

Interview with C. Everett Koop, MD, The U.S. Surgeon General

In his State of the Union address, President Ronald Reagan announced a swap: The federal government would take over the administration of Medicaid, and the states would be asked to take on welfare programs, including Aid to Families with Dependent Children and food stamps. How is the President's proposal for federalizing Medicaid affecting your job?

We are under duress now to leave Washington only for very important public health business and to turn our efforts to how the switcharound will affect the federal government's Medicaid regulatory process. We are just beginning to scratch the surface.

Before the State of the Union message, we were in the midst of trying to bring about some regulatory relief in Medicaid. What we have done was to shift gears, not upward but downward, to go more slowly and look at Medicaid more broadly.

Some states have very liberal benefits, and some are stingy. Some Medicaid prototypes must be out there, but whether we can afford them is another question. Federalizing Medicaid can be affordable. The plan is good; it goes along with everything else President Reagan has tried to do, and I think the public is still in favor of his trying to do it, that is, to give the welfare programs back to the states.

Health care may need to change in other directions, too. How will public officials face the resulting challenges?

Finding innovative ways of taking care of old problems is one challenge. Prevention, which is being emphasized by Secretary Richard S. Schweiker and the Department of Health and Human Services (HHS), is the other side. Disease can be more economically prevented than treated. You will be seeing a major prevention initiative from this department in the months ahead. One major thrust will be

a change in life style, something that is easy to advertise. For example, we can encourage grade-school children to take home to their parents fundamental information about prevention—information about blood pressure screening, smoking, exercise, nutrition. The kids can work toward a Public Health Service (PHS) award by teaching their family these basics of prevention.

The problem with disease prevention and health promotion is that they are something people are not used to dealing with. To the public they are nebulous and hard to measure, and results are hard to see. We will concentrate on a circumscribed program that can be understood and accomplished.

Many private-sector hospitals have begun to define their mission broadly to include community health/wellness. What do you think of this trend?

Teaching hospitals and community hospitals are becoming the community's educational resources. It seems reasonable to add a little more to every inpatient charge in order to accomplish the educational program that in the long term will reduce society's health care costs.

You have been quoted as saying that as Surgeon General you want to improve care for disabled persons. What measures do you propose?

Harold O'Flaherty, former chairman of the Interagency Committee for the International Year of Disabled Persons (1981), who is blind, will join me soon. Together we will establish a road map of all government and private-sector services for the disabled. Our purpose is to diagnose and eliminate duplication and overlap. Providers could then maintain the same level of services despite a diminishing budget. The bottom line is my desire to establish with the President and HHS a Magna Carta for the disabled—minimum benefits they could look

forward to wherever they live and whatever their problems might be.

The Surgeon General's office will disseminate facts so that those who need information will find it. For example, when a child is born with a visible congenital anomaly, the parents and the medical personnel often do not know where to turn. They should be able to ask the proper government agency for the names of public agencies that can help them and, perhaps most important for the parents, for a list of people who have lived through something similar and have managed.

And what can the Surgeon General's office do for the nation's elderly?

The Surgeon General stands at the narrow point of the hourglass between the aging and the public, acquainting each with the other's problems. I would like to develop with the National Institute of Aging and other agencies a philosophy on aging so voters can make informed decisions about the aging population.

This country needs a philosophy, a set of basic beliefs, about aging upon which to base decisions. Now people have a few facts and scary statistics. They need to understand that aging is a process that everyone goes through, that it is a part of their own future.

You pointed out that getting rid of overlapping services for the disabled will save money. Are you confident that enough money will be available to provide adequate health and welfare services?

Voluntarism is going to be a mainstay for delivery of services to people in need. By voluntarism I mean the system whereby the public accepts individual responsibility ahead of self-interest or government imposed duties in looking after its fellow man.

