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September 18, 1981

Senator Orrin Hatch, Chairman
Committee on Labor and Human Resources
U.S. Senate
Washington, D.C. 20501

Dear Senator Hatch:

RE: Nomination of Dr. C. Everett Koop for
Surgeon General

This letter is in support of Dr. Koop's appointment as Surgeon General. Although I am not a public health physician, but rather a clinical teacher, resuscitation researcher and initiator of programs, I believe I have acquired some understanding of medical leadership roles in government, through 25 years of work with national commissions and committees, particularly those concerning emergency medical services (EMS). These included the White House Interagency Committee on EMS and the NAS-NRC Committee on EMS. I testified about EMS before Senator Kennedy's subcommittee on health, and I was author-editor of a book on "public health considerations of critical care medicine".

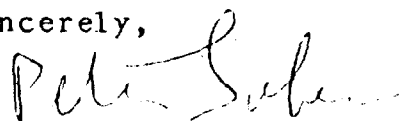
My views on political and social issues, such as abortion, religion, and "letting die" severely malformed infants -- differ strongly from those of Dr. Koop. While he is considered to be a conservative, I have been labeled as a liberal. Nevertheless, I feel confident that he will not permit his personal "religious" views influence policies and DHHS administrative decisions.

Ever since my work with Dr. Koop in 1952 in Philadelphia (he as surgeon and I as anesthesiologist) I have had off-and-on indirect knowledge about his work. He is one of our country's few leading clinicians who are not only fair, kind and compassionate, but also

highly motivated toward improving the overall health of the population. He is a generous team leader. He seems equally interested in the delivery of medical care as well as the prevention of disease and accidents. Although I am not qualified to judge his public health experiences, as outlined by the DHHS General Council, they suggest to me that he can make others join forces to help initiate and sustain needed new programs.

Some leading public health specialists have concerns about Dr. Koop's lack of formal training in public health. Some other physicians in such leading roles in the past, who have had no formal public health training, were highly effective. Physicians in leading public health posts of emergency and critical care in some other countries have been more successful in implementing proven new programs than we have been in the United States. Some of this I attribute to the custom of such leaders-administrators to continue working part-time as clinicians and thereby not to lose touch with the real world. Obviously the Surgeon General's associates and team members must include individuals with specialized training and experience in all pertinent areas of public health, with emphasis on preventive medicine. For the position of Surgeon General, however, in my opinion, being a good physician, a responsive understanding leader, and an administrator with vision--as exemplified by Dr. Koop--seems more important than specialized training.

Sincerely,



Peter Safar, M.D.
Distinguished Professor of
Resuscitation Medicine
Director, Resuscitation
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