nominee made his initial visits to Capitol Hill, only inexperienced, lower-level aides were assigned to go with him.

As a senior White House adviser put it, "It was amateur hour."

White House Mistake

Probably the biggest mistake made by the White House was in not warning Dr. Sullivan how volatile the abortion issue would be. Since most publicly financed abortions have been banned by Congress, the Department of Health and Human Services does not become directly involved in that issue very often.

But the department does get involved in many related issues, from fetal tissue research and family planning counseling to new pills that can induce abortions. Anti-abortion advocates complain that for the last years of the Reagan Administration, the head of the department, Dr. Otis Bowen, was highly unsympathetic to their views.

"I don't know how many times I said to President Reagan, 'look, you don't know what's going on,'" said Senator Jesse Helms, a North Carolina Republican of the Bowen era.

As a result, conservatives like Mr. Helms pressed the White House to appoint high-level aides to Dr. Sullivan who shared their vigorous, anti-abortion position. Four of those aides were announced at the White House last week by John H. Sununu, the chief of staff, and even some Administration officials cringed at the spectacle.

"I thought it was a mistake," said a White House adviser. "It looked like Sullivan needed a babysitter." But another aide said Dr. Sullivan and the White House had a "mutual veto" over lower-level appointments, and none of the four were imposed on the nominee without his consent.

Finally, Dr. Sullivan and his advisers did not grasp the intensity of the personal and political rivalries generated by the abortion issue. Senator Gordon J. Humphrey of New Hampshire, one of the most conservative Republicans, and Senator Packwood, one of the most liberal, used the Sullivan nomination to rekindle their old battles, and to some extent, the doctor got caught in the middle.

"Packwood is such a zealot on pro-choice," said a Republican consultant, "and Humphrey is such a zealot on pro-life, that it's a major event whenever those two get together and agree that today is Monday."

Denizens of the Washington jungle have some sympathy for Dr. Sullivan, but not too much. They have all gone through these initiation rites themselves at some point, and now it is his turn. As Mr. Gingrich put it, "Welcome to the big city."

Briefing

■ No. 3 man at Defense gets the word: he's out ■ A

longevity record for the Secretary of War ■ Bush to pitch

in on sports day for women and girls.

A Change at Defense

With John G. Tower, the nominee for Secretary of Defense, still not in residence at the Pentagon, uncertainty over who will get the top Defense Department jobs continues. But the suspense is apparently over for at least one officeholder, even if the news is not good.

Officials familiar with the transition from the Reagan Administration say the incoming one has informed Robert B. Costello, the Under Secretary of Defense for acquisitions, that he will not be retained. The post is the third-ranking one in the department, with responsibility for supervising the acquisition of all weapons.

It has been a hot potato since it was created by Congress two and a half years ago as part of a reform effort. The first incumbent, Richard Godwin, resigned, saying he did not have enough authority.

Officials said Mr. Tower had not decided on a successor to Mr. Costello but was considering some of the business executives he interviewed for the post of Deputy Secretary.

Enticing a highly paid executive to the acquisitions job, which is likely to bring little public acclaim but a lot of pressure, might prove even more difficult than it was to recruit a Deputy Secretary. Those elements, among others, led several executives to turn down the deputy's post before Donald J. Atwood, vice chairman of the General Motors Corporation, agreed to take it.

A Record-Breaker

When John O. Marsh Jr. walks into his office in the Pentagon this morning, he will become the longest-serving Secretary of the Army or Secretary of War, as the position was called until the Defense Department was set up in 1947.

The record is held by Henry Dearborn, who was Secretary of War in President Jefferson's cabinet for 2,922 days from 1801 until 1809. Mr. Marsh was sworn in on Jan. 30, 1981, making today his 2,923rd day in office. The average tenure in the position in modern times has been 925 days.

In the Senate last week, Senator William S. Cohen, a Maine Republican who is a member of the Armed Services Committee, took note of Mr. Marsh's coming record, saying "he has quietly and effectively discharged the weighty responsibilities of his office."

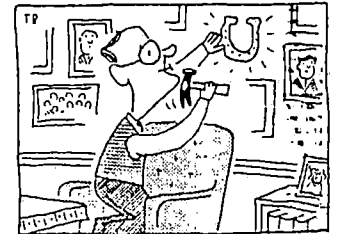
"At a time when the public is hear-

ing a great deal about Pentagon procurement scandals and the trials of those involved in the Iran-contra affair," Senator Cohen said, "it is a pleasure to be able to draw attention to an official who has been a model of selflessness, effectiveness and dedication to the public interest."

