

An hourglass-shaped graphic with a globe inside. The top bulb is dark blue, and the bottom bulb is light blue. The globe is centered in the narrow neck of the hourglass. The text is centered within the hourglass.

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*The Office of the Attending Physician in the U.S. Congress*

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**Abstract.** The Office of Attending Physician was established by congressional resolution in 1928 to meet the medical needs of Members of Congress. Over the years, the services offered by the office have expanded and now include emergency care for individuals working and visiting the Capitol complex as well.

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# CRS Report for Congress

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## The Office of Attending Physician in the U.S. Congress

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### Summary

The Office of Attending Physician (OAP) was established by congressional resolution in 1928 to meet the medical needs of Members of Congress.<sup>1</sup> Over the years, the services offered by the office have expanded. During the anthrax scare on Capitol Hill in 2001, it coordinated all the testing of the Capitol complex as well as the care and treatment of Members and staff who may have been exposed to the bacteria. The office has always been headed by a naval officer who is a physician. Six Navy doctors have served as attending physician.<sup>2</sup> The staffing and funding of the office have traditionally been shared by Congress and the Department of the Navy. For additional information, please refer to CRS Report 96-585, *Health Benefits for Members of Congress*. This report will be updated if there are major changes in the Office.

**Services Offered.** The mission of the OAP is to provide primary care, and emergency, environmental, and occupational health services in direct support of Members of Congress, staff, pages, visiting dignitaries, and tourists. The office also treats the justices of the Supreme Court and maintains a liaison with military and civilian hospitals to facilitate necessary referrals of patients requiring hospitalization.<sup>3</sup>

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<sup>1</sup> Although there was no medical office for Congress until 1928, an account of Senatorial privileges in 1911 described the “readily accessible assortment of drugs and viands, tonics and recuperatives” available [for Senators]. See Williard French, “Senatorial Privileges and Expenses,” *The Independent*, June 15, 1911, p. 1304.

<sup>2</sup> They have included Drs. George Calver (1928-1966), Rufus Pearson (1966-1973), Freeman Carey (1973-1986), William Narva (1986-1990), Robert Krasner (1990-1994), and the current physician, Dr. John Eisold, who was appointed in 1995.

<sup>3</sup> Only incumbent Members of Congress may receive medical and emergency dental care in the military hospitals in the Washington, D.C., area upon recommendation of the attending physician, through long-standing approval by the secretaries of the various military branches or in their own right as current members or former members of the military. Such treatment was first authorized

(continued...)

Early in his service, Dr. George Calver, the first attending physician, “started the policy of an annual physical examination as a means of bettering the state of health of the Members of the House and Senate.”<sup>4</sup> The five attending physicians who have succeeded Dr. Calver have continued this tradition by offering examinations as well as a full range of other services. However, only those Members and officers of Congress who pay an annual fee are eligible for the variety of non-emergency care offered by the office.<sup>5</sup>

The Members and officers of the House and Senate who elect to receive routine care are provided laboratory, X-ray, physical therapy, and electrocardiographic services, as well as 24-hour assistance and referrals. They may also voluntarily establish medical records and are encouraged to participate in a preventive health program through annual examinations. Medical information is confidential, but will be sent to private physicians upon request of the patient. In addition, the office:

- offers CPR and first aid instruction to congressional staff;
- cooperates, and when requested, participates with the Military District of Washington, the chief of the Capitol Police, the architect of the Capitol, and other appropriate officials in planning medical support for potential disasters;
- is responsible for mitigating the medical consequences in the event of a chemical/biological problem by providing a highly trained, readily deployable, fully equipped team of medical professionals;
- provides medical support for inaugurations, joint sessions of Congress, visiting heads of state, and other special events at the Capitol;
- serves as coordinator for various medical screening programs (**including drug testing**), blood drives, bone marrow registries, and health fairs for congressional staff;
- supervises the operation of six satellite first aid rooms located in the Capitol complex that provide support to staff and tourists;
- administers allergy shots to staff, conditional upon their providing the serum, and for a nominal fee, will give staff flu shots;
- provides Members and staff immunizations prior to official congressional travel;
- has a highly trained medical response team and is responsible for all 911 calls in the Capitol complex; and
- provides tourists with emergency care services that vary from giving minor first aid to assisting those suffering potentially life-threatening emergencies.