A hundred years ago, the church provided all the social services peo-

C. Everett Koop, MD, was sworn in as U.S. Surgeon General January 21, ten months after his nomination by the Reagan administration. In Senate hearings during October and November 1981, opponents of his nomination alleged that he lacked public health experience and quarreled with his forceful opposition to abortion; Dr. Koop and his supporters pointed out his public health initiatives for children and his work in 33 foreign countries. He received the French Legion of Honor and the Dominican Republic's highest award.

Before becoming deputy assistant secretary for health in February 1981, Dr. Koop was surgeon-in-

chief, Children's Hospital of Philadelphia. He successfully separated Siamese twins in 1977, developed safer anesthesia for infants, and founded *The Journal of Pediatric Surgery*.

In his February 2 interview with HOSPITAL PROGRESS, Dr. Koop discusses his reasons for wanting to be the U.S. Surgeon General, his conviction that people will increasingly volunteer to work together toward improving health care, the Public Health Service Commissioned Corps's role, health promotion, and the Reagan administration's plans for improved health care for the disabled, the elderly, and children.



ple have now come to expect and demand from government. The new voluntarism is a return to what the church knew very well how to do a long time ago and to a responsibility the church accepted.

In the Senate hearing about your confirmation last November Senator Orrin G. Hatch, R-UT, quoted your description of your conversation with Secretary Schweiker the day you arrived in Washington: "I went and told him that I felt that I had said all that I should say and written all that I should write about the abortion issue. It was not my intent to use any post that I might have in the government as a pulpit for an ideology. I thought that was improper." Does that mean that you are not trying to influence policies that would restrict abortion?

There really is nothing in the Surgeon General's job that affects abortion policy; if there were, I would probably excuse myself from that decision-making process because of my promise to Secretary Schweiker. That does not in any way alter my basic understanding of the sanctity of human life, nor does it impinge on my being an advocate for other kinds of life, such as children, the elderly, and disabled people.

Abortion was only one small piece of my film "Whatever Happened to the Human Race?" My concern about protection of the newly born, who some think have a low quality of life, was my real entrée into the whole prolife movement. That led to the next group of

people who are likely to be disenfranchised: the elderly.

The trend of lessened concern for the helpless is likely to continue. The thing that will push us is economics. I hate to say that, but it is true. The question is, Who makes the rules?

How would adoption of the Hatch Human Life Amendment affect public health?

Abortion would be not a federal problem but one for states and territories. You would find, as in the years before the 1973 Supreme Court decision, wide variations among the states—from those with a free and easy attitude to those that would prohibit it.

Would you describe the PHS Commissioned Corps, of which the Surgeon General is head?

The PHS Commissioned Corps is the nation's only rapid deployment health group. Its members respond to emergencies around the country and throughout the world, such as the outbreak of Legionnaires' disease, Love Canal, or Three Mile Island.

The 7,000 officers are in PHS agencies throughout the country, and some are on detail to specific projects. They are scattered about in order to maintain their expertise so that if something happened tomorrow, we wouldn't be without the necessary manpower and expertise to respond.

A misconception is that the Commissioned Corps consists of physi-

cians only. It also has nurses, veterinarians, entomologists, civil engineers, mechanical engineers, sanitary engineers—anybody who could be needed in a public health emergency.

How do the recommendations of the presidential ethics commission affect PHS grants?

No direct cogwheel converts an advisory commission's decision into practice. But undoubtedly the commission's moral suasion is felt in a relatively short time in decisions about the ethics of research, for example, questions about the protection of subjects, or about clinical research involving a child who does not benefit from the effort. Guidelines are built in to the PHS granting mechanisms; PHS does not make grants to institutions that do not comply with ethical guidelines.

A group known as the federal chiefs—the Surgeons General of the Army, Navy, Air Force, PHS, and the Veterans Administration's chief medical officer—interfaces with the Federal Emergency Management Agency.

Why did you want to be Surgeon General?

I wanted to join this administration in a health capacity because I saw a time of change. The public has seen that change, too, in the manner in which the President has gone about his tasks. If, for little cost per capita, we can prevent disease and promote health, I have to say that I think that is worthwhile. ★