

As per the article I mentioned, Cecil had planned to give you where we got together with Dad!

C. Everett Koop

Love
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After a hostile Washington welcome, a contentious Surgeon General has become the country's most visible and aggressive antismoking crusader

by Carol Wallace

During the summer after his junior year of college, 19-year-old Charles Everett Koop talked his way into a job at a Long Island hospital and was quickly befriended by the hospital's chief of surgery. A serious-minded Dartmouth premed student, Koop studied the doctor's technique the way hidden casino cameras study gamblers—he didn't miss a move. So one day, as Koop stood by to watch him amputate a leg, the chief surgeon turned to him and said, "Koop, why don't you do it?" Without hesitation, the youth stepped in. The operation was a success and the patient lived, even crediting Koop with saving his life. It is a story the onetime amateur carver, now Surgeon General of the United States, still relishes. And it demonstrates the fearlessness in the face of a challenge that has emerged as the man's public trademark.

Koop is now well into his second four-year term as Surgeon General of the U.S. Public Health Service, which employs 39,000 people. In what is largely a symbolic job, he has shown himself to be the most spirited anti-smoking crusader since 1964, when Surgeon General Luther Terry issued his landmark report on the perils of the tobacco habit. "When I see the disability, the disease that smoking causes, I get very passionate," says Koop, 69. "Besides, I'm enthusiastic about what I do. I couldn't just sit here and sign papers." Two years after the respected pediatric surgeon first took office in 1982, he put that passion to work, calling for a smoke-free society by the year 2000. He has supported legislation making even more fearsome those cigarette-package warnings bearing his imprimatur, and he has successfully pushed for similar labeling on all smokeless tobacco products as well. Normally a team player, Koop has even done verbal battle with Defense Secretary Caspar Weinberger, who refused to abolish the discount on cigarettes sold in military PXs, claiming it would be seen as an erosion of benefits. Countered a disappointed Koop: "How could the removal of cigarettes be viewed as a reduction of benefits, when the only benefit would be a lifetime of illness or early death?"

Naturally, none of this has set well with the tobacco industry. "I wish he'd

make a crusade out of the issues that have a bigger societal impact, such as cocaine, heroin and other drugs," says Michael J. Kerrigan, president of the Smokeless Tobacco Council. But Koop has never been too shy to court criticism. An evangelical Christian, he first attracted Ronald Reagan's attention as an outspoken pro-life advocate. At his confirmation hearings in the fall of 1981, Koop's highly quotable, often inflammatory remarks came back to haunt him early and often. He had called amniocentesis, a common test to detect a defective fetus, a "search and destroy mission," and he had described legalized abortion as the first step in a grim societal slide toward infanticide and euthanasia. He had labeled as "anti-family" homosexuality, childless couples and single parenthood.

Though Koop vowed not to use the Surgeon General's job as a pulpit, critics charged that he lacked sufficient experience in the public-health field,

and some began referring to him as Dr. Kook, deeply wounding a proud man who had reigned as a near-deity during 33 years as the distinguished surgeon in chief at Philadelphia's prestigious Children's Hospital. What Koop naively had assumed would be a routine week-long confirmation hearing turned into a seven-month mudslinging battle. But Koop stubbornly refused to retreat. "If I were going to leave Washington, as ignominious a defeat as it was going to be, I was going to be nonconfirmed," he says. "I was not going to leave because there were people trying to get me to leave." Vindication of a sort came last fall, when he was reconfirmed by the Senate with nary a whimper.

Over the years, where there has been Koop there has often been controversy. "I am willing to speak my mind," he says. "I am not somebody people feel lukewarm about." A strong-willed man of deep moral convictions, he tends to see things in the absolute—right or wrong, with little room for maneuvering. His formidable bulk (6'1", 206 pounds) is complemented by an imperious veneer and a severe, neatly trimmed beard of the kind favored by his stern Dutch ancestors. (The beard was grown as a lark but retained out of vanity after Koop saw a photo of himself without it. "There were three chins," he recalls. "I said, 'No one is going to see those again.'") He has broad shoulders, a crushing handshake and the hard stare of a disapproving parent catching a child sneaking in after curfew. He is not one for small talk. "Having lunch with him was like having lunch with Moses," remembers Donald Drake, medical writer for the *Philadelphia Inquirer*. "I'd kind of sit there and wait for the Commandments."