Sports Day for Women

President Bush, an avid horseshoe pitcher become Commander in Chief, undoubtedly knows that "close only counts in horseshoes and hand grenades." In recognition of that — sort of — he will receive a gold-plated horseshoe today as part of the third annual National Girls and Women in Sports Day celebration of the Women's Sports Foundation.

Mr. Bush will meet with more than



nine award-winning female athletes in the White House, where the jockey Julie Krone will present him with the gilded horseshoe. It belonged to Winning Colors, who last year became the third filly to win the Kentucky Derby, in 114 years.

The White House ceremony will follow a luncheon at which Senator Bob Packwood, Republican of Oregon, will announce this year's recipient of the Flo Hyman Award for dignity, spirit and commitment to excellence. President Bush will present it to Evelyn Ashford, the 31-year-old sprinter who won her third Olympic gold medal, as well as a silver, last year in Seoul, Korea.

Flo Hyman, captain of the 1984 United States Olympic volleyball team, died in 1986 of Marfan's syndrome, an inherited disorder that creates aneurysms, or bulges, that burst in the aorta, the main artery of the body. She worked with Mr. Packwood on legislation prohibiting sex discrimination in schools receiving Federal funds.

ANDREW ROSENTHAL
RICHARD HALLORAN

SULLIVAN, LOUIS WADE, medical school dean, physician; b. Atlanta, Nov. 3, 1933; s. Walter Wade and Lubirda Elizabeth (Priester) S.; m. Eve Williamson, Sept. 30, 1955; children: Paul, Shanta, Halsted. B.S. magna cum laude, Morehouse Coll., Atlanta, 1954; M.D. cum laude, Boston U., 1958. Diplomate: Am. Bd. Internal Medicine. Intern N.Y. Hosp.-Cornell Med. Center, N.Y.C., 1958-59; resident in internal medicine N.Y. Hosp.-Cornell Med. Center, 1959-60; fellow in pathology Mass. Gen. Hosp., Boston, 1960-61; research fellow Thorndike Meml. Lab. Harvard Med. Sch., Boston, 1961-63; instr. medicine Harvard Med. Sch., 1963-64; asst. prof. medicine N.J. Coll. Medicine, 1964-66; co-dir. hematology Boston U. Med. Center, 1966; asso. prof. medicine Boston U., 1968-74; dir. hematology Boston City Hosp., 1973-75; also prof. medicine and physiology Boston U., 1974-75; dean Sch. Medicine, Morehouse Coll., 1975—; also pres.; mem. sickle cell anemia adv. com. NIH, 1974-75; ad hoc panel on blood diseases Nat. Heart, Lung Blood Disease Bur., 1973, Nat. Adv. Research Council, 1977; mem. med. adv. bd. Nat. Leukemia Assn., 1968-70, chmn., 1970. John Hay Whitney Found. Opportunity fellow, 1960-61. Mem. Am. Soc. Hematology, Am. Soc. Clin. Investigation, Inst. Medicine, Phi Beta Kappa, Alpha Omega Alpha. Episcopalian. Research on suppression of hematopoiesis by ethanol, pernicious anemia in childhood, folates in human nutrition. Office: 223 Chestnut St Atlanta GA 30314 •

To President

(McGroarty)
March 7, 1989
7:25pm
dan1

REMARKS: SWEARING-IN OF DR. LOUIS W. SULLIVAN
WASHINGTON, D.C.
MARCH 10, 1989

Thank you. I am very pleased to be here this morning for the swearing-in of Dr. Louis Sullivan. This is a proud day for all involved:

For this Department, whose dedicated workers are welcoming as their new leader a man of energy, enthusiasm, and intellect.

For Dr. Sullivan's family -- his wife, Ginger, and his children, Paul, Shanta, and Halsted -- whose share in Lou's success is beyond measure.

And for all of us who know Louis Sullivan, admire him, and call him friend.

Dr. Sullivan has enjoyed a distinguished career as a physician, scientist and scholar, teacher and administrator. But what sets Lou Sullivan apart is that "something extra" he brings to his work: a sense of mission.

As the first president of Morehouse School of Medicine, Lou made it his goal not only to train a new generation of minority physicians, but to instill in them a sense of service -- a commitment to minister to communities in our inner cities and in rural America, where health care facilities are stretched thin, and doctors are in short supply.

