

# The Surgeon General

## Dr. C. Everett Koop

A conversation with the doctor about smoking on the job, taking better care of yourself and the changing health care industry

by George Ewing

**G**od's law and "health facts" keep the Surgeon General of the United States on a clear and optimistic course as the nation's highest medical officer. An evangelical Christian, outspoken anti-abortionist and author of the call for "a smokeless society by the year 2000," Charles Everett Koop, M.D., Sc.D. was nominated for the post by President Reagan "for the most cynical reasons...not for his medical accomplishments, but his political compatability," opined a 1981 *New York Times* editorial.

Opposition later included the 114-year old American Public Health Association, which had never before objected to a president's choice to fill the public health post. Confirmed in 1981 on the strength of his medical accomplishments, Dr. Koop appears to have lived up to his promise not to use the office as a pulpit from which to sell ideology. "I'm not allowed to lobby," he explains, wryly.

"Aside from a number of specific tasks mandated by public law," he continues, "my position is one of educator, overseer and public communicator. I preach the virtues of health promotion and disease prevention as a philosophy to whomever I can reach: be it children, the elderly, the handicapped, or others.

"Meanwhile, Congress works on problems, such as prospective payments and putting caps on expenditures of Medicaid and Medicare, while regulatory agencies, such as

tian writers and author of two powerful books that discuss abortion, euthanasia and mercy-killing ("The Right To Live, The Right To Die" [Living Books, 1976] and, with Francis A. Schaeffer, "Whatever Happened To The Human Race" [Crossway Books, 1979]).

Born in 1916, C. Everett Koop grew up in the Flatbush section of Brooklyn, New York. As an adolescent he "learned what it feels like to be a patient." A fractured cervical vertebra sustained during a skiing accident and a brain hemorrhage during a football scrimmage kept him bedridden for more than a year.

An excellent student, he entered Dartmouth in 1933 at the age of 16 and earned a B.A. degree. From there, he went on to Cornell Medical College, graduating with an M.D. in 1941 and began his internship at Pennsylvania Hospital. It was there that he became interested in the field of pediatrics, to which he would devote the rest of his career.

After graduate training at the University of Pennsylvania School of Medicine and Boston's Children's Hospital, Dr. Koop was awarded a doctor of science degree from the Graduate School of Medicine of the University of Pennsylvania in 1947. Subsequently, he was appointed surgeon-in-chief of Children's Hospital in Philadelphia in 1948 - becoming one of very few physicians who specialized in pediatric surgery.

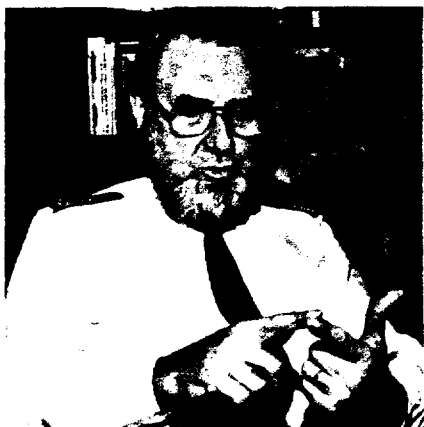
*Dressed in the uniform of the Surgeon General, Dr. Koop visits a suburban cemetery in New Jersey.*

the Health Care Financing Administration, establish systems such as DRGs (Diagnostically Related Groups) to cut down the costs of medical care."

Dr. Koop is the nation's first full-time surgeon general since 1972, when responsibilities for the post were assumed by the assistant secretary of health. He is one of the country's most distinguished Chris-

In February 1982, the Surgeon General made his controversial call for a smokeless society by the year 2000, calling the risks associated with smoking "the most important public health issue of our time." He pressed for legislation strengthening cigarette warning labels—an effort that was successful with last year's addition of three new labels (for a total of four) that: warn women smokers of potential complications during pregnancy; point out ties between smoking and a variety of cancers; and state that cigarette smoke contains carbon monoxide (see box).

"Smoking is bad for everybody," Dr. Koop says. "While it is true that some people smoke all their lives and live a long life, you never know that until they have *lived* a long life



[Ed.— italics are speakers emphasis]. They might fool you, though, and die at the age of 45 of a coronary," he points out.