In fact, Koop has always lived as if he were on a mission from God. One of his early tasks was to establish an outstanding department of pediatric surgery at Children's Hospital. When he became surgeon in chief in 1948, he was only the sixth pediatric surgeon in the country; now there are about 430. "All through my training I had a terribly guilty feeling that children weren't getting a fair shake," says Koop. "They were being treated like their grandfathers, getting huge incisions for things that could be done with a tiny hole." He faced immediate and widespread skepticism from general surgeons who were unhappy over the growing specialization of their field. Koop's brashness was no help to his cause. "Some poor little

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kid would come into my office in a truss and I'd say to his doctor, 'Why is he wearing that thing?' The doctor would say, 'I can't operate on him until he's 6.' I'd say, 'I'll do it tomorrow.' "

At one point Koop operated on his 2-year-old son, Norman, for a hernia. "Anybody I knew would have made a four-inch incision and laced him up like a 39-cent football and told him to stay in the hospital for a week and then not to cough, sneeze or look cross-eyed for six more. I said, 'This can't happen to my child!'"

He challenged doubters then, as he does now, with results. Among his accomplishments at Children's were the development of safer pediatric anesthesia procedures, a drastic lowering of the infant-surgery mortality rate, the establishment of the country's first neonatal intensive-care unit, and numerous advances in pre- and post-operative care. It was inevitable, perhaps, that Koop should also become one of the right-to-life movement's most eloquent supporters. He had, after all, devoted his life to healing handicapped infants. "I consider an unborn baby a human life," says Koop, author of two books opposing abortion. "Somebody has to stand up for that life."

Stand he did—repeatedly, and at considerable cost to his reputation. In 1976, after receiving the William E. Ladd gold medal from the American Academy of Pediatrics, he used his acceptance speech to chide his colleagues for their "involvement with infanticide" by condoning decisions to allow severely handicapped infants to starve to death. "I got a standing ovation," he says, "but when I walked down the aisle there were some doctors who turned their backs on me and never felt the same toward me again." Then, in 1979, he and the late theologian Francis Schaeffer undertook a 20-city audiovisual lecture tour, denouncing abortion and urging support instead for church-sponsored crisis centers and homes for unwed mothers. "If you take the average person who is pregnant and doesn't want to be . . . if you find her an alternative to abortion, she'll take it," says Koop. "There's an instinct about women that they don't want to kill their babies, really."

Some people describe Koop as self-centered and aloof, short on tolerance and long on evangelical bluster. Others

say he is sensitive, compassionate and loyal. All agree he is a complex and driven man, who is happy only when he is pursuing accomplishment. Growing up an only child, a banker's son in the Flatbush section of Brooklyn, he was a serious youngster and something of an oddball—an easy target for bullies when he traveled to advanced classes in another school district. "All the Jewish kids I went to school with would go home together, and I'd be alone and get beaten up every afternoon," he remembers with a laugh. "I used to hide in a phone booth with a bunch of nickels, calling everybody I knew, hoping those guys outside would get tired of waiting for me."

While his friends preoccupied themselves with the Dodgers and stickball, Koop was ever the precocious eccentric, cruising the secondhand bookshops, devouring volumes on surgical techniques. If he learned from his mother that someone in the neighborhood had just had a gall-bladder operation, he would invariably press her for details. "Someplace along the way I realized that surgeons were healers," he says with the barely suppressed hauteur of his specialty. "They didn't give you medicine and say, 'Go home and let me know what it

changes.' They did it! And I'm a doer."