In the past seven years, Barbara and I have taken a special interest in the work being done by Dr. Sullivan at Morehouse. I knew that a man of Dr. Sullivan's vision could contribute to our national well-being, in much the same way he had contributed to the health and well-being of so many people, throughout his career in medicine.

With that in mind, and with a cabinet to assemble, I spoke to someone I know on the Morehouse board of directors -- someone who happens also to be my most trusted advisor. Barbara told me of the phenomenal progress Morehouse had made in its first decade -- and that, perhaps, its president might be persuaded to take up a new challenge, in Washington.

It's our good fortune that she proved to be correct.

Lou, the assignment you are about to embark on is among the most diverse and difficult public service has to offer. The Department of Health and Human Services is involved in a vast enterprise. You command a \$400 billion dollar budget, and 114,000 employees. In all, your responsibilities range from regulating food and drugs and conducting major medical research, to providing support and care for the elderly, the disabled, the disadvantaged.

What this Department does affects the life of each and every American -- and especially the lives of the least advantaged among us.

Lou, I know we spoke about the scope of the administrative challenges you'd be taking on at HHS. Did I mention that your

budget ranks fourth in the world -- behind the U.S., Soviet Union and Japan's?

We look to you and to the HHS team to meet a number of major challenges in the years ahead. We ask you to:

-- Work to get better value for health care dollars, targeting effective services, and finding ways to contain the escalating costs of medical care, without compromising quality health service.

-- Work to sustain programs like Aid to Families with Dependent Children and Head Start, that help build the foundation for families and children to overcome disadvantages and difficult circumstances, to succeed and grow strong.

-- Advance our understanding of the AIDS virus, and move us towards a cure. To that end, I've directed HHS to pull together twenty-three separate AIDS projects now in progress, into a more focused effort under the direction of the Public Health Service. I've called on Congress to provide \$1.6 billion dollars for the Public Health Service efforts in 1990 -- an increase of 24% over 1989.

-- And finally, Lou, I know you'll take a position right on the front line, as we wage unconditional war on drugs in America. Too many lives have been imperiled or lost to drugs -- too much human potential has been wasted. I've said it before, and I'll say it again: this scourge will stop.

I'll need you to train scientists, to conduct the right kind of research; I'll look to you to assess the data on drugs, and tell us where and how to respond; I'm counting on you to see that

state organizations, hospitals, and volunteer groups get the kind of technical assistance they need to help us win this war.

I'm asking you to work with me, and with Bill Bennett, to find solid strategies for the prevention of drug abuse -- and effective treatment for those already caught in the trap.

Lou, I hope these -- and the many challenges I have not named -- will be enough to keep you busy.

Rest assured you'll have help. The Health and Human Services staff is among the most talented and dedicated in the federal service. They understand the importance of the work they do -- and the difference HHS makes in the lives of the many millions of Americans it serves.

HHS is the department that, more than any other at the federal level, gives shape and form to the promise America makes to its people -- the promise I have made to you -- to fashion for ourselves a kinder, gentler nation: to take care of those in need, especially our children and the elderly, to steady those who seek only an opportunity to better themselves and their families.

That is noble work.

Lou, as you make this responsibility your own, you have my best wishes, my complete confidence and my full support.

Now, we will witness the swearing-in.

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FAX COVER SHEET

TO: (NAME, ORGANIZATION, CITY/STATE AND PHONE NUMBER):

STEPHANIE BLESSEY
COMMUNICATIONS
WHITE HOUSE

WASHINGTON D.C.

456 7750

FROM: (NAME, ORGANIZATION, CITY/STATE AND PHONE NUMBER):

BILL WEAD
OFFICE OF THE SECRETARY
HHS

DC

245 3082

RECIPIENT'S FAX NUMBER:

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PUBLIC HEALTH SERVICE

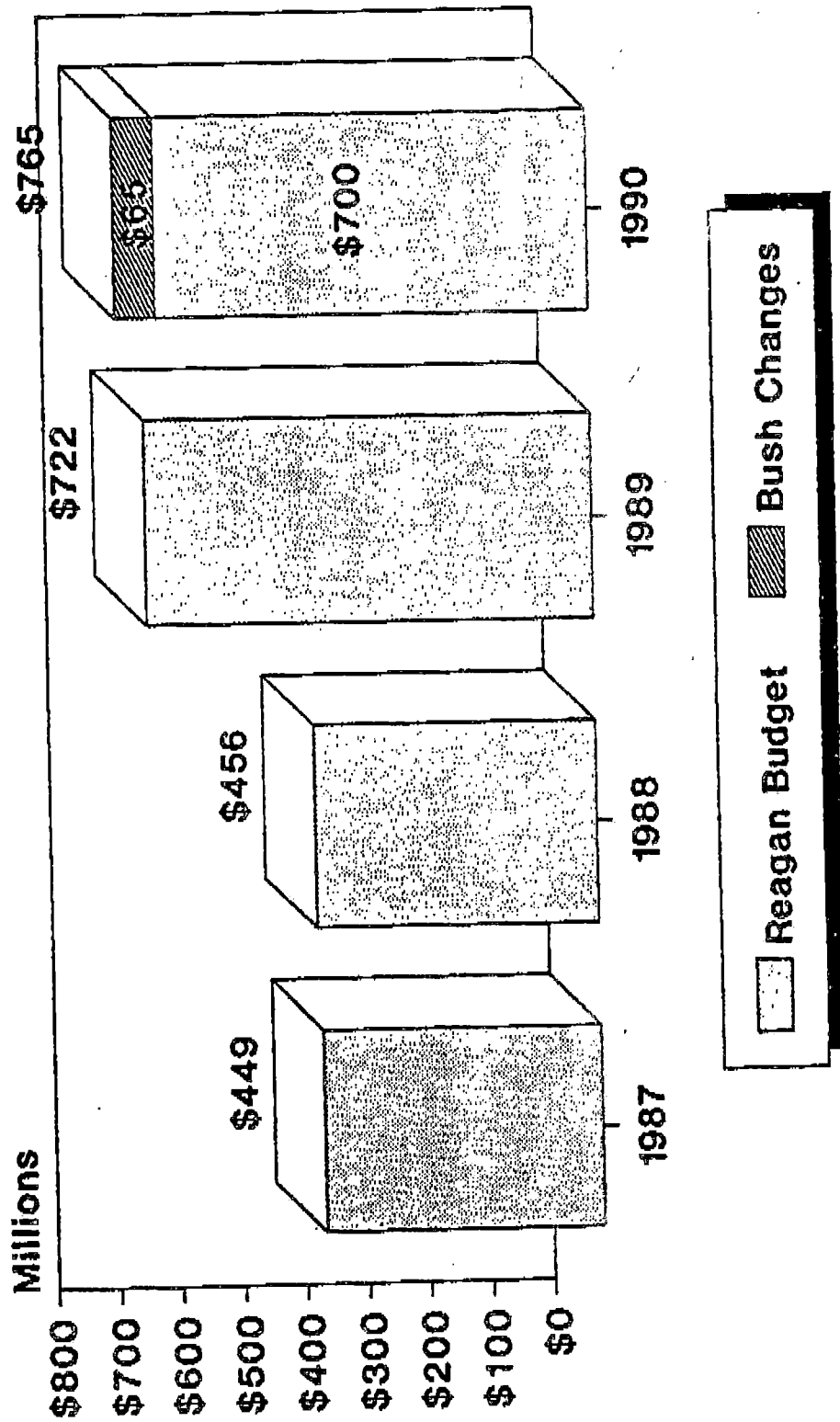
BUSH BUDGET CHANGES

- "BUILDING A BETTER AMERICA" DESCRIBES THREE SPECIFIC AREAS IN THE PUBLIC HEALTH SERVICE BUDGET WHICH THE BUSH ADMINISTRATION IS PROPOSING FOR NEW INITIATIVES: ANTI-DRUG ABUSE ACTIVITIES, THE HOMELESS, AND ADOLESCENT FAMILY LIFE.
- FOR ANTI-DRUG ABUSE ACTIVITIES, TWO NEW PROGRAMS HAVE BEEN ANNOUNCED:
- A NEW \$35 MILLION COMMUNITY PARTNERSHIP GRANT PROGRAM TO STIMULATE COMMUNITY INVOLVEMENT IN DESIGNING AND IMPLEMENTING LOCALLY-DIRECTED, LOCALLY-FOCUSED PREVENTION PROGRAMS.
 - A NEW \$30 MILLION TREATMENT PROGRAM FOCUSED ON SELECTIVE STATES WITH TREATMENT CAPACITY PROBLEMS. GRANTS TO BE DIRECTED TOWARD THE INDIGENT, THE DISADVANTAGED, YOUTH AND EXPECTANT MOTHERS. THE APPROPRIATE LOCUS OF THIS PROGRAM (ADAMHA VS. HRSA) IS UNDER CONSIDERATION WITHIN PHS; THE OMB CHARTS INDICATE ADAMHA.
- FOR THE HOMELESS, \$105 MILLION IS TARGETED WITHIN PHS:
- \$49 MILLION IN ADAMHA TO FULLY FUND THE ADAMHA PORTIONS OF THE MCKINNEY ACT (DEMONSTRATIONS, BLOCK GRANT) FOR A TOTAL OF \$64 MILLION.
 - \$49 MILLION IN HRSA TO FULLY FUND PRIMARY CARE GRANTS, ALSO AN ELEMENT OF THE MCKINNEY ACT. APPROXIMATELY 80% OF THESE GRANTS WILL SUPPLEMENT COMMUNITY/MIGRANT HEALTH CENTERS, FOR A TOTAL OF \$64 MILLION.
 - \$7 MILLION FOR ADAMHA'S COMMUNITY SUPPORT PROGRAM TO HELP INDIVIDUALS WHO ARE NEAR-HOMELESS FROM BECOMING HOMELESS. THIS IS NOT A MCKINNEY ACT PROGRAM. THE CSP TOTAL WOULD INCREASE TO \$25 MILLION.
- AN INCREASE OF \$4 MILLION IS PROPOSED TO BRING THE ADOLESCENT FAMILY LIFE PROGRAM TO THE FY 1989 LEVEL OF \$10 MILLION

