

An Exclusive Interview With C. Everett Koop

# The Surgeon General Has Determined...

*At the end of 1981, C. Everett Koop, MD, was appointed the new surgeon general of the United States. His duties include directing the U.S. Public Health Service and serving as the deputy assistant secretary for health in the Department of Health and Human Services. As America's highest-ranking physician, Dr. Koop, a pediatrician, shares his views on his new role and responsibilities with PRIVATE PRACTICE in this exclusive interview.*

**Q:** *What is the role of a surgeon general? Is he an adviser? If so, how, and on what level does he advise?*

**Dr. Koop:** Up until 1966, the surgeon general was without any question the primary health officer of the land and had great credibility in Congress and with the public. Then there was a period when the surgeon general's position was somewhat demeaned and the functions of that office were carried out in an office of the deputy surgeon general.

When Julius Richmond, MD, came on board at the beginning of the Carter administration, the surgeon general and the assistant secretary of health were the same individuals—they wore different hats for different parts of their job. With this administration, the positions of assistant secretary for health and surgeon general have once again been separated. So, this is the first

time now, since before 1966, that the surgeon general acted in the capacity in which I will act.

I guess you could say that my role is "adviser." By statute, I do have an advisory capacity to the Department of Health and Human Services. But I think the way the position develops, I am more or less the spokesman, in as apolitical a way as possible, for public health in this country. I am here to give on-line information to the public about things that would improve their health and things that would prevent disease. Now, that might be in such things as the surgeon general's Report on Smoking or it might be something that comes up tomorrow as an emergency in reference to a Three Mile Island catastrophe, or a Love Canal, or a Mount St. Helens' eruption or something like that. But, perhaps more importantly, the surgeon general has a very important

role in representing government to medical societies and representing the concerns of those societies to government.

**Q:** *In that regard, I gather you work with and try to have some sort of com-*

**Q:** *Since I am sitting in front of a uniformed individual, one of the obvious questions is: "What are you doing wearing a uniform?"*

**Dr. Koop:** There is in the Public Health Service a commissioned corps of approximately 7,000 officers consisting of not only physicians but nurses, veterinarians, sanitary engineers, civil engineers, physiotherapists, dietitians, etc. We are a uniformed, but unarmed, service of the United States. The Public Health Service had a commissioned corps before there was a medical corps in the Army or the Navy. Therefore, our uniforms were taken from what was then the Merchant Marines uniform. When the Medical Corps of the Navy was established, we then conformed to the standards of the Navy uniform; and the only thing different about the uniform I wear and that of a vice admiral of the Navy is the different insignia above the braid on the arms and the buttons on my cap and the shield on my visor.

**Q:** *Is the surgeon general also an advocate on certain issues, certain positions?*

**Dr. Koop:** Yes, he's an advocate for certain groups of people. In my present role, I am acting as advocate for children. I'm acting as an advocate for the disabled. I'm acting as an advocate for those who are aging because I think these are three groups at risk in our country who at all times need an advocate. And in the tremendous overlap and duplication of services for these groups of people in government, I do try to act as "advocate."

**Q:** *In what way does the surgeon general have the power to enforce certain decisions?*

**Dr. Koop:** The surgeon general has no power. His position is advisory, and that is implicit in issu-

*munication with groups like the AMA or American Association of Physicians and Surgeons?*

**Dr. Koop:** Yes, the surgeon general of the Public Health Service has a seat in the House of Delegates

of the AMA. So, he does have a voice there through that position. I welcome dialogue with the various societies in the country to listen to their concerns and to interpret for them some of the things they are uncertain about the government's actions in health.

ing a warning. We can't say to people, "Don't smoke!" But we can tell people that smoking is injurious to their health.

