

Surgeon General Koop takes leave of office—and his senses

C. Everett Koop formally retired as U.S. Surgeon General on Oct. 1, but not before thoroughly extinguishing the last of any pro-life convictions he may have retained during his tenure as the nation's leading public health official. Koop ended his term with a volley of articles and interviews exhorting Americans to give up their "high hopes of what medicine and health care can do for them."

"It's clear," Koop announced, "that those high expectations are outpacing our ability to pay for them. In other words we have a clear gap between what we would like to see happen in health care and what can realistically happen." In other words, just as he told thousands of victims of AIDS to go die in hospices because the country was not going to spend the money to save them, and just as he told the terminally ill that at times, withholding treatment that might prolong life is the best medicine, he is now telling all Americans that we have to triage some of the sick and elderly because their care costs too much.

Koop called on President Bush to form a blue ribbon commission of insurance agents, doctors, health policy groups, and Congress to stir a bipartisan movement for national health care. "That's how we got Social Security," Koop said. "We had people from both houses of Congress, Republicans and Democrats, who espoused the cause of social security, took it back to the floors of Congress, debated and got the legislation passed. And unless we do that, we can't win." The commission's aim would be to design a one-tier medical system that Koop alleges will "give a certain right of health care to everybody in this country."

In one interview, Koop pointed to the increasing cost of employee health care plans to industry and cited the fact that the telephone workers and Pittston coal miners strikes were both over the issue of lost or shrinking health care benefits. "The bottom line," he said, "is this: We cannot compete in foreign markets with the way we handle our

health care system." He said the "laissez-faire economy works best for all of our citizens, but the health-care marketplace, although laissez-faire, is not freely competitive . . . has no moderating controls working on behalf of the patient." He blasted "the virtual absence of self-regulation" by health care workers, hospitals, and doctors as well as "the absence of natural marketplace controls as competition in regard to price, quality, or service." Where has Koop been for the last ten years while cost-efficiency experts on state and federal levels have gouged hospital budgets to the bone while cutthroat competition from health maintenance organizations (HMOs), preferred provider organizations (PPOs), and numerous other hybrids, went on to cannibalize what was left of health care delivery?

Protecting the insurance companies

One of the "specters" behind the high cost and wastes of medical care today, Koop says, is the high malpractice premiums doctors must pay, usually out of their own pocket, and the practice of defensive medicine so they will not be sued. Koop's solution is to "profoundly" restructure Medicare/ Medicaid, because, he says, "the health care system satisfies its own uncontrolled economic needs at the expense of every other sector of American society." Koop completely circumvents the culprits behind most of his complaints—namely, the insurance companies. Odd that Koop, like many of those proposing national health care, is not calling for federal regulation of the insurance companies, and demanding that these sharks open their books and prove their "losses" related to medical expenditures and malpractice.

Koop endorsed by name the state of Oregon's new health care rationing plan which states that "all persons have an equal opportunity to receive available services." It also says that as the budget shrinks, so do the available services.

While health insurance companies had worked to soften Oregonians up by rigging public opinion meetings over which patients should be denied care, and what services could "society" afford, medical ethicists were brought in to prioritize all health services to be rendered on the basis

in the United States.

The financial situation of many African countries is desperate. Even the minuscule amount of help supplied by the World Health Organization, the European Community, and various governments and private agencies, has meant the difference between having virtually no AIDS data, no medication, and no countermeasures at all against AIDS spread, and the totally inadequate, but at least existent testing and

clinical activity going on today.

total WHO budget for AIDS, for all activities around the world, is less than the AIDS budget of the single state of California, excluding San Francisco! What Dr. Mann did not say is that the WHO is not even spending this pathetic sum properly, but instead is manipulating AIDS policy in a vicious and very dangerous way.