"The 1985 Surgeon General's Report to Congress, which I presented last month, focused on the question of smoking at the work site. There are some fascinating things that are now becoming well known: smokers are more expensive as employees

## The Surgeon General Has Determined...

"A person who is going to quit smoking must have, first of all, a self-rewarding goal. He has to believe that going through the effort to quit an addictive drug, nicotine, is going to be worth it.

"Once you've decided to quit, the most effective way to do so is the best way for you. Most people find that quitting 'cold turkey' is best. In addition, having another person in on the effort is very helpful. Trying to quit while your husband, wife, father or friend still smokes is tough. There are also things like group therapy, hypnosis, classes, counseling, and nicotine chewing gum: if it works, do it.

"Having your doctor in on the effort is even better. He's going to say, 'look, if you don't stop, you may die!' *That's* an incentive."

than non-smokers. It behooves companies to make their work sites smoke-free.

"Some haven't gone that far and only restrict smoking to certain areas. When a company makes their work site smoke-free, though, it has at least three advantages: first, the cost of health insurance drops; second, fire insurance rates drop; and three, the cost of maintenance (of a company's work site) goes down."

Citing an example, he explains, "In Seattle, a company that had their maintenance done on contract went smoke-free. After three months, the contractor came to the management and said, 'we're cutting your costs by 25 percent. Since nobody smokes here, we can do the job in 75 percent of the time'."

He lists some of the other findings in the 1985 report, ticking them off on his fingers. "A smoker at the work site has twice the rate of mortality during his working years as a non-smoker, so he's a pension problem. He uses 50 percent more hospital days as a non-smoker.

"A smoker has more absenteeism; he spends 8 percent of his time finding a cigarette, ashtray, lighter, etc; and he has three out of four (work-related) accidents. Everything (a smoker) does," he intones, "is a disaster to his employer."

Sitting up suddenly, Dr. Koop asks, "What has been the reaction of unions to efforts on the part of management to go smoke-free? The unions are *espousing the cause*."

"Everybody thought that they would fight it, but, unions are bringing it up in their contract negotiations, saying, 'if you go smoke-free, we know you will save on this, that, etc., and that means you'll have a bigger profit — therefore, we'd like some of that profit for employee benefits.'"

"More and more corporate groups are becoming aware of two things: one, disease prevention and two, health promotion. No matter what else they do, when they cut down they attack the number one health problem in the country.



"Are you interested in doing something about what we've been telling you since 1964?" he asks, referring to the original surgeon general's report linking health risks to cigarette smoking. Almost shrugging his shoulders, he answers his own question, "let's have a smoke-free society by the year 2000."

To smokers who have heard the warnings, read the dangers and still light up, he adds, philosophically,

"Life is more than just accumulating Surgeon General Reports on a shelf." He wants to see the information available put to use: harnessed by smokers to make appropriate choices that take into account these 'health facts.'

"A lot of corporations don't realize it yet, but we are moving towards major change. In the first quarter of 1985, the National Center for Health Statistics points out, we fell below 30 percent of the population (who smoke) for the first time in history; down from 55 percent in 1964. That's a tremendous change.

### Local Unions And Smoking...

Local unions have begun to address the issue of smoking in the workplace. Pat Gillespie, business manager of the Building and Construction Trades Council in Philadelphia (60,000 members) says unions are espousing the cause, but not for financial reasons, rather for the benefit of their members's health.

"I think most unions believe the statistics on smoking and we may very well include 'smoke-free' issues in our spring contracts talks."

Wendell W. Young, III, president of Philadelphia-based United Food and Commercial Workers (24,000 members) says his organization has actively supported segregated smoking and non-smoking for many years.

"About four months ago," he says, "we started to look at smoking-related deaths and injuries. We will try to recoup these losses, for the employee and the health fund, through litigation."

"There is no question," Mr. Young concludes, "that smoking will have an impact on our (contract) negotiations."

"Smoking has become more and more a blue-collar habit. More and more white collar and professional workers have given up smoking. You are beginning to see stratification by class; economic concerns by employers; and appreciation of those concerns by unions."

He stresses, "It's *not* government policy to achieve a smoke-free society by the year 2000, but it is do-

able. There will never be a ban against smoking in this country, nor will there be so many local ordinances that there is *no smoking* all over the country. Eventually, though, people will not smoke in the presence of those who don't."

