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**S**URGEON  
GENERAL  
C. EVERETT  
KOOP, MD

Maxwell Finland Award Recipient  
1988

fancy. Many of the procedures that were attempted had very high mortality rates – sometimes up to 95%.

Dr. Koop played a major role in reversing this picture by improving pre- and post-operative care. He established the nation's first neonatal intensive care surgical unit. He developed new surgical and diagnostic procedures for the newborn. And he worked out safe anesthesia procedures for infants and children. Repairing a newborn's esophagus, he once remarked, is "like sewing together two pieces of spaghetti in the bottom of an ice cream cone."

Born in Brooklyn in 1916, Koop entered Dartmouth College in 1933, graduating with a BA in 1937. At Dartmouth, he met Elizabeth Flanagan, then a student at Vassar. They were married in 1938 and have two sons and a daughter. A third son was killed in a tragic mountain climbing accident in 1968. Koop earned his doctorate in medicine (MD) at Cornell Medical College in 1941, interning at Pennsylvania Hospital in Philadelphia. Additional training followed at the University of Pennsylvania School of Medicine, and Boston's Children's Hospital. In 1947 he was awarded a Doctor of Science degree by the University of Pennsylvania and the next year was appointed Surgeon-in-Chief at Children's Hospital in Philadelphia where he began his innovative career in pediatric surgery.

Along with his surgical practice, Dr. Koop continued to teach at the University of Pennsylvania School of Medicine, moving up the ranks from Assistant Professor of Surgery in 1949, to Associate Professor in 1952, to full Professor in Pediatric Surgery in 1960. Over the next two decades, Dr. Koop was to pave the way to the nation's highest office for a physician.

Normally, the Surgeon General is the leader only of a small army of some 5,500 commissioned Public Health Service officers, with authority to set policy within that corps and assure that regulations are uniformly implemented. When Dr. Koop came to office, the post was largely figurehead. In 1966, the responsibilities of the office had been transferred to the Assistant Secretary of Health. In 1987, the Secretary of Health and Human Services Otis R. Bowen, himself a physician, redelegate authority for the commissioned corps to the Surgeon General.

In 1980, the year before pediatric surgeon C. Everett Koop, MD, was designated as the Reagan Administration's nominee for Surgeon General of the United States, physicians began hearing reports of young men affected by a rare cancer called Kaposi's sarcoma. These were the first signs of what was eventually to be called the acquired immunodeficiency syndrome (AIDS).

By January 1982, when Dr. Koop was sworn in as this nation's 13th Surgeon General, AIDS had become a very real concern among public health authorities. And it quickly became an issue for the new Surgeon General in his capacity as the principal health advisor to the American public.

Of all the issues that Dr. Koop has tackled during his nearly seven years as guardian of the nation's health, AIDS certainly is the most visible – perhaps the most controversial. It was the AIDS crisis – and Dr. Koop's response to it – that made his name a household word. While the government's attack on AIDS took time to mount, when it came the result was electrifying.

Not that Dr. Koop was exactly unknown when he was nominated for his current post. A pioneering pediatric surgeon, he had already attracted attention for reconstructing the chest of a baby born with a heart outside its body, and his success in separating Siamese twins on three occasions is a medical record. One of these cases, in 1974, involved an 11.5-hour operation that successfully separated 13-month-old Siamese twin girls who shared an intestinal tract and rectum, a liver, and each delivered a ureter to the other's bladder. Their pelvis were one.

To his fellow professionals, Dr. Koop is legendary. In 1946, when he started at Children's Hospital in Philadelphia, surgery on newborn children was literally in its in-



Most of the Surgeon General's responsibilities in recent years have seemed almost mundane. For example, among his duties is a review of Defense Department plans for shipping chemical and biological weapons around the country. Others are to serve on the Board of Regents of the Uniformed Services University of the Health Sciences, the National Library of Medicine, and the Gorgas Institute of Tropical Medicine. The prime focus of the job over the years has been advising the nation on public health matters, working with professional groups on public health policies and programs.

But Dr. Koop has made much more of the office. With justifiable pride, he says, "I made more out of it than most people thought it was."