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<sup>3</sup> (...continued)

by President Franklin Roosevelt. This treatment is not free of charge. For inpatient care, Members are billed at the full reimbursable rate for the treatment they receive. Their health insurance (for which they must also pay) may cover these expenses after a deductible and co-payment are met.

<sup>4</sup> U.S. Congress, House Committee on Appropriations, Subcommittee on Legislative Branch Appropriations, *Legislative Branch Appropriations for 1964*, hearings, 88<sup>th</sup> Congress, 1<sup>st</sup> session, May 15, 1963 (Washington: GPO, 1964), p. 334.

<sup>5</sup> Former Members of Congress are not eligible for routine services.

In 1996, Dr. John Eisold, the current attending physician, established a new triage, emergency response team composed of the current Members of Congress who are healthcare providers.<sup>6</sup> This team could augment the OAP response to mass casualty incidents.

In 1997, the office entered into an agreement with the capitol police to provide the officers with physical examinations, thus eliminating the need to contract out for this service. Also, the environmental and health division of the office manages programs which evaluate and control environmental factors that may affect the health of persons who work in or visit the Capitol and congressional office buildings. At one time, the office sold prescription drugs, but that practice was discontinued in 1987.<sup>7</sup>

**Creation of the Office.** The OAP was established in 1928, following several medical emergencies involving Members, three of whom died. In each case, there was a lengthy delay before a doctor arrived. In the aftermath of those emergencies, Representative Fred Britton (D-IL), chairman of the House Naval Affairs Committee, consulted Speaker Nicholas Longworth about the placement of a Naval medical officer at the Capitol.

Subsequently, on December 5, 1928, during the 70<sup>th</sup> Congress, Representative Britten introduced House Resolution 253, which passed unanimously that same day.<sup>8</sup> It stated:

*Resolved*, That the Secretary of the Navy is hereby requested to detail a medical officer of the Navy to be in attendance at the Hall of the House of Representatives during sessions of the House.

On December 8, 1928, the Secretary of the Navy assigned to this position Lieutenant Commander George Calver, who was serving at the old Naval Dispensary in Washington. He remained as attending physician until his retirement in October 1966. Dr. Calver initially worked in the Democratic cloakroom and later was assigned office space in the Capitol in rooms H-165 and H-166, where the office continues to be located.

In June 1929, Senator Royal Copeland (D-NY), who was also a doctor, introduced Senate Concurrent Resolution 14 to request the Secretary of the Navy to detail a medical officer for duty as a physician to both the House and the Senate, thus extending Dr. Calver's services to the Senate. The measure was referred to the Senate Naval Affairs Committee, reported favorably, and passed unanimously by the Senate on April 7, 1930.<sup>9</sup>

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<sup>6</sup> Julie Eilperin, "Congress's Own E.R.," *Roll Call*, March 11, 1996, pp. 1, 33.

<sup>7</sup> In 1975, at the recommendation of the General Accounting Office, a revolving fund was established for the deposit of money received from sales of medicine in the office. However, effective, October 30, 1987, the purchase and sale of prescription drugs was discontinued. U.S. General Accounting Office, Revolving Funds, *Office of Attending Physician Revolving Fund Can Be Terminated*, GAO/AFMD-8929 (Washington: GPO, 1988), p. 2.

<sup>8</sup> "H.Res. 253," *Congressional Record*, vol. 70, December 5, 1928, p. 101.

<sup>9</sup> U.S. Congress, Senate Committee on Naval Affairs, *Providing for the Detail of a Medical Officer of the Navy for Duty as Physician to the Senate and House of Representatives*, report to (continued...)

Subsequently, it was referred to the House Committee on Accounts. Although neither the committee nor the full House took action on that proposal, Dr. Calver later stated that after Senate Concurrent Resolution 14 passed the Senate, the Secretary of the Navy ordered him to “look after both houses.”<sup>10</sup> Since that time, the OAP has provided medical services to both Representatives and Senators.

Until 1992, the OAP provided its services at no charge. Since the 102<sup>nd</sup> Congress as part of an overall review of congressional benefits, Members have been required to pay for prescriptions and routine medical care in the OAP.<sup>11</sup>

On April 9, 1992, the Senate adopted Senate Resolution 286, which established fees for the routine services provided and directed the Senate Rules and Administration Committee to promulgate regulations governing those services and the collection of fees.<sup>12</sup> On May 1, 1992, the new fees were implemented in the Senate; and on June 17, 1992, the Rules Committee adopted the regulations. These regulations require the Secretary of the Senate to collect fees for services received from the OAP as well as for the use of the Senate health and fitness facilities.