**T**urning to what is to many people this country's most important public health concern since outbreaks of polio in the 1950s and measles in the 1960s, Dr. Koop is leading a campaign by the federal government to educate people about AIDS, acquired immune deficiency syndrome. "Up until the present time," he notes, "public education about AIDS has been handled by the Centers for Disease Control."

The Surgeon General will appear in a number of public service messages that explain the disease. In addition, a nationwide effort to distribute free information in pamphlet form through neighborhood organizations and supermarkets has been put into place.

Having identified enough about AIDS to draw preliminary conclusions and make specific recommendations to the public-at-large, the federal government wants to stem the spread of quasi-panic that has infected many communities. Large metropolitan areas seem more affected by hysteria, while smaller communities are less perturbed and, overall, more cautious in their approach to AIDS-patient regulations.

In a recent report on the proliferation of AIDS-related legislation at all levels of government, *The Philadelphia Inquirer* cited four developments around the country that illustrate various reactions.

- *Massachusetts officials established the first statewide guidelines for people with AIDS whose work involves handling food. They are allowed to work as food handlers only under certain proscribed conditions.*
- *New York state and local officials have been empowered to close homosexual establishments, such as bathhouses, where the risk of spreading the disease is high.*
- *Colorado became the first state in the nation to require that names and addresses of those found to have AIDS be turned over to state health officials.*
- *California Republican, (US Repre-*

*sentative) William E. Dannemeyer has introduced five bills in Congress that would respectively: make it a felony for an individual from a high-risk group to donate blood; prohibit anyone with AIDS from working as a health care professional in institutions that receive federal funds; deny funds to cities that do not close bathhouses frequented by homosexuals; keep children with AIDS from attending public schools; and allow health care workers to wear special protective clothing around AIDS patients without interference from hospital officials.*

One of the most poignant fears among those concerned with civil liberties is that AIDS-related laws may stigmatize otherwise healthy people who have test results showing the presence of the virus, when in fact many of these people do not have AIDS.

On the other hand, raising the economic and social 'penalties' for those with AIDS could effect the reporting of the disease - driving it underground. Fearful of being ostracized or held without their consent, some AIDS victims may simply not report their condition to health officials or their doctor.

Dr. Koop, although identified with conservative policies on the whole, does not believe the government should regulate AIDS policy. "The federal government should not impose regulations over the whole country, unless there is something that affects, for example, the (donated) blood supply, and that's already been done.

"We know more about AIDS than we do about whooping cough. But, we don't know the essential things: 'How do we stop it?', 'How is it cured?', and 'How can it be prevented with a vaccine?'" Aside from what is known to date (see box), the Surgeon General counsels 'lifestyle' changes.

"If an individual wants to avoid getting AIDS, all they have to do is maintain sexual relations with one partner; that in itself dramatically limits exposure. As long as the other partner does the same thing they are in a pretty safe situation," he explains. "That is a health fact" (see box).

He continues, "As a health official, one has to be very careful to state the facts. For example, while it

can be said that a normally behaved student who is infected with AIDS is no risk to his or her classmates, we can say that (the victim's) *classmates are a risk to the student infected with AIDS.*"

"An outbreak of chickenpox in a classroom with an AIDS infected student," he stresses, leaning forward, "means *that student might die.* Too many people get confused between what are 'health statements' and what I call, 'sequels to health statements'. For example, some say, 'I think every kid has a right to an education, *therefore*, he should go to school.' That's not a health statement." He cautions that decisions over the medical and social treatment of AIDS patients should be based on fact, not fear.

**T**he health industry is propelled by economics, says the surgeon general, speaking of concerns over vast and sometimes troubling changes in medical treatment, their costs and payment. "First of all, it is clear we cannot afford the *curative* and *repairative* medicine and surgery that is so popular with the American people," he explains. "Instead, we have to turn to something that is not only better as a principle, but is

affordable. That is — *the prevention of disease.*

"Fortunately, the prevention of disease is largely up to personal choice," he continues. "You and I can affect the way we smoke, drink, exercise, eat, and the kinds of stress we have. If we take care of these five things, and check our blood pressure, we've covered almost everything."