**Q:** *In that regard, should not the government—the surgeon general—say, "Smoking is dangerous to your health," present the information and leave it to the public to decide? Rather than as in the past, for example, under the Carter Administration when Secretary Califano seemed to be going on a crusade. There were commercials being planned for television and it seemed to be either a vendetta or sort of a moral campaign?*

**Dr. Koop:** I don't think it was a vendetta. I think if the Public Health Service and the surgeon general feel strongly about an issue which affects the health of the public, they have the obligation to at least communicate it to the best of their ability. And I think that's what the campaigns that you were concerned about [attempted to do]. I think this is a fitting and proper role for government because in a sense if you just say, "Don't smoke," you haven't given the people who smoke the reasons why you are concerned. That's why each of the recent reports on smoking and health has focused on a different aspect of the deleterious results of smoking on health—not just cancer of the lung.

**Q:** *To what extent does the surgeon general and the U.S. Public Health Service have an international role? Do they interact with the U.N.? With the World Health Organization [WHO]? Similar international bodies?*

**Dr. Koop:** We interact internationally in several ways. First of

all, we [the United States] are members of the World Health Organization. Edward Brandt, [MD], the assistant secretary for health, is a member [during his tenure] of the Executive Committee of the World Health Organization. He and I both were delegates last May to the World Health Assembly in Geneva and will be again this year. Therefore, we are committed to the general goals of the World Health Organization, such as clean water supply for all by 1990 and any other initiatives of WHO that do not conflict in any way with the laws of our own land.

In addition, the United States has about 35 bilateral health agreements which may or may not be part of broader science and technology agreements with a number of foreign countries. With European countries, most of our efforts are in the field of research; rather sophisticated research at that. With the lesser developed countries, our cooperative agreements are to bring our expertise to those countries through the various public health agencies so that the health of the public in those countries will be elevated.

**Q:** *Would you say that the position of surgeon general and the Public Health Service provide a policy-making role to the president in this regard?*

**Dr. Koop:** No, the Office of the Assistant Secretary of Health at the present time has a division which is called the Office of International Health and functions at this particular time by internal arrangement with Dr. Brandt and me. We have sort of divided up the countries. He

has a concern about some; I have a concern about others. Some, we have a mutual concern about.

**Q:** *Earlier this year, the Reagan administration took a position regarding a decision by the World Health Organization concerning advertising and sale of infant formulas [food formulas] in underdeveloped countries. [The whole conflict between breast feeding and bottle feeding, etc.] The United States voted against that decision. Have there been repercussions since then? What has been the attitude of the World Health Organization toward the U.S.?*

**Dr. Koop:** First of all, let me make it clear that the Public Health Service is committed to the benefits of breast feeding for children all over the world and for the best possible nutrition for young infants and older children. The infant formula code as proposed by WHO had non-health matters involved that made it impossible for this country to sign. Since the signing of the code, we have two task forces at work in the Public Health Service. One of those is under my direction, and we are preparing two documents. One is a mandated reply to WHO, which is our response to the code. The second is a statement of understanding of what is best for infant and young-child feeding. The other task force is looking into the scientific claims in reference to breast feeding versus supplementary feeding. I think out of this will come some very interesting information that will be useful to this country in planning our own nutritional strategies in days ahead.

**Q:** *Would you give us an idea what is the administration's view regarding catastrophic health insurance? What you're*

*studying? What your plans are? What role private enterprise—private medical coverage—should be?*

**Dr. Koop:** I don't think I can answer your question fully because what comes out in the way of insurance alterations will be done by the legislative branch. I can tell you I have a commitment to some kind of catastrophic health insurance as does the secretary because we both have seen what happens to a family hit by a medical catastrophe. Fortunately it's a very small percentage of insured people in this country who are so hit; and, therefore, it seems logical to me to spread the cost of that kind of catastrophe over a much larger group of people who are purchasing insurance.

**Q:** *What is the role of the Public Health Service in immunization in this country?*

**Dr. Koop:** First of all, we are in a position of doing experimental work on vaccines, in our various agencies. Some do the experimental work to produce it—others are in the business of approving it. This administration and this Public Health Service are totally committed to immunization. I think one of the proudest things we can claim is our role in the elimination of smallpox from the world. Secondly, if you've watched what's been happening to measles in this country, there has been domestically almost a repetition of smallpox. There are little outbreaks of measles here and there but for four weeks in December and November of last year only 1 percent of the counties in the U.S. reported measles; for the last 48 weeks of 1981

only 10 percent. So, immunization has top priority with us—not only here but as one of the things we're very much interested in for international health.