Also on April 9, 1992, the House adopted administrative reform legislation that included provisions requiring the House Administration Committee, in consultation with the Speaker, to eliminate various “perquisites of the House.”<sup>13</sup> Included in the committee’s review were the services of the attending physician. Subsequently, in October 1992, the committee instituted a fee for Members receiving routine care from the attending physician as well as those using the House health and fitness facility.

In the FY1993 Legislative Branch Appropriations Act, the House established an account for the deposit of fees received from Members and officers for services provided them by the attending physician.<sup>14</sup> The amounts deposited are to be available for the operations of the OAP. In the same law, the Secretary of the Senate was first authorized to withhold fees from the salaries of Members and officers of the Senate who use the services of the attending physician and to remit such fees to the U.S. Treasury.<sup>15</sup>

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<sup>9</sup> (...continued)

accompany S.Con.Res. 14, 71<sup>st</sup> Congress, 2<sup>nd</sup> session, S.Rept. 71-328 (Washington: GPO, 1930); and “Medical Officer for Senate and House,” *Congressional Record*, vol. 72, April 7, 1930, p. 6606.

<sup>10</sup> U.S. Congress, House Committee on Appropriations, Subcommittee on Legislative Branch Appropriations, *Legislative Branch Appropriations for 1964*, hearings, 88<sup>th</sup> Congress, 1<sup>st</sup> session, May 15, 1963 (Washington: GPO, 1964), p. 334.

<sup>11</sup> Kenneth Cooper and Helen Dewar, “Congress Cuts Perks,” *Washington Post*, April 4, 1992, pp. A1, A7; and Karen Foerstel, “Perk Panic,” *Roll Call*, March 23, 1992, pp. 1, 20.

<sup>12</sup> “Payment of Fees,” *Congressional Record*, vol. 138, April 9, 1992, p. 8925.

<sup>13</sup> “Providing for Consideration of House Resolution 423, House Administrative Reform Resolution of 1992,” *Congressional Record*, vol. 138, April 9, 1992, pp. 9030-9076.

<sup>14</sup> P.L. 102-392, 106 Stat. 1710.

<sup>15</sup> See 106 Stat. 1710, 1723.

**Funding for the Office.** The attending physician has been on the payroll of the Navy. Since 1930, Congress has appropriated funds for the supplies and equipment needed by the office.<sup>16</sup> A survey of annual legislative branch appropriations acts since 1930 indicates that the expenses for the supplies and equipment in the office are in the section of these acts labeled “Joint Items.”

Congress has also authorized allowances for the attending physician and active duty Naval medical corpsmen who began assisting in the office in 1929. Those allowances are for the civilian office attire required of those working in the office, cost of living adjustments, and overtime pay expenses not covered by the Navy.

The allowance for assistants was first authorized in 1930.<sup>17</sup> Over time, Congress has increased the number of medical assistants in the Office of Attending Physician and the amount of their annual allowances.<sup>18</sup> It has been the recent practice for the attending physician to request that increases in allowances and number of Navy personnel entitled to receive such allowances be included in the annual legislative branch appropriations acts.<sup>19</sup> The allowance for the attending physician (currently \$1500 a month) was first authorized in 1939.<sup>20</sup>

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<sup>16</sup> The first appropriation, for \$750, was in the FY1931 Legislative Branch Appropriations Act (P.L. 71-311, 46 Stat. 511). In its accompanying report, the Appropriations subcommittee said: “Under provisions of House Resolution 253, approved December 5, 1928, a medical officer of the Navy is detailed to the House of Representatives to be in attendance during sessions of the House. The contingent fund has not heretofore been available for medical supplies and equipment for the emergency room and the physician’s office and the committee is of the opinion that some amount should be available for the purpose instead of relying entirely upon the Navy for such necessities.” U.S. Congress, House Committee on Appropriations, Subcommittee on the Legislative Branch, *Legislative Appropriations Bill, Fiscal 1931*, report to accompany H.R. 11965, 71<sup>st</sup> Congress, 2<sup>nd</sup> session, H.Rept. 71-1320 (Washington: GPO, 1930), p. 3.

