

# SEATTLE PACIFIC UNIVERSITY

SEATTLE, WASHINGTON 98119



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December 13, 1982

Dr. C. Everett Koop  
Surgeon General  
Parklawn Building  
5600 Fisher's Lane  
2 Rockville, MD 20857

Dear Dr. Koop:

The accompanying newspaper article attracted my attention and amazement, and is the occasion of this letter. Your reported testimony is inconsistent with my impressions of the role of surgeon general as a strong, scientific professional working to further the health and well-being of our entire population. Prior surgeon generals have sought to publicize and alleviate such health hazards as cigarette smoking, cancer, and television violence. Your own dedicated efforts in behalf of malformed infants and in protection of the unborn, and recently your expression of concern about the effects of videogames, appear to continue the tradition. However, your testimony in the Hatch case is in quite another vein.

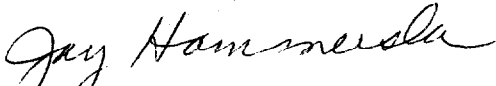
My objection is not with the presentation of any knowledge you have regarding the character, medical skill or training of Dr. Hatch, nor with the presentation of any medical facts relevant to the case. Because of the seriousness of the accusation against him, it is appropriate that extraordinary care be given to ascertaining its validity, both for Dr. Hatch's protection and for that of the entire profession (and ultimately for the benefit of our society). What I do find extremely objectionable is the endorsement of a physician's genital examination of a thirteen-year-old child alone in the bedroom of the child's home (with no one else in the house!) and offering, in opposition to the child's assertion that improper behaviors occurred, the contention that children often do not know what physicians are doing to them. It is precisely because they do not know, and because in this child-professional relationship the child is totally vulnerable both physically and psychologically, that NO CHILD should be subjected to such an experience, even if the ministrations of the physician were quite medically appropriate. To then claim the child's ignorance as the physician's defense (when the child reports the treatment to have been inappropriate) leaves the child (and the child's family) without any protection. A physician, having gained the child's confidence as a trusted professional, may enter the child's home, do anything he likes with the child (so long as it leaves no telltale evidence) and then rely on the child's ignorance to discredit her/his testimony, should the behavior be reported as improper! Such nonsense! Such cruelty!

Currently, many persons concerned about the health and safety of children are seeking ways to curb and reduce the alarming increase of child molestation. To this end, we are seeking to provide children with the confidence that they do have some power over their own bodies, that they can and should object to violations of their sense of privacy and propriety, and that they should report such violations. It is our sincere hope that the medical profession will endorse and encourage efforts against such violations, rather than foster attitudes and behaviors which make violators (including physicians) immune from accountability for their behavior.

Finally, I am extremely curious about your assertion that girls are more ignorant than are boys about what physicians do to them. As a psychologist interested in sex differences, and teaching courses in child and adolescent psychology, I would be very interested in evidence regarding this difference in knowledge. Any references which you can provide will be very much appreciated.

Sincerely,

Your sister in Christ,



Joy F. Hammersla, Ph.D.  
Assistant Professor of Psychology

JFH:WS