



Dr. C. Everett Koop
Never planned on a 'public life'



Dr. William H. McBeath
Nominee's 'public health' work questionable

—U.S. Medicine photos

Controversy Of Koop Confirmation Centers On Public Health Exposure

By Suzanne Viau

WASHINGTON—The controversy surrounding the confirmation of Dr. Charles Everett "Chick" Koop, 65, as U.S. surgeon general again appears to have boiled down to a single issue—public health service.

Despite assurances from prominent Senate liberals such as Howard M. Metzenbaum (D., Ohio) at Dr. Koop's Senate confirmation hearings that the renowned pediatric surgeon "would not

be judged on the basis of a single issue," the question of whether Dr. Koop has accrued enough public health experience to qualify for surgeon general took center stage.

The committee was expected to vote this week on whether to approve his nomination.

Another issue, which until then had dominated the controversy over Dr. Koop—namely, his vocal opposition to abortion—was conspicuously avoided by the witnesses testifying at the hearing.

Only the National Organization for Women, one of the two groups testifying against Dr. Koop's confirmation as surgeon general, chose specifically to take issue with his record of crusading against abortion, amniocentesis and birth control devices which act after conception to preclude pregnancy.

Yet, almost to the man, medical colleagues of Dr. Koop expressed different feelings on abortion than his.

Nevertheless, the witnesses assured the Senate Labor and Human Resources Committee, chaired by antiabortion advocate Sen. Orrin G. Hatch (R., Utah), that Dr. Koop never mixed his antiabortion feelings with business, although he is known for taking a compassionate, personal interest in his

patients and their families.

"I can state with honesty that Dr. Koop never forced his opinions on me or on any staff in the hospital...that he did not let them (feelings) interfere with his professional duties," Richard D. Wood, chairman of the board of managers of Children's Hospital of Philadelphia, where Dr. Koop spent more than thirty years practicing, said.

Wood added, however, that having been associated with Planned Parenthood for 30 years, he was opposed to Dr. Koop's position on abortion.

Dr. John J. Downes, head of anesthesiology at the hospital, said he has known Dr. Koop for 20 years, and described him as a "medical diplomat" who has carried his pioneering concepts in neonatal intensive care (he established the first neonate critical care unit in the U.S.) throughout Europe (including Krakow, Poland, the home city of Pope John-Paul II) and Japan.

Dr. Koop also is noted for his championing of a wide range of causes from the outlawing of fluoroscopic shoe fitting machines for children to a hydration project to control infant mortality from diarrhea in the Dominican Republic. These efforts were an outgrowth of his clinical concern and experience in

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Koop Hearing Centers On Public Health Issue

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those areas and highlighted his dedication to public health, the witnesses said.

But public health experience and treating the public are two different things, according to Dr. William H. McBeath, president of the American Public Health Association and the sole organized medicine representative at the hearing.

Dr. Koop's nomination for surgeon general is the first one the organization has opposed in 109 years.

"'Public health' defined as anything done in the interest of the public is not a very helpful definition of public health," Dr. McBeath said.

The law now permits the designation of a surgeon general from outside the career PHS, but only with the specification that nominees possess "specialized training or significant experience in public health programs," he noted.

Almost all the cases cited at the hearing of Dr. Koop's public health expe-

rience "are not examples of public health service at all, but examples of clinical service," he added.

Better examples of public health service involve epidemiology studies and the tracking of disease outbreaks, such as the Centers for Disease Control's efforts to isolate the source of a recent typhoid outbreak in Texas, Dr. McBeath contended.

Dr. Halfdan Mahler, director general of the World Health Organization, in 1975 indicated that one of Dr. Koop's so-called public health efforts, the hydration project in the Dominican Republic, was an example of the "inappropriate transfer of Western technology to Third World countries," Dr. McBeath continued.

Dr. McBeath said he does not oppose having Dr. Koop's clinical experience within the HHS. "I would second his nomination for the Nobel Prize—but that is not the issue here."

But for surgeon general, he said,

APHA would prefer to have an additional individual, someone with specific PHS work experience and "not an occasional exposure to public health work."

"I have some difficulty listening to your testimony that since he (Dr. Koop) is not a member of the 'club' (APHA), he should not be surgeon general," Sen. Hatch angrily responded.

"I think you should reconsider your position," he told Dr. McBeath.

Asked by Sen. Hatch why he had not specifically pursued public health as a medical career, Dr. Koop said he had chosen pediatrics as a "building block."

"However, I am not a man of narrow vision," he added. When a public health problem became evident in the course of his clinical practice, he sought to correct it, Dr. Koop explained.

"I had never planned to have a role in public life" when the Reagan administration tapped him for surgeon general, he continued.

At the confirmation hearings, at least, sentiments appeared to be running in favor of the father of four, Presbyterian church elder and husband of 43 years.