Dr. Koop began his tenure as Surgeon General by focusing on the health hazards of smoking. But it was the emergence of AIDS and his use of the office of Surgeon General to lay out and publicize ways of combatting it that now have linked him with the epidemic. It is his forthright prescriptions for dealing with AIDS and many other health issues that have totally changed the office he holds.

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By late 1985, with the number of AIDS cases over 15,000 (more than half of them already dead), and with nothing in sight but an inexorable climb in these figures, AIDS had become an issue that demanded national attention. Originally considered a disease primarily affecting homosexuals, AIDS was starting to reach the heterosexual community via drug addicts and bisexual men. In addition, there were then increasing numbers of individuals who received the virus through blood or blood products,

like hemophiliacs who need large quantities of pooled plasma for their disease, or patients who had received blood transfusions before a test for antibodies to the virus had been developed in 1984. Finally, there were babies born with the disease whose mothers were carriers of the virus, usually as infected drug abusers or their sexual partners.

By 1984, some antibody-positive children were refused permission to attend school. Fears spread about job discrimination against those who were antibody-positive and those who were known to be at high risk for the disease. Lacking any definitive treatment or preventive vaccine, controlling AIDS demanded information and education about specific changes in behavior.

In July 1985, the Centers for Disease Control, one of the Public Health Service agencies under the Surgeon General, announced the start of public education programs about the risk of transmitting AIDS. But no funds were forthcoming. Some in the Reagan Administration balked at outspoken discussion of accurate information on sexual practices and sexuality. Talk about "safe sex" was not high on Washington's agenda. To some it smacked of promoting promiscuity.

Dr. Koop worried that this lack of response to what was now a major public health problem might amount to a debacle. He said so in December 1985 to the new Health and Human Services Secretary Dr. Bowen. Two months later, President Reagan asked the Surgeon General to prepare the nation's first comprehensive report on the deadly HIV infection known as AIDS.

It was that report, in October 1986, that once again catapulted Dr. Koop into the national arena. He said things that dumbfounded many who had supported his appointment and earned him wide acclaim.

The report, a brief, readable 34 pages, didn't mince words. Gone were terms such as body fluids for semen or saliva — euphemisms that had been favored by earlier attempts at education about the disease. Here in plain, blunt language was how to avoid AIDS. It's spread by sexual contact, Dr. Koop wrote. Although he always stressed abstinence (especially for those still in school) and mutually faithful monogamous relationships, he did recom-



mend condoms in sexual intercourse for those who were unlikely to take his advice. Those who engage in high risk sexual behavior or who shoot drugs risk their lives as well as the lives of others, including their unborn children, he warned.

Dr. Koop called for sex education in schools, beginning at the youngest age possible. He took forthright stands on issues which society has still not resolved: the need for confidentiality; the ineffectiveness of universal compulsory testing for the HIV antibody. And he scorned measures such as widespread quarantine of AIDS-virus infected persons.

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But perhaps the greatest contribution that Dr. Koop’s report made was to help remove the popular conception that AIDS was a totally unknown quantity, an occult killer lurking at every corner. Although much still remains to be known about the AIDS virus – while effective methods of treatment, and vaccines to prevent the disease have yet to be developed – his report helped to take away much of the mystery about AIDS in the public mind. With knowledge, fear is dispelled and rational thinking is encouraged.

Dr. Koop’s report was hailed by public health officials who had long advocated a wider educational effort. Gay rights leaders, who Koop had consulted prior to its publication, were impressed that he had listened to them. So successful was the report that Congress ordered a simplified version to be sent to every household in the United States. That was done in 1988, as a mailer to 107,000,000 households, with the help and endorsement of many organizations including the National Foundation for Infectious Diseases.

While some criticized it and his attackers charged him with promoting indiscriminate sex and sodomy, and others castigated his contention that there was no need for universal testing or a pre-marital test for AIDS antibody, Dr. Koop replied: “You can’t teach youngsters about AIDS without

teaching them about their own sexuality.” He also pointed out that the Surgeon General doesn’t have the option of ignoring some segments of society on the basis of his approval of their lifestyles. “I’m the Surgeon General of all people; the rich and the poor, white and black, young and old, those who some people think are immoral and those who some people think are not immoral.”