After entering Dartmouth at 16, Koop met Elizabeth Flanagan, a gracious, mild-mannered Vassar student and daughter of a doctor. They married in 1938, and she has devoted herself to taking care of her husband. "I think to be used as a sounding board for a man like this is a great satisfaction," she says. After graduating from Cornell Medical College, Koop interned at Pennsylvania Hospital in Philadelphia and moved to Children's Hospital five years later. He was soon held in awe for his surgical wizardry. "In the operating room he was like a maestro conducting an orchestra," remembers a colleague. Years later, in 1974, Koop made worldwide headlines when he separated Alta and Clara Rodriguez, Siamese twins from the Dominican Republic who had been born joined at the abdomen and pelvis. Though the operation was not his most difficult, it captured the public imagination and made him a hero in the girls' country. Then, one night in 1976, he received a frantic phone call from the twins' village priest. Alta had choked to death on a kidney bean. Remembers Betty: "He just sat on the side of the bed saying, 'I don't believe it.'" Koop delivered the eulogy at Alta's funeral

and says now: "You have to take those things in stride. It's almost as if you're fated not to be successful."

It sometimes seemed incongruous that this bear of a man could have been so supremely gentle around his tiny patients. They sparred with him, cried to him, joked with him—and in the end idolized him. He revered them as well, especially his young cancer patients, and prided himself on treating a whole family, not just the patient. "I do not miss operating," he says now. "I miss meeting a family and finding the point of their anxiety and solving their problems." After the death of a young patient, Koop would follow up with a phone call, letter or sometimes a visit. The families, touched, would reciprocate. "There were times in my life when I got more Christmas cards from the parents of dead children than the parents of living ones," says Koop.

His own faith was tested in 1968, when the Koops' third son, David, 20, a Dartmouth junior, died in a climbing accident in New Hampshire's White Mountains. "Until that time I felt very comfortable dealing with people whose child was dying," says Koop, whose voice drops when he talks of his son. "When David died, I thought, 'Why did this happen to me?' And I thought to myself, 'Well, you probably were too smug; now you know what it's really

like to lose a child. Now you'll be more effective.' " It didn't turn out that way. "The first time I had to sit down with a family I couldn't even talk to them," remembers Koop. "My throat was tight, I had tears coming out of my eyes. I just couldn't do it." It took months for him to recover most of his professional detachment, he says, "and I never walked into the situation with the same confidence because all the rawness would come back." (The Koops have three other children: Allen, 42, an associate professor of history at Colby-Sawyer College in New London, N.H.; Norman, 40, a minister in Deerfield Street, N.J., and Elizabeth Thompson, 35, a homemaker on St. Simons Island, Ga. They also have seven grandchildren.)

In the late '70s, as Koop edged closer toward Children's Hospital's mandatory retirement age, he began thinking about his future. The more he thought about it, the less he liked it. Then his second pro-life book (*Whatever Happened to the Human Race?*) caught the eye of Ronald Reagan's talent scouts. The bureaucracy seemed an unlikely haven for someone as independent and impatient as Koop. And Surgeon General seemed an unlikely job for a man who eats nothing for lunch ("I'm too busy") and enjoys a high cholesterol diet otherwise. But friends say the chance to affect the health of the entire country was an irresistible lure for a man with missionary zeal and a

hefty ego to match. Says Koop: "What else was I going to do? Become honorary chairman of the Red Cross?"

In fact, he may be working harder now than ever before, if that's possible. His day begins at 5 a.m., when he rises and prays for about 10 minutes in the suburban Washington home that goes with his job. (His yearly salary is \$83,211.) He has two offices—one in Rockville, Md., and the other in downtown Washington—and is usually in one of them by 7:15. Arriving home 12 hours later, when his schedule permits, he sometimes continues his work in his study. Such diligence notwithstanding, Koop hasn't won over all his detractors. Some say he has not shown strong leadership on issues other than smoking. (On the orders of Reagan Administration higher-ups, who wanted to handle the volatile question themselves, he had been all but silent on the matter of AIDS until this year, when the President ordered him to prepare a major report on the disease.) Others were critical of his involvement in the celebrated Baby Doe case, in which Koop took the flak for controversial federal regulations concerning the care of severely handicapped infants. Koop, as usual, is planning to have the last word. He is keeping a diary of his days on the banks of the Potomac and is hoping to turn it into a book. His Washington exit, like his stormy arrival, should be an occasion that will not go unnoticed. □