As in every single previous conference co-sponsored by

of their cost-benefit analysis. Death services—euthanasia and abortion—were given highest priority. Services lowest on the list are to be eliminated as funds dry up. Thus, it is only “fair” that Oregon refuses to pay for expensive life-saving interventions, in favor of “improving” childhood immunization programs and prenatal care for impoverished mothers. According to Koop, “That was a tough decision to make. But, in the economy of things in the world of which we live, it’s the kind of rationing of which I think, we’ll be seeing more and more.”

No longer saving infants

What a sad irony it is that the rationing Koop so heartily endorses today will target for triage exactly those sick infants Koop worked to save years ago while at Childrens’ Hospital in Philadelphia. Back then he defied both death and the limits of known medical science by saving hundreds of severely handicapped newborns whom no other physician would think of treating. “Basic” health care will effectively expunge Koop’s and others’ life-saving interventions and all future pioneering techniques that would stack the medical-surgical “deck” so that future generations of critically ill newborns could live. Such newborns would be written off under Oregon’s new law because such patients, besides being too expensive to treat, would be seen as having a poor “quality of life.” This makes them not worthy of life—or of the state’s resources to save them.

What Koop has forgotten or has never truly understood is that medicine’s sole priority must be saving the patient, and taming lethal diseases like AIDS. If science exists at all, it exists to serve mankind. Only this notion so defined is the basis of all that professes to be pro-life. Economic science so defined and applied means we may one day look forward to an industrial transformation of the disease-ridden nations of Africa.

In the case of the United States, instituting such a moral economic program would signify a complete abrogation of any adherence to a “fixed” notion of economics that steadily drives up the numbers of unemployed, homeless, and uninsured. Koop simply joins plenty of other policymak-

ers, many of whom rank themselves as “pro-life,” whose economic views demand that we must accept a shrunken economy appropriate to a post-industrial America—at whatever cost to human life. With this basic sanctity of life principle compromised, it is then quite lawful and not at all shocking that Koop’s pronouncements, from teaching schoolchildren about using condoms and “safe sex,” to telling the elderly the “most reasonable thing” is not to try to save the life of terminally ill patients, but “to stand back and let nature take its course”—are increasingly evil. Unfortunately, we can expect more of the same.

Commenting on his recent resignation, Koop said it was time to move on to bigger and better things. Was he thinking about the bit role he will play in the latest sequel to the motion picture, *The Exorcist*? Koop explained his decision to appear in the movie with the following incoherent statement: “I think the occult is playing a larger and larger role in American Society. . . . I think there are some things about it that are hokey, but there is a very real satanic-worshiping group in this country, and I have been involved in public-health issues with that three times in eight years. I think Shakespeare was right when he said that we don’t know everything in earth and heaven. I’d say we only have a very small smattering of what’s really yet to be known.”

Does it sound as though Koop is unable or unwilling to distinguish between that which embodies a fundamental nurturing of human life and that which is evil and preys on mankind? What would inspire the man serving as the nation’s foremost public health spokesman, to sit for a formal photo portrait by Robert Mapplethorpe, the same man who photographed a six-year-old girl hiking her dress to reveal herself *sans* underwear, or in another shot, one man urinating into the mouth of another?

Koop once warned, “We must be careful that we do not teach the elderly that they are worthless. They are not necessarily entitled to heart transplants and teflon hips, but they are entitled to the same care and compassion as younger members of our society.” We shudder as it becomes increasingly clear just what he means.

—Linda Everett

the WHO, there was no discussion of evidence pointing to AIDS transmission by casual contact and by insects, and proposals for combatting AIDS spread were nearly exclusively limited to the infamous “safer sex” campaign. And yet Dr. Mann admitted, in response to a reporter’s question, that “only 40% of infections could be prevented” by the measures proposed by the WHO, even if lavishly funded! In that case, he said, the rate of infection would only double, rather than

triple, in the 1990s.

No one discussed the alternative of an all-out war against AIDS, as proposed by Lyndon LaRouche as far back as the October 1985 announcement of his campaign for the U.S. presidency in 1988. LaRouche demanded a halt to economic austerity policies, classical public health measures as earlier applied to the case of tuberculosis and other infectious diseases, and a “Manhattan Project”-style crash program to de-