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Senate Committee on Labor and
Human Resources, Senator Orin Hatch, Chairman
U.S. Senate
Washington, D.C.

Re: C. Everett Koop, M.D.
Nominee for Surgeon General of the United States

I am John J. Downes, M.D., President of the Medical Staff and Director of the Department of Anesthesia and Critical Care, The Children's Hospital of Philadelphia. I am also Professor of Anesthesia and Pediatrics at the University of Pennsylvania.

I have known Dr. Koop since 1960, when I was a resident in anesthesiology at The Children's Hospital and the University of Pennsylvania. I joined the staff of the Department of Anesthesia in June, 1963 and worked very closely with Dr. Koop as a professional colleague over the ensuing 18 years. In that time we have collaborated in the care of thousands of infants and children whose problems spanned virtually the entire range of childhood illness and injury. We worked together in the operating room and intensive care unit at all hours of the day and night, as well as in the classroom and the committee room. In 1967 I became the Director of the Pediatric Intensive Care Unit and in 1972 Director of the Department of Anesthesia and Critical Care; in both of these positions I collaborated closely with Dr. Koop in attempting to solve problems and build programs at both the local and national level. We also worked very closely together as members of the Executive Committee of the Medical Staff and on various planning committees for the new hospital in the middle 1970's. Dr. Koop has also served as one of my closest advisors when I assumed various offices on the medical staff, including the presidency in 1980. Dr. Koop has also served as friend and advisor to our department in developing training programs and collaborative research efforts with members of the Department of Surgery. Furthermore, Dr. Koop has served as my personal advisor in my various efforts at the national and international level to foster interest and develop programs which improve child health; he was especially helpful in assisting me in numerous diplomatic problems involved in my role as Chairman of the American

Delegation to the International Standards Organization Technical Committee (Technical Committee 121) between 1973 and 1977.

Through these many years of association with Dr. Koop, I have developed a multifaceted perception of the man. I consider Dr. Koop a man of extraordinary intelligence and profound concern for human welfare who is endowed with consummate skill and remarkable energy in a wide range of human activity. Paramount among these virtues, I would rank his highly developed ability to identify a problem, seek council and quickly sift out the most valuable advice, and then devise an innovative plan of action with clear priorities. Characteristically, Dr. Koop works with colleagues whose confidence he quickly gains and in these collaborative undertakings, he stimulates others to a heightened performance and unusual commitment. His decisions and plans in the management of patients prove to be right on nearly all occasions. When the desired results are not being achieved, either in a patient or in an administrative task, he will regroup the team and with their collegial participation produce a more effective plan. This style of leadership has led to many remarkable achievements in the clinical care of patients, the establishment of programs at The Children's Hospital of Philadelphia and throughout the world, as well as in numerous scholarly endeavors.

I have found Dr. Koop to be a man of unusual innovative talent in seeking solutions to problems, but also a person of remarkable consistency of interest and action spanning more than 40 years of professional life. He is a scholar who seeks to determine the underlying causes of disorders in patients and in social problems that relate to health, to develop solutions, and to disseminate important information to the widest possible audience who will find it of use. He is a pioneer in the education of surgeons in the care of children, and in the development of the specialty of Pediatric Surgery in the United States and abroad. I continue to be amazed at his personal efficiency and organizational skills, and his endurance and tenacity carrying out his professional life goals.

I wish to cite some specifics in support of my statements. In clinical medicine Dr. Koop was a pioneer in developing the collaborative "team" approach in patient management in which the anesthesiologist, pediatrician, surgical subspecialist, and nurse play a unique and crucial role. In 1949, Dr. Koop brought Marjory van Deming to the Children's Hospital as its first full time Pediatric Anesthesiologist. He collaborated with her in developing techniques which overcame many of the difficulties associated with anesthesia, especially in the infant, that enabled the pediatric surgeon to undertake more extensive and effective procedures. Dr. Deming left in 1955 for reasons of health and Dr. Koop brought Dr. Leonard Bachman to Children's Hospital from Johns Hopkins Hospital to continue the development of pediatric anesthesia and to establish a research and training program. Today, this program has become the largest center for the training of specialists in Pediatric Anesthesia and Critical Care in the world, and over the past five years has educated numerous leaders in pediatric anesthesia in Europe, Japan, India, Australia, Mexico, Canada, and the United States. Thus, Dr. Koop can be looked upon as one of the major forces in the development

of the allied field of pediatric anesthesiology and critical care which has benefited millions of children around the world.

Dr. Koop's early interest in cancer, shock, and nutrition are evidenced in publications that date from 1942. These interests have persisted for nearly 40 years, and he has publications in 1980-1981 as well as in press relating to these clinical areas. Dr. Koop established one of the first pediatric tumor registries in the United States and participated in numerous clinical research protocols for the therapy of various forms of cancer from the early 1950's up to the present. The development of total parenteral nutrition (provision of all nutrition through a vein for long periods of time) was first applied to infants and children, and subsequently developed to a safe and practical technique of wide applicability in Dr. Koop's department with his assistance, encouragement throughout the 1960's and 1970's; this type of supportive care ranks with antibiotic therapy and pediatric anesthesia as one of the most significant contributions to the care of critically ill children in this century. As reflected in Dr. Koop's bibliography, he has been a pioneer in the diagnosis and successful repair of numerous congenital defects of the newborn, with publications dating from 1946 up to the present.