**Q:** *Many doctors are concerned about the degree of regulation in the medical and health-care fields. Is this an area of concern the Reagan administration has regarding the amount of regulation that is in medical care?*

**Dr. Koop:** Well, let me preface my remarks by saying I think one of the strengths I bring to this job is the fact that for 36 years as a private practitioner I worked in the marketplace as a recipient of the problems the government produces for the practice of medicine. Therefore, I come into the government very much in tune with President Reagan's deregulatory efforts in reference to health. I think that regulations, in certain circumstances, are necessary in order to protect the public. But I certainly think we can get rid of a tremendous amount of regulatory apparatus; and I think as we do, it then falls on the physicians of America to regulate themselves, to police themselves and to maintain the integrity in the profession led by the public.

**Q:** *Would you care to comment on any recommendation the department may have with regard to increased competition in the medical field?*

**Dr. Koop:** Again, I think it's premature to say. We have just been through our own studies. We're in the process of discussing these. There are, as you know, a number of pro-competition bills that have been pro-

posed by members of Congress. And I think we really have to wait to see how the debate begins to develop.

**Q:** *Turning to another subject, your hearings for confirmation as surgeon general were probably somewhat controversial—at least they aroused a lot of interest regarding that position. Why do you think there was so much attention brought to your background and the office in which you were confirmed?*

**Dr. Koop:** It wasn't that my hearings were controversial. The thing that was controversial was my appointment. And the thing that disturbed me was the inordinate delay in letting me get to the confirmatory process. There is no doubt in my mind it was the active role I have taken in trying to elucidate some of my concerns about bio-medical ethics, particularly in reference to abortion in the past several years. That was the fundamental reason why I was opposed by so many people. I think other accusations, such as an attitude toward women that was outdated, etc., was absolutely nothing but a smokescreen to cover the other aspect of people's concerns.

The day I arrived in Washington, I told the secretary I felt I had said and written and done all I needed to do in reference to abortion, and it was not my intent to come to Washington in order just to be a speaker on the pro-life circuit. I thought there were many opportunities here for health initiatives to which I would like to turn my attention. And I have kept my word on that since I've been here.

The other aspect of opposition to me was I didn't have any public-

health experience. I think that was, again, a smokescreen to cover my anti-abortion statements in days gone by. I think as was definitely shown at the hearings, not only by my own testimony but by that of experts in the public-health field, I was not without public-health experience or knowledge and had, over my lifetime in pediatrics and surgery, made a number of public-health initiatives.

**Q:** *President Reagan is concerned about "volunteerism." He's made this a part of his philosophy. Is this something your office will be involved in?*

**Dr. Koop:** I will be involved in this to the extent of my ability to do it, but it is nothing I can legislate. It's only something I can recommend with all the moral suasion this office carries with it. But if you look at the history of health care in this country, doctors have always been very much in the forefront of the voluntary effort because it is doctors and patients, working together, who have brought about the various foundations in this country aimed at the research into and the cure of specific diseases. I think as doctors find there are gaps now in the programs that used to be paid for by the government, they will see the effort to fill that gap will have to come through the voluntary sector. One thing I would suggest to them is the tradition of separation of church and state in this country is no reason not to turn to the churches to provide this social safety net. Because, after all, 100 years ago, it was only the church that provided this. And they are well equipped to do it.

**Q:** *You mentioned one of the subjects brought up during your confirmation hearings was a concern by some regarding your position on the abortion questions. You appeared in a film and co-authored a book, "Whatever Happened to the Human Race?," in which you expressed concern about this, euthanasia and medical experimentation on children. Obviously, you still have those concerns. How do these concerns still fit in with your responsibility and role as surgeon general?*

**Dr. Koop:** Nothing at all in reference to decisions regarding abortion comes across my desk. I haven't changed my attitude with regard to abortion. The only thing that is part of my job is to look at the scientific accuracy of the reports that come from this department concerning abortion surveillance. I'm concerned, not with an ideology when I do that, but with scientific accuracy.

