Thank you Chairman Alexander, Ranking Member Murray, and all the members of this committee for the opportunity to speak with you today and engage in a discussion about the road ahead for our great nation. These proceedings, and this entire process, would not be possible without the work of your staff, and so I want to extend my appreciation to them as well for the great service they provide. Thanks so much to Senator Johnny Isakson for his generous introduction. We’ve known each other for nearly 30 years – and I’m so grateful for his friendship and kindness, and our state is blessed to have had his service and leadership. I wish also to especially thank my wife of 33 years, Betty, who joins me today. Her support, encouragement and advice (which is always correct) mean more than I could ever say.

Over the past few weeks, I have had the chance to meet with many of you individually and have gained a real appreciation for the passion you all have about the critical work of the Department of Health and Human Services. Please know that I share that passion. That is why I am here today – and why I’m honored to have been nominated by the President-elect to serve as the next Secretary of HHS.

We all come to public service in our own unique ways that inform who we are and why we serve. My first professional calling was to care for patients. That experience as a physician and later as a legislator has provided a holistic view of the complex interactions that take place every day across our communities and across this country that, when done correctly, are in service to the greater good we seek to achieve. Today, I hope to share with you how my experience has helped shape my understanding of and appreciation for the work of the department and its team, which I hope to lead.

From an early age, I had an interest in medicine. My earliest memories are of a farm in Michigan where my family and I lived before moving to suburban Detroit at the age of five. I spent most of my formative years being raised by a single mom – and I assumed a lot of responsibility since there were five of us. Some of my fondest memories were spending time with my grandfather – a physician – as he made house calls to see patients. Having both a father and grandfather as physicians surely influenced my path toward medicine. And it was very likely that the orthopedist who treated my many broken bones in my youth gave me a particular fascination for fixing things – and not just broken bones.

After graduating with a medical degree from the University of Michigan, I went south to Atlanta, Georgia – which I’ve called home for nearly 40 years. It’s where I met my wife, Betty; and where we raised our son. I did my residency at Emory University and Grady Memorial Hospital in downtown Atlanta. I would return to Grady later in my career to serve as Medical Director of the Orthopedic Clinic. Throughout my professional career I treated patients of every age – from all walks of life – including many children. Anyone who has ever treated a child knows how fulfilling it is to look into the eyes of a parent and tell them our team has helped heal their son or daughter – to give them peace of mind. My memories of Grady are filled with the gracious
comments from parents and patients for the team of health care specialists with whom I had the privilege of working. I cherished my time there.

After 25 years of school and training, I hung out my shingle to start a solo private orthopedic practice. Over the years, this practice grew and eventually became one of the largest, non-academic orthopedic groups in the country – a group I would eventually serve as Chairman of the Board. Whether as part of that team or on staff at a hospital, it was apparent early on that every person involved in the delivery of care, no matter their role – doctors, nurses, lab techs, orderlies – all had one goal in mind – and that was to get our patients well again, to heal them. It was always a team effort and wherever you fit into that team, you appreciated the value of those working with you.

During 20 years as a practicing physician – both in office and hospital setting – I learned a good bit about not just treating patients but about the broader health care system and where it intersects with government – local, state and federal. A couple of lessons stand out. One – many patients I knew or treated were never more angry and frustrated than when they realized that there was someone other than themselves and/or their physician making medical decisions on their behalf – when there was someone not involved in the actual delivery of care that was standing between them and their doctor or treatment.

Another lesson came the day I noticed that there were more individuals within our office who were dealing with paperwork, insurance filings, and government regulations than there were individuals actually seeing and treating patients. It was in those moments that it became crystal clear that our health care system was losing focus on the number one priority – the individual patient. Having had no greater joy than taking care of patients, I felt compelled to broaden my role in public service, and help solve the issues harming the delivery of medicine – so I ran for the state senate in Georgia.

Anyone here who has ever served at the state level knows that state government has a different feel to it – a different pace. In Georgia, I found the state senate to be a remarkably bipartisan place where collegial relationships were the norm. This is the environment in which I learned to legislate – reaching across the aisle to get the work done – needing the buy-in and the support of more than just one party. I worked with Democrats including then state senator, now-Atlanta Mayor, Kasim Reed. He and I did not see eye to eye on everything, for sure, but we were successful in finding our way together through some really challenging issues for our state.

In Congress, I have been fortunate to have been a part of collaborations that broke through party lines to solve problems including those pertaining to health care. Early in my congressional career, I was privileged to work alongside then-representative, now Senator, Tammy Baldwin to introduce legislation that would have empowered states to come up with new ideas to provide health care coverage to their uninsured populations. Just this past Congress, it was a bipartisan, bicameral effort that actually succeeded in ridding Medicare of a broken physician payment system and which has now begun the creation of a new system that, if implemented properly, will help ensure that seniors have better access to higher quality care.
If confirmed, my obligation will be to carry to the Department of Health and Human Services both an appreciation for bipartisan, team-driven policymaking and what has been a lifetime commitment to work to improve the health and well-being of the American people. That commitment extends to what I call the six principles of health care – six principles that, if you think about it, all of us hold dear: affordability, accessibility, quality, choices, innovation, and responsiveness. We all want a health care system that’s affordable, that’s accessible to all, of the highest quality, with the greatest number of choices, driven by world-leading innovations, and responsive to the needs of the individual patient.

But HHS is more than just health care. There are real heroes at this department doing incredible work to keep our food safe, to develop new drugs and treatment options – driven by scientists conducting truly remarkable research. The Centers for Disease Control and Prevention – which we in Atlanta are proud to have headquartered in our city – is the first place the world turns to when there’s a health care threat that requires the greatest, most capable minds to solve.

There are heroes among the talented, dedicated men and women working to provide critical social services – helping families and, particularly, children have a higher quality of living and the opportunity to rise up and strive to achieve their American Dream – something we all want for ourselves and our loved ones.

The role of HHS in improving lives means it must carry out its responsibilities with compassion. It also must be efficient, effective and accountable, as well as being willing to partner with those in our communities already doing remarkable work. In every aspect of the department, across the spectrum of issues and services it handles, there is embedded a promise that has been made to the American people. Governor Michael Leavitt, during his confirmation hearing in 2004 to take on this task, spoke of our highly regarded “brands” – the CDC, FDA, NIH, and others – and how they must be preserved and strengthened because they guarantee that those promises are kept.

Today’s challenges make it even more important that we strengthen our resolve to keep the promises we, as a society, have made to our senior citizens and to those among us who are most in need of care and support. That means saving, strengthening, and securing Medicare for today’s beneficiaries and future generations. It means ensuring that our nation’s Medicaid population has access to quality care. It means maintaining, and expanding, America’s leading role in medical innovation and the treatment and eradication of disease.

As I noted at the outset, I share your passion for these issues – having spent my life in service to them. And yet, there’s no doubt that we do not all share the same point of view when it comes to addressing each and every one of them. Our approaches to policies may differ, but there surely exists a common commitment to public service and compassion for those we serve. We all hope, by our actions, to help improve the lives of the American people, to help heal individuals and whole communities. With a healthy dose of humility and appreciation for the scope of the challenges before us, with your assistance and with God’s will, we can make it happen. I look forward to working with you to do just that.

Thank you very much for the privilege of appearing before you today.