According to Dr. Koop, the best community health care centers today act in the role that he does, as "disease prevention and health promotion educator; by teaching people to monitor their own lives. In many hospitals today, the walls are covered with educational material. That is the real, grassroots response to what we are trying to do."

Answering concerns that changes in medical care have tossed some to the mercy of a sometimes callous public health bureaucracy, he cautions, "There are a lot of rough edges that have to be smoothed out, and they will be, by either regulation or legislation. These policies have been in effect for only two years. To judge their consequences now would be premature."

Will concerns be addressed? "The government is not immune to sug-

gestion. Neither is it trying to enforce the unenforceable, or impose a burden that is inequitable.

"The government *is* desperately trying not to go bankrupt over health care. There will be a response if there are inequities. It won't be as fast as the physicians in some hospitals want it, but it will come."

With medical treatment costs increasing and more specialized services being offered by traditional, community hospitals, there are concerns that the availability of health care will depend on the patient's ability to pay for it. Dr. Koop is hopeful and counsels patience. "There are a lot of things that the insurance industry has to accomplish. They are looking at (the subject of cost versus availability) very carefully."

With more data about smoking, drinking, and other lifestyle questions that affect an individual's health, there have been efforts made by some insurance companies to identify 'high risk' and 'low risk' clients. Should they both be charged the same price? Dr. Koop says, "No. And I see (the insurance industry) coming to that conclusion, too. Should a smoker pay the same premium as a non-smoker?" he asks, "Should a drinker pay the same as a non-drinker?"

"One of the ways the insurance industry is experiencing economic change *is* with smokers," he adds. "For example, Minnesota's Blue Cross offered to all customers who were non-smokers what essentially amounted to a 16 percent reduction in their premiums." He taps his fingers, emphasizing the point, "That group of non-smokers was their most profitable group because they *didn't use* the health care system. (Philadelphia-based) CIGNA, which has very large holdings in HMO's, found the same kind of profitability when it offered a similar, two-level premium to their customers." Philadelphia Blue Cross, according to a spokesman, has no plans to offer a two level premium for smokers and non-smokers.

**C**harles Everett Koop's surgical career was marked by a number of innovations and achievements that still stand as records in the field of pediatrics. Many of the surgical procedures in use, at the time of his appointment to Philadelphia's Chil-

## More About AIDS

AIDS is a serious condition characterized by a defect in natural immunization against disease. People who have AIDS are vulnerable to serious illnesses which would not be a threat to anyone whose immune system was functioning normally. These illnesses are referred to as "opportunistic" infections or diseases.

Investigations have discovered the virus that causes AIDS. It is called by several names, but preliminary results show that infected persons remain in good health; others may develop illness varying in severity from mild to extremely serious.

Most individuals infected with AIDS have no symptoms and feel well. Some develop symptoms which may include tiredness, fever, loss of appetite and weight, diarrhea, night sweats and swollen glands (lymph nodes)—usually in the neck, armpit, or groin. Anyone with symptoms like these for more than

two weeks should see a doctor.

Casual contact with AIDS patients or persons who might be at risk for the illness does *not* place others at risk for getting AIDS.

AIDS is spread by sexual contact, needle sharing, or less commonly, through blood or its components. It may also be transmitted from infected mother to infant before, during, or shortly after birth.

The incubation period seems to range between about 6 months to 5 years and possibly longer.

There is no vaccine for AIDS itself. However, there is good reason to believe that individuals can reduce their risk of contracting AIDS by following existing recommendations. Updated information is published as it becomes available. Further information can be obtained from state and local health departments or your physician. The Public Health Service AIDS Hotline number is 1-800-447-AIDS.

dren's Hospital, resulted in mortality rates of near 95 percent.

Pre- and post-operative improvements he put into place significantly reduced this rate, including the development of surgical techniques that allowed the correction of birth defects that up to then were considered uncorrectable. "It was almost like we were beginning to invent the wheel," he explains. "Everything...was brand new. It was an exciting time."

In addition to new surgical and post-operative treatments, he founded the nation's first neo-natal intensive surgical care unit, as well as a total-care pediatric facility, at Philadelphia's Children's Hospital.