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PUBLIC HEALTH SERVICE DRUG ABUSE



PUBLIC HEALTH SERVICE

DRUG ABUSE

- o TOTAL HHS SPENDING FOR DRUG ABUSE IN FY 1989 IS ESTIMATED AT SLIGHTLY OVER \$1 BILLION, THE LARGEST SHARE OF WHICH IS SUPPORTED BY ADAMHA (\$722 MILLION).
- o IN FY 1989, IN LARGE PART AS A RESULT OF PASSAGE OF THE ANTI-DRUG ABUSE ACT OF 1988, THERE WAS A SIGNIFICANT EXPANSION (58%) OF ADAMHA ANTI-DRUG ABUSE RESEARCH, PREVENTION, AND TREATMENT EFFORTS. THE 1989 INCREASES INCLUDED:
- +\$30 MILLION FOR RESEARCH;
 - +\$36 MILLION FOR OFFICE OF SUBSTANCE ABUSE PREVENTION, APPROXIMATELY A TWO-FOLD INCREASE FOR PREVENTION ACTIVITIES;
 - +\$200 MILLION FOR TREATMENT ASSISTANCE TO STATES/COMMUNITIES. INCLUDED CONSOLIDATION OF TWO EXISTING BLOCK GRANTS AND ESTABLISHMENT OF GRANTS TO REDUCE DRUG TREATMENT WAITING LISTS.
- o BUSH ADMINISTRATION HAS PROPOSED TWO NEW ANTI-DRUG ABUSE INITIATIVES TOTALLING \$65 MILLION. ASSUMING ACCEPTANCE OF THE REAGAN BUDGET PLUS THE TWO NEW BUSH PROGRAMS, ANTI-DRUG ABUSE ACTIVITIES WOULD RISE TO \$765 MILLION IN FY 1990, AN INCREASE OF 6% COMPARED TO FY 1989 AND 68% INCREASE COMPARED TO FY 1988.

MANAGEMENT ISSUES:

- o HOW A DEPARTMENT STRUCTURE CAN BE DESIGNED TO GIVE VISIBILITY TO MANAGER OF THE DEPARTMENT'S ANTI-DRUG ABUSE EFFORTS.
- o H;W THE DEPARTMENT CAN BEST PROVIDE INPUT AND ACHIEVE INFLUENCE IN THE DEVELOPMENT OF THE DRUG CZAR'S BUDGET.

88 of
7200000

10 6890

29 490
total ↓ for

##15

more for drug

± 90 \$ 65 mill

\$ 200 for treatment assistance
doubling it

\$ 36 mill substance abuse
← prevention

Anti-drug abuse act '88
\$ 30 mill more for research

\$ 765 ± 490 Bush

\$ 722 ± 488 R.R.

total spending for D.O.

—

I promise I will work long
at hard will cooperate w/ your
drug advisor to do all I can

To

Alcohol Drug Abuse Mental Health
Administration

\$35 mill ~~added to budget~~ for

Comm. Partnership Grant Program

to stimulate comm. involvement

in designing & implementing
locally directed & locally

focused drug prevention
programs.

programs.

\$30 mill for treatment focus
on selective states w/ treatment

programs
indigent, disadvantaged goal
exceeding mothers