December 12, 2013

The Honorable Barack Obama President of the United States 1600 Pennsylvania Avenue Washington, DC 20500

Dear Mr. President,

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

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

As you may be aware the Army, Navy, Air Force and Public Health Service, 4 of our 7 uniformed services, all have Surgeons General. These positions by law are of the rank of Vice Admiral or Lt. General, pay grade 0-9. The Surgeons General are the leaders of their respective medical corps. For well over a century <u>all</u> the Surgeons General were promoted based on merit from a pool of career uniformed officers in their respective services. This means that those considered are very senior officers who have already qualified for and hold the rank of Rear Admiral or Major General, pay grade 0-8, prior to being considered for nomination to Surgeon General in their respective services. Hence all the Surgeons General have served in uniform for 2 or more decades at a minimum and have earned the respect of their fellow officers, uniformed services and the public, as admirals or generals who are collectively termed "Flag Officers".

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

- Creating an "instant Admiral" and not having the maturity, seniority, uniformed experience and earned imprimatur of an Admiral and Surgeon General.
- Not having established oneself over decades in the medical and or public health community to represent the United States as Surgeon General.
- The lack of credibility with your peer group of senior officers, Admirals and Generals (of all uniformed services) on statutory committees that the Surgeon General will serve on.

- Not having the requisite public health training and or experience to analyze, report on and or speak to the American public, Congress and the world regarding global public health issues. Not every physician can, or should, be a Surgeon General.
- By going <u>outside</u> of the traditional and tested uniformed service personnel system for the nomination, many career men and women officers of the United States Public Health Service are unfairly disadvantaged for they will <u>never</u> have the opportunity to lead their organization that they have dedicated their lives to. This does <u>not</u> happen in the Army, Navy or Air Force where every young physician officer can aspire to and has the potential to be their uniformed services Surgeon General. Why is the U.S. Surgeon General nomination treated differently when it is one of our seven uniformed services?
- Due to any and all of the aforementioned, a non-traditional nominee will be at a distinctive disadvantage in credibility, knowledge and depth and breadth of experience when attempting to address complex public health issues.

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

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

Having served the 4 year statutory term as Surgeon General, as well as having prior military service and decades of education, training and progressive experience in public health, I am extremely confident that the recommendations I make to you are in the best interests of our nation and quite frankly, also the best interest of a relatively inexperienced and untested physician who has the potential and may one day earn the right to be considered for Surgeon General.

Respectfully and Most Sincerely,

Richard Carmona, M.D., M.P.H., FACS

17th Surgeon General of the United States (2002-2006)

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