This, despite the firm stand Dr. Koop took on such issues as contraception



—U.S. Medicine photo

Sen. Orrin Hatch
APHA position unacceptable

research and infant breast feeding at the hearing.

On abortion, however, he said little. Sen. Jennings Randolph (D., W. Va.), after stating that he was against federally funded abortions, but in favor of protecting the right of women to choose to have an abortion, asked Dr. Koop his opinion on the subject. "It would be difficult to answer that question in just one word, but in view of the law of the land, I would have to agree with you," Dr. Koop responded.

Subsequently, when Sen. Hatch asked if, given Dr. Koop's antiabortion sentiments, he would in any way seek to use the position of surgeon general to alter fertility and population research policy, Dr. Koop responded that he had assured Health and Human Services secretary Richard S. Schweiker "I have said all I should say and written all I should write" on abortion.

"I am not opposed to contraception. I am not opposed to family planning," Dr. Koop added.

"I think we should have as much research as possible in these fields," he continued, because of the potential answers such research could provide ethical medical problems.

Asked by Sen. Metzenbaum whether he considered unwanted pregnancies a public health concern, Dr. Koop responded that such pregnancies "have to be a public health problem—but not solely a public health problem."

He told the committee, however, that he would have no responsibilities related to family planning, and would be reporting directly to HHS assistant secretary for health Dr. Edward N. Brandt Jr. as surgeon general.

Asked by Sen. Edward Kennedy (D., Mass.) where he stood on the issue of infant formula promotion abroad, Dr. Koop asserted that he was opposed to the United States' vote against a World Health Organization code to impose sanctions against American infant formula manufacturers engaged in unethical marketing practices in third world nations.

Dr. Koop, who said he was a delegate at the WHO meeting when the issue came up, added that he had advised against the U.S. position, but left the meeting before the U.S. vote was cast.

He acknowledged that the government's decision to oppose the code was based on "other reasons" presumably set forth by the State Department.

As a physician, "I think breast feeding is superior—far so," Dr. Koop said, adding, however, that infant formulas were preferable to no infant nutrition when mothers are incapable of lactating.

Dr. Koop indicated he was no stranger to the sanitation and preventive health problems of developing countries, having served as vice-president of MAP (Medical Assistance Programs) International, a worldwide relief organization with which the

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U.S. Agency for International Development has contracted for medical and consultation services.

Dr. Koop stressed the health problems of the aged and disabled would be his two domestic priorities as surgeon general.

"Would you be a specific advocate of these constituencies?" Sen. Kennedy asked.

"I'm not just willing but intend to be an advocate of those groups," Dr. Koop responded.

Sen. Kennedy countered, however, that aged and disabled persons will be among those hardest hit by a pending medicaid cap and cutbacks in supplemental energy funds, food stamps and other social services. He charged that Dr. Koop was nominated because he is "politically compatible" with the Reagan administration.

Dr. Koop added that he recognized these groups will be "heavily impacted," but that new priorities would have to be set to allow the aged and disabled to "make do with what they have" to improve their quality of life.

"Do you support these cutbacks then?" Sen. Kennedy pressed.

"I think that's an unfair question," Dr. Koop responded.

He contended that "One in five Americans by 1990 would be over 65 and I will be in that age group...I assure you that does not mean you are over-the-hill."

Dr. Koop said the life expectancy for his age group now is 12 years, "which means there's still the opportunity to practice preventive medicine."

Many elderly are being placed in nursing homes at high costs, when with a little assistance they could continue to live at home, he added.

Dr. Koop said he would support legislation to develop new types of health professionals for home health care for the elderly.

With respect to nursing, he stressed that such skills should be maximized, but that there must remain a "captain of the ship," a physician in charge of supervision.

Turning to other health professionals, Dr. Koop said he was supporting policy proposals to streamline Public Health Service commissioned corps operations, now being considered by HHS.

Those proposals include: basing retention and bonus pay on merit; finding new roles for the commissioned corps in the implementing of recently approved state block grants; and developing new areas of preventive care to be carried out by the corps.

As surgeon general, Dr. Koop would be commander of the corps.

Dr. Koop also told the committee "there has been no discussion between myself or secretary Schweiker or Dr. Brandt about the reorganization of the (assistant secretary for health) department."

The Reagan administration at one time had considered creating an under secretary for health position, presumably to be filled by Dr. Brandt, leaving unclear what other positions in the health office would remain. Dr. Koop currently is holding the position of HHS deputy assistant secretary for health.

With respect to the other priority he cited, the disabled, Dr. Koop said he would be working to better define disability and to eliminate "a tremendous amount of duplication and overlapping in the provision of services for the disabled among the public and private sectors." More coordination of efforts is needed, he said.

He estimated 1 in 7 persons in the U.S. is in some way disabled and that disability benefits, which now total 8 per cent of the gross national product, may reach 18 per cent of GNP by 1990.