**Q:** *One of the accusations brought up in the hearings was your attitude toward women—professionally, etc. Would you care to comment?*

**Dr. Koop:** Yes, I felt very bad about that because it's just the absolute opposite of my life history as a professional. It stemmed from a commencement address I gave at a finishing school for young ladies in a Philadelphia suburb where I said, among other things, that if a girl wished to follow the traditional role of being a mother and a wife, she should not be ashamed of that because other people were going on to careers that used to be exclusively for men. But to be accused of having stereotyped old-fashioned and cruel attitudes toward women as I was ac-

cused of by Sen. Edward Kennedy is absolutely incorrect. I have always been a champion of women's rights—all one has to do to verify that is to talk to the women I've worked with for the past 35 years professionally and academically. It is true I have trained more women in the specialty of pediatric surgery than any other trainer of pediatric surgeons in this country; and I began to do it when training women in surgery was not popular.

**Q:** *Who's influenced you the most in your career?*

**Dr. Koop:** I would think there's no doubt about the fact that in my formative years as a surgical resident Jonathan E. Rhoads, [MD], a long-time professor of surgery at the University of Pennsylvania, was my mentor and, therefore, had the greatest effect upon me. But it's hard to point out someone specific. His mentor was I. S. Ravdin, [MD], so I have a lot of the background that came from Ravdin's teaching of Rhoads. And the man that just preceded me with Dr. Rhoads was Harold Zintel, [MD], now vice president of the American College of Surgeons. We worked side-by-side during the war—during very difficult times. There is no doubt he had tremendous influence upon my understanding of surgical facts and judgment.

**Q:** *Do you see any change in this regard for up-and-coming young physicians? Or are the "greats" you look upon still influencing young doctors?*

**Dr. Koop:** Oh, yes, I think there's no doubt about that. I think

I've had an effect upon those I've trained. They come away with my techniques, my judgment and my philosophy. I guess as you get older you tend to think the people you knew earlier on were "characters" more than you find now—by that I mean they had eccentricities that were appreciated. I wouldn't want to say we are all being more or less conformed to the same mold, but it does take years to develop these unique characteristics and sometimes I think they are very important in the teaching of young professionals.

**Q:** *Are there individuals who have influenced your personal philosophy, your attitudes and how you will administer this office?*

**Dr. Koop:** Not specifically to administer this office. I would say the non-medical person who had the greatest influence on my life, probably, was a minister and Bible teacher in Philadelphia, Donald Grey Barnhouse. There's no doubt about the fact Francis Schaeffer, the theologian and philosopher with whom I worked on the book, "Whatever Happened to the Human Race?," had a tremendous impact on me.

**Q:** *When you finish as surgeon general, what do you want to have accomplished?*

**Dr. Koop:** I want to be known as a person who was alert to the opportunities that made themselves available to a public health officer. I want to be known as a person who acted for the good of the health of the public and did so with the best justice available to him.

**Q:** *Coming to this office, you already had a reputation as a pediatric surgeon. When history looks back at Dr. Koop, what do you think you'll be remembered for?*

**Dr. Koop:** Speaking from my former professional life, I think I'll be remembered as a person who saw the tremendous need for a specialty in pediatric surgery and did his best to develop the standards and the credentialing process to give the public the assurance the surgeons who care for their children are able to do so with the best of scientific information.

**Q:** *If you had some recommendations to the American medical community, what would you wish them to be concerned about or more aware of in the next few years?*

**Dr. Koop:** That's a big question! If I were talking to the current practitioners of medicine, I would tell them they have asked for deregulation of government in their affairs and they have asked for fewer "handouts" on the part of the government. And now they are in a position to appreciate what they've asked for. That means the burden to maintain the standards and to keep the integrity of the profession what it should be is going to be very much in their own laps, where I think it belongs. I have every confidence when they have the obligation to do it, they'll perform it well. **IP**

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*Mr. Williams is a free-lance writer in Arlington, Va. A former news commentator for KERA-TV in Dallas, he has had articles published in The American Spectator, Human Events and Conservative Digest.*