Describing the origins of the term, "Koopian Method," used by his colleagues, Dr. Koop explains, "When I retired from practice in Philadelphia, about 500 of my surgical colleagues, from here and 28 countries abroad, put on a tremendous, three-day farewell for me. One of my residents gave a talk on what he called the Koopian Method.

"It's not even a good word, as far as I am concerned," he admits, chuckling. "What he was trying to say reflected the way I approach problems in the surgical care of children. For example, if a child has twelve things wrong with him, don't get overwhelmed by the fact that there are twelve things. Just treat each one of them individually and each one as *curable*, and you can solve the problem.

"Secondly, you can't just treat a (young) patient, you have to treat the entire family. In addition, you have to garner all the support in the community that'll make (the treatment) work."

Dr. Koop has left the comfortable conditions of private practice, where he was the nation's sixth pediatric surgeon, for the hectic realm of public office. Is he satisfied with his new job? "Yes. I had a marvelous career in pediatric surgery. I would never have imagined that changing careers, at my age, would have produced such excitement. This job changes every hour and it runs the gamut from health issues to financial considerations."

Of course, he adds, "Working for the federal government takes a year or so to find your way around and another year to understand the pres-

ence of an overwhelming bureaucracy (140,000 employees in the US Public Health Service and its affiliated agencies). By the third year you begin to be able to work with that bureaucracy to accomplish things. I am fortunate to have been confirmed for four more years.

"When I went into pediatric surgery, there were tremendous problems which no one had tried to solve. If you are interested in the health of the people, you must identify 'the soft spots'," he says.

By his own definition (an activist), the Surgeon General has proscribed a path for the public to follow. It is his wish that we hear his calls for action and change our habits, lifestyle and attitudes on health care. Dr. Koop believes in self-determination when it comes to being healthy.

**W**hile he has made a generally successful effort to separate religion from the responsibilities of being surgeon general, he is a man of rock solid principle. In a 1982 interview, published by the *Saturday Evening Post*, he said, "Everything I value or do I consider to be a gift from God."

The sanctity of life is uppermost in the mind of the Surgeon General. "I am not comfortable with [the way in which] abortion is available today," he explains. In his controversial book, *Whatever Happened To The Human Race* (with Francis A. Schaeffer), Dr. Koop puts his view on abortion into perspective. Stated in the context that aborting a pregnancy is a violation of the sanctity of life, he blames society's acceptance of abortion on the popular shift away from Judeo-Christian standards.

*"When a Christian consensus existed, it gave a basis for law. Instead of this, we now live under an arbitrary, or sociological law."*

Condemning the humanistic direction of modern Western society, he continues, "...*The law becomes what a few people in some branch of government think will promote the present sociological and economic good. In reality, the will and moral judgments of the majority are now influenced by or even overruled by the opinions of a small group of men and women.*

*"This means that vast changes can be made in the whole concept of what*

*should and what should not be done. Values can be altered overnight and at almost unbelievable speed.*

"The number of US abortions performed in 1984 for health reasons were few," he says. Simultaneously, over 6 million were completed on demand.

Dr. Koop continues, "About 3 percent of abortions are done for health reasons, or what I call medical indications (rape, incest, birth defects, or danger to the life of the mother). You can't condone abortion, unborn life, without spilling into 'born' life."

One of the ways we see changes in the valuation of human life is through the use of 'living wills'. Patients draw up a legal document that ask doctors and family members not to prolong their life if prognoses show no hope for improvement.

"We are going to face a push toward euthanasia, although it may come disguised as something that sounds a little better, like 'living will' legislation, 'the right to die', 'death with dignity', or so forth," he believes. "People are getting polarized about the end of life, just as they have gotten polarized about the beginning of life.

"We have to do a better job informing the public about what the end of life is about. Death is a part of life and people die, of something, everyday. We have to get to where people no longer believe that if *everything* is not being done to save a person, that (the health care industry) has somehow failed. There is a line between the extension of life and *prolonging* death.

"It has been pointed out that the last year of life is the most expensive. That shouldn't come as any surprise because you get sick and you die.

"I believe people have the right to say, 'I've had all that I want of this treatment; I know that I am dying and therefore I don't want that extra three days, or one week.' A person's wishes should be honored in this matter." **CM**

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*"The past is but the beginning of a beginning, and all that is an has been is but the twilight of the dawn."*

—H. G. Wells