<sup>17</sup> H.Res. 279 (71<sup>st</sup> Congress), from the Committee on Accounts stated: “That until otherwise provided by law, there shall be paid out of the contingent fund of the House an allowance not to exceed \$30 per month each for two assistants in the office of the attending physician starting December 1, 1929.” “Allowance to the Two Assistants in the Office of Attending Physician of the House,” *Congressional Record*, vol. 72, July 1, 1930, p. 12212; and U.S. Congress, House Committee on Accounts, *Authorizing the Payment of An Allowance from the Contingent Fund of the House to the Assistants in the Office of the Attending Surgeon*, 71<sup>st</sup> Congress 2<sup>nd</sup> session, H.Rept. 71-2048 (Washington: GPO, 1930). The allowance was to be paid retroactively to those assistants had been working since December 1929. The supplemental allowance first appeared in the FY1932 Legislative Branch Appropriations Act (P.L. 71-691, 46 Stat. 1182).

<sup>18</sup> Previously, the increases were in authorizing resolutions from the Committee on Accounts and its successor, the Committee on House Administration (from 1947) with funds then included in the annual legislative branch appropriations acts. Most recently, the FY2000 Legislative Branch Appropriations Act (P.L. 106-57, 113 Stat. 416) provided for two additional technicians and an allowance for an additional medical officer on the staff

<sup>19</sup> The FY1956 Legislative Branch Appropriations Act (P.L. 84-242, 69 Stat. 512) raised the assistants’ allowance for the first time, and there is no indication that the House Administration Committee recommended the increase.

<sup>20</sup> Second Deficiency Appropriation Act of FY1940 (P.L. 76-668, 54 Stat. 629).

Because the Navy felt that it was not receiving full reimbursement in its appropriations for personnel assigned to the OAP, Congress in 1975 began the present practice of reimbursing the Navy for expenses incurred for military personnel and vehicles assigned to the office.<sup>21</sup> These reimbursements are credited to the Navy's annual appropriation. Congress, in the annual legislative branch appropriations acts, provides reimbursements to the Navy as well as the allowances for personnel assigned to the OAP.

**Personnel.** The Office of Attending Physician has 17 Navy medical personnel as well as one technical assistant who is the of chief of staff. He is appointed by the attending physician, subject to the approval of the Speaker of the House and is on the payroll of the Clerk of the House.<sup>22</sup>

There are also 14 nurses on the payroll of the Architect of the Capitol. They assist the attending physician and staff the six health units located throughout the Capitol complex.<sup>23</sup> Since January 1, 1975, all nurses hired have been required to be registered nurses.<sup>24</sup>

**Recent Developments.** In 2001, when anthrax tainted mail was discovered in the Capitol complex, the Office of Attending Physician coordinated the response with the Centers for Disease Control, the office of the U.S. Surgeon General, the Capitol Police, and the Environmental Protection Agency. This response included extensive testing and treatment of Members and staff who may have been exposed and the eradication of the anthrax spores from the buildings where they were found. When the spores were initially detected in mid-October, the office worked around the clock to establish staff testing centers at several locations. Subsequently, the office was part of the team that devised the procedures for decontamination of the offices involved.<sup>25</sup>

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<sup>21</sup> FY1975 Second Supplemental Appropriations Act, P.L. 94-32, 89 Stat. 185; and FY1976 Legislative Branch Appropriations Act, P.L. 94-59, 89 Stat. 283).

<sup>22</sup> The position of administrative assistant was created in the FY1947 Legislative Branch Appropriations Act (P.L. 79-479, 59 Stat. 633).

<sup>23</sup> Dr. George Calver, the first attending physician, addressed the employment of nurses in testimony before the House Legislative Branch Appropriations Subcommittee in 1963: "There were restrooms provided for the women employees in each office building and the Capitol. These were operated by ladies untrained in medical procedures. I gradually ... hired a trained nurse with permission of the Speaker and the chairman of the committee or a similar authority in the Senate." U.S. Congress, House Committee on Appropriations, Subcommittee on Legislative Branch Appropriations, *Legislative Branch Appropriations for 1964*, hearings, 88<sup>th</sup> Congress, 1<sup>st</sup> session, May 15, 1963 (Washington: GPO, 1964), p. 334.

<sup>24</sup> Pursuant to the FY1975 Supplemental Appropriations Act (P.L. 94-554, 88 Stat. 1777).

<sup>25</sup> Avram Goldstein and Leef Smith, "Hundreds in Area Seek Anthrax Screenings," *Washington Post*, October 18, 2001, p. A18; and Damon Chappie and Mark Preston, "'Doc' Answers the Call of Crisis," *Roll Call*, October 22, 2001, pp. 1, 18.