I view Dr. Koop's most important contribution, however, to be the establishment of the first newborn surgical intensive care unit in the world in 1962. He sought and obtained funds from the Commonwealth of Pennsylvania at a time when welfare programs and health insurance providers (including Blue Cross) did not provide for extensive coverage of infants with congenital anomalies. In this unit, a team approach involving pediatricians, anesthesiologists (for intensive respiratory care), nurses, and allied health personnel was developed and served as a model for the professional staffing, as well as the surveillance and life-support equipment needed for the care of critically ill newborns. This model was quickly copied and emulated throughout the United States and abroad. In 1967, Dr. Koop provided the essential support and encouragement which led to the establishment of the first pediatric intensive care unit (for the care of critically ill children over one month of age) in the United States, and the second in the world. This multidisciplinary unit cared for both medical and surgical patients. At the time the majority of these patients were surgical, and Dr. Koop recognized the special interests and skills of the anesthesiologists in this newly developing field and strongly supported the concept that the direction of this unit be under the Department of Anesthesia; at the time this was a unique step for a surgeon to take, and this precedent was a major factor in the future development of pediatric intensive care throughout the nation and the world.

Dr. Koop also supported the development of the pediatric intensive care training program with input from anesthesiology, pediatrics, and surgery. This program has flourished and is today the largest such training program in the world; over 75 physicians have been trained in the subspecialty of Pediatric Critical Care Medicine during the past 14 years and provide much of the leadership in the United States and Canada

as well as Europe, Japan, and Australia. Thus, through his pioneering efforts and continuing support, the care of critically ill infants and children in the United States and throughout the world have benefited. Survival rates for virtually all of the newborn congenital anomalies amenable to surgery have increased dramatically, and this in turn has contributed to the overall survival of newborns throughout the United States and other developed countries.

Dr. Koop's administrative skills can be attested to by his election to the Presidency of the Staff at The Children's Hospital of Philadelphia from 1957 to 1963, and again from 1973-1974 (a crucial time in the Hospital's history when we moved to a much larger hospital and pediatric medical center). In the planning for the new hospital, Dr. Koop was a key person in the collaboration between physicians, architects, and hospital administrators. His ideas and his support for the creative ideas of his colleagues led to the development of one of the best equipped and designed pediatric health facilities in the world. Furthermore, Dr. Koop built the first truly multispecialty integrated pediatric surgical department which provides, on a full time basis, surgeons who cover the entire range of pediatric subspecialty surgical disciplines. Again, Dr. Koop realized very early in his career the need for collaborative efforts in modern medical care. Dr. Koop's participation in national and international societies has led to the recognition of pediatric surgery as a major component in the health care of children. He was a founding member of the Surgical Section of the American Academy of Pediatrics, the major professional organization of child health specialists in the nation. He was a founder and subsequently President (1971-1972) of the American Society for Pediatric Surgery. He led the struggle against opposition from many quarters for the formation of the American Board of Pediatric Surgery to standardize the education, evaluation, and certification of surgeons specializing in the care of children. He currently serves on the Commission for Cancer of the American College of Surgeons, a major voice in the development of national policies regarding cancer.

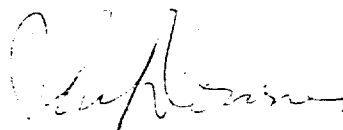
Dr. Koop's role as a scholar is attested to by the more than 170 articles and chapters that cover the entire range of pediatric interests. He was the founder and the first editor of the Journal of Pediatric Surgery, the original journal in this subspecialty. He served on the Editorial Board of a number of journals and has been a frequent reviewer of articles for journals in other fields.

One of Dr. Koop's most unusual and outstanding roles has been that of a medical diplomat. His interest in world health, especially that of children, is documented in his curriculum vitae and extends around the world, including Mexico, the Caribbean, Africa, Asia, and Europe. He was the principle founder of the American Children's Hospital in Krakow, Poland, and has been a frequent visitor and consultant to that organization which regards The Children's Hospital of Philadelphia as a sister institution. An extensive collaboration has been developed, through the efforts of Project Hope and the Agency for International Development, between the Children's Hospital of Krakow and The Children's Hospital of Philadelphia for the development of safe and effective pediatric surgery

and intensive care in Poland. Dr. Koop has been a long time supporter and one of the leaders in the Medical Assistance Program (MAP) which provides medical supplies and equipment to needy institutions throughout the world.

I would be remiss not to mention my admiration for another facet of Dr. Koop's personal and professional life, i.e., his compassion for parents as well as children, and his understanding of the psychological, emotional, and philosophical aspects of death and dying as they relate to children and their families. He has been my model and ideal of the physician who can and does form a warm and supportive relationship based on mutual trust with parents and children. In that function, I believe he has few peers.

In summary, I believe that Dr. C. Everett Koop has the necessary intelligence, skills, and ability as a leader and diplomat, combined with deep concern for the welfare of his fellow man, to be an outstanding Surgeon General of the United States.



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