

Former surgeon general: The Senate must not approve someone who can't practice medicine as the nation's top doctor

The surgeon general is not a wellness influencer



Casey Means, nominee for surgeon general, testifies during a Senate Committee on Health, Education, Labor and Pensions confirmation hearing on Capitol Hill. *Brendan SMIALOWSKI / AFP via Getty Images*

By Jerome Adams – for STAT News
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Adams was the 20th U.S. surgeon general.

Eight years ago, I sat before the Senate for my confirmation hearing to be surgeon general. Republican Todd Young (Ind.) and Democrat Joe Donnelly (Ind.) introduced me, and I was confirmed unanimously.

That bipartisan support reflected more than politics. It reflected preparation: a medical degree, completion of an anesthesiology residency, board certification, an active license, a master's in public health, and service as Indiana's health commissioner. I was also actively practicing at a Level I trauma center.

That is what the job demands — not just a platform, but the training, experience, and authority to lead nearly 6,000 uniformed officers in the Commissioned Corps of the U.S. Public Health Service through hurricanes, outbreaks, and whatever crisis comes next. During my tenure, I practiced at Walter Reed and aboard the USNS Comfort in disaster zones. The officers I led were required to maintain active, unrestricted licenses. So was I.

Now the Senate is considering Casey Means for the role. She graduated from Stanford Medical School but left her surgical residency at Oregon Health & Science University shortly before completion. Her medical license went inactive in January 2024, and she acknowledged at her hearing that she currently cannot prescribe medications and has no desire to treat patients.

This is not a minor technical issue. The surgeon general is the nation's "top doc" and a three-star admiral. By policy and long-standing tradition, physicians in the Commissioned Corps must complete residency training and maintain an active, unrestricted license. If confirmed, Means would be responsible for enforcing standards she does not meet herself. Disciplining an officer for a lapsed license while your own remains inactive would erode morale and credibility at the very top — not to mention opening the office up to legal liability.

Qualifications either matter — for everyone — or they do not. Confirming an unlicensed nominee signals that standards are flexible when convenient. That is unfair to every past surgeon general who completed rigorous training and practiced medicine before assuming the office.

I understand the desire for disruption. Our health care system is too expensive, too fragmented, and too focused on treatment over prevention. Means speaks passionately about metabolic health and reducing ultra-processed foods. Those conversations are important. But the surgeon general is not a wellness influencer. The role carries statutory responsibilities and operational authority over uniformed officers who deploy in national emergencies. Credibility in that role rests on shared professional standards.

There are also questions about conflicts of interest. Means co-founded Levels, a company marketing continuous glucose monitors to non-diabetics through subscription plans that was valued at \$300 million in 2022. She has pledged to divest certain holdings, which is appropriate. But perception matters in public health. If the surgeon general issues guidance on nutrition, devices, or supplements, the public will surely question whether prior business interests influence policy. We have seen how even the appearance of entanglement can weaken public trust. Her confirmation hearing did little to reassure. When pressed about clinical qualifications, Means described years of “medical practice” despite not completing residency training. On vaccines, she repeatedly withheld a strong endorsement.

That hesitation comes at a precarious time. The United States is experiencing its worst measles outbreak since elimination status was declared in 2000. Measles is highly contagious and can cause pneumonia, encephalitis, and death, particularly in children. Vaccination is highly effective, and cost saving. Yes, patients should talk with their doctors (if they have or can afford one), but past surgeons general, regardless of party, have been clear and forceful in defending immunization. The evidence demands it, and anything less during a resurgence risks lives.

Public health is not about social media reach. It is about credibility grounded in training and experience. When I issued advisories on naloxone access or maternal mortality, people listened in part because they knew I had practiced medicine and understood the realities behind the recommendations.

Some of my Republican colleagues argue that merit and standards must always trump diversity and inclusion of different people and ideas. If

that principle is to mean anything, it must apply here. Holding the surgeon general — the nation's top doctor — to a lower bar than the officers they command is indefensible.

This is not fundamentally about ideology. There are physicians aligned with the administration's health priorities who have completed residency and maintain active licenses. The Senate can support the president's broader agenda while insisting on baseline qualifications for this office. The surgeon general should be someone who can stand in operating rooms and emergency departments with credibility, and who understands both bedside medicine and public health. Confirming a nominee who does not practice medicine would diminish the office, weaken morale within the Corps, and signal that political loyalty outweighs professional standards.

The Senate has a constitutional responsibility to advise and consent. In this case, it should advise caution and withhold consent. The credibility of the office — and the health of the nation — depend on it.

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