To understand Dr. Koop, one must recognize his strong moral stand on issues. In the 1950s and 60s, as he opened new frontiers in surgery, Dr. Koop became attracted to evangelical Christianity. He views his religion as central to his career. “I knew I was to practice my Christianity through my surgery,” he said. “Everything I value or do I consider to be a gift from God.” Though his patients now are the population at large, rather than individuals on an operating table, he still holds to this principle.

Dr. Koop’s appearance and demeanor invite comparisons with biblical prophets. Over six feet tall, a solid 200-pound figure, with steel-gray hair and a spade-like beard, Dr. Koop fixes his listeners with firm eye and resounding voice.

When he came to Washington in 1981, Dr. Koop had just completed a tour of the country promoting movies he had made and a book he and Francis Schaeffer had published entitled “Whatever Happened to the Human Race?” offering alternatives to abortion, infanticide, and euthanasia.

Dr. Koop used strong language in this book about the progression of thinking in this country from liberalized abortion to infanticide to euthanasia. He argued these issues were linked as they had been in pre-World War II Germany.

During 1981, as the Senate weighed his qualifications, his opinions on abortion, his alleged (but untrue) anti-feminism, and what he has described as anti-family trends were widely bruited and often just as widely misunderstood.

He was criticized for his description of amniocentesis – a procedure used to detect fetal genetic defects, which he called “a search and destroy mission.” In fact, he was only against the misuse of the test for sex selection, not when it is used to determine fetal well-being.

He wasn’t against family planning. He indicated that there was too much to do to



use the position of Surgeon General as a "pulpit for ideology." A number of witnesses at the hearings praised him, even though they disagreed with his anti-abortion position. In November 1981, his appointment was confirmed by a vote of 68 to 24. He was sworn-in in January of the following year to become the first full-time Surgeon General in more than a decade.

The ceremony was barely over when he issued a major indictment of cigarette smoking, calling it the most important public health issue of our time. Since 1964 Surgeons General had been issuing annual warnings of the health hazards of smoking. But Dr. Koop called smoking the direct cause of a number of cancers and announced that he was going to push for legislation to strengthen the health warnings on cigarette packages. He announced in 1984 that his goal was a smoke-free society by the year 2000.

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A few months into the job, Dr. Koop was battling to save newborns. He rewrote a controversial regulation aimed at trying to prevent the denial of food or medical treatment to severely handicapped newborns, which made hospitals and physicians indignant.

Dr. Koop worked out a compromise, for which he has been much praised: regulations were issued whereby hospitals could set up their own committees to review cases and not require physicians to treat handicapped infants if it only prolonged the dying process. Although Dr. Koop's regulations were later struck down by the courts, this compromise was used by Congress to pass an amendment to the Child Abuse Act that defined refusal to treat handicapped newborns as child abuse.

Dr. Koop has strongly supported the National Foundation for Infectious Diseases' annual campaigns to promote immunization among both young and old. He has issued statements and video releases urging adults to get their shots against influenza, pneumococcal pneumonia, hepatitis B,

measles, mumps, rubella, diphtheria, and tetanus. While administration policy prevented him from supporting the vaccine

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compensation legislation, he has always backed the principle of appropriate immunizations, no doubt reinforced by his own experience when as a surgeon he contracted hepatitis at a time when there was no vaccine against the disease.

"Collaborative efforts between the public and private sectors of our health care and health promotion systems are essential if we are to extend the protection of vaccination to those who need it," he told the Foundation last year.

Throughout his almost seven years as Surgeon General, Dr. Koop has been in the maelstrom of one controversy or another. But what his critics have consistently failed to realize is that the present Surgeon General of the United States is no one's man but his own. If he has axes to grind, they are for improvement of the health of the American people, not for the benefit of one group or another. Dr. Koop says that, without trying, he has become kind of a folk hero – and few would disagree. ❧