# THE SURGEON GENERAL IS DETERMINED

*C. Everett Koop, humanitarian and compassionate pediatric surgeon, is exposing the hazards of smoking and fearlessly attacking the wrongfulness of addicting innocent young victims to the lethal drug nicotine.*

## by Cory SerVaas, M.D.

"Smoking is the No. 1 public-health problem in the United States. It is responsible for approximately 340,000 premature deaths a year. In economic terms, it costs the American public about 39 billion dollars annually," said Surgeon General C. Everett Koop at the opening of our interview.

***SerVaas:*** What can the public do to help?

***Koop:*** Well, I think the public has to become educated. They have to recognize that smoking is not just a nasty habit. Nicotine is an addictive drug. In fact, the National Institute on Drug Abuse has said it is the most addictive drug in our society. Smokers have to decide whether or not their priorities of help for themselves, for their families and indeed for the nation are high enough so that they are willing to do something about it. All the things that have happened to cut down on smoking in public places came about largely through grass-roots action and concern of citizens who then have appealed to local, regional, state and federal legislators. Out of that has come action. That is what we need more of.

***SerVaas:*** Do you see the possibility of offering an allotment of some kind so the tobacco farmers who choose not to grow tobacco could get an equivalent allotment, a lucrative allotment for growing high-protein grains that could save the starving Africans?

***Koop:*** Well, that would certainly be one way out of the dilemma. The difficulty is that with the money they can make from tobacco, it is very hard to find another crop that will provide that same kind of income, unless you provide supports. New Zealand has had a marvelous opportunity—they have cut back tremendously on their tobacco growing, but they have a climate where they can raise kiwi fruit. With what you get for one kiwi fruit, you can see why that is profitable for tobacco farmers. If we could find something like that, we would be way ahead.

***SerVaas:*** You spent time as a physician in Africa, didn't you?

***Koop:*** Yes, indeed.

***SerVaas:*** And you saw *kwashiorkor* when you were there?

***Koop:*** Without a question.

***SerVaas:*** And that is a disease caused not by calorie deficiency but by protein deficiency.

***Koop:*** Well, they both go together.

***SerVaas:*** They go together, but regular corn doesn't support the toddlers and high-lysine corn would. If we could get these products being grown—if we could use the famine in Africa as an opportunity—our people might feel good about having the government give a premium for planting high-protein foods to ship over to Africa. If this could replace lucrative tobacco allotments, everyone would win. Do you think that would be an opportunity for us?

***Koop:*** It certainly would. And I am no expert on high-lysine corn, but if you are going to plant something, at least plant something from which you get the greatest potential.

***SerVaas:*** I just came back from Ethiopia and was disappointed to see they grow tobacco in Ethiopia on the tillable land where it does rain. The No. 2 exporter of tobacco is Zimbabwe while there is starvation on their borders.

***Koop:*** Well, I am very concerned about the use of tobacco for cash-crop income and for excise taxes in the Third World. The World Health Organization has been exemplary in its effort to educate developing countries not to get involved in the tobacco business. The difficulty is, the cigarette conglomerates offer tobacco plants to a country with a poor economy. It is a ready cash crop, and after they have it for a while they say, "How would you like to manufacture cigarettes? We'll help you do that, and then you can charge taxes for them." But they never talk about the health bill down the road. There is no amount of money you can make on tobacco for taxes that will ever pay the health bills for what those countries are buying for themselves. It's just terrible.

***SerVaas:*** Could you tell us about the U.S. tobacco industry in China?

***Koop:*** I just came back from China. One of the things that I was asked to do was to take part in some discussion with their very first private-sector initiative in China against smoking.

**The Surgeon General emphasizes to the *Post* editor that grass-roots activity is helping curb our devastating, No. 1 health problem—smoking. "A lot of things start at township levels," he says.**

One of the largest cigarette-manufacturing plants in the world has just been built in China by an American manufacturer.

***SerVaas:*** What are your top priorities for the next several years to eradicate tobacco?

***Koop:*** What's on the horizon is the whole threat to young people of smokeless tobacco—that's chewing tobacco, snuff and moist snuff. We will have to be directing some of our attention to that in this coming year, because in some cities in this country, as many as 20 percent of high-school students are chewing some form of smokeless tobacco. We know that nationwide the sales of moist snuff are mounting very rapidly. This is not covered by the same advertising ban that cigarettes are covered by. You will notice that smokeless tobacco is advertised on television and in magazines. The appeal is to young people. I'm particularly concerned that the advertisements imply a health benefit when they say, "Instead of a puff reach for a chew."

***SerVaas:*** And once addicted, they are for life.

***Koop:*** Of course that is my main concern. All the things that you don't like in smoke are in chewing tobacco. The nicotine is there, and all the carcinogenic things are there. It is true you won't get cancer of the lung from chewing tobacco, but you can get cancer of the mouth.

***SerVaas:*** But you would not get emphysema?

***Koop:*** No, but you can get the addiction to nicotine. Then when you find that smoking is more socially acceptable than chewing at your hostess' party, you'll eventually begin to smoke. Then you'll be right down the line we're talking about.

***SerVaas:*** Luring children with shredded bubble gum in the same color packages looking exactly as if it is chewing tobacco in our drugstores is a devastating practice.

***Koop:*** Well, the thing is that the advertising uses role models that kids love—sports figures or country-western singers.

***SerVaas:*** Is there anything the surgeon general's office could do or that the public could do to help get cigarettes under the counter with the girlie magazines and not make them available to the juvenile who can go in and buy them? Could we get rid of vending machines so that 12-year-olds cannot go in and buy cigarettes? Couldn't we protect our children from cigarette machines?

***Koop:*** There is nothing my office can do—I try to hit the vending machines by asking the Veterans Administration to cooperate by getting them out of hospitals. They have, and I have asked the army and navy to stop subsidizing the cost of cigarettes in the PX—no response to that as yet. States could take it upon themselves to enact legislation that would prohibit children from buying cigarettes or make it more difficult for them.

***SerVaas:*** Should we write our congressmen?

***Koop:*** Congressmen are always very susceptible to the way their constituents see this thinking. It doesn't matter what the issue is, so if your readers are concerned about this issue their congressmen should know it.

***SerVaas:*** What else can the public do?

***Koop:*** I think a lot of these things start at state and township levels. An interesting thing took place over here in Virginia. The police, firemen and sheriff's departments in three counties will now not employ a smoker because they cannot afford the health package when he eventually has to go on disability pension. This policy has been tested in the courts and found to be legal. Now, when you sign up in those three counties for one of those jobs, you promise not to smoke on or off the job. If you do, you acknowl-

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## The Surgeon General

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edge it's a cause for dismissal and that there is no grievance procedure. I think things like this have to happen all over the country. As they do I think my dream of a smokefree society in this country by the year 2000 becomes more and more of a reality.

***SerVaas:*** What about passive smoking? Do we have some good, hard facts about the dangers of it?

***Koop:*** We have always had good, hard facts about the effects of passive or side-stream smoking on children. We know the children get more respiratory infections, more bronchitis, more bona fide diagnoses of pneumonia; they miss more days from school, they are in bed more days and they are generally more frail. We have only recently had good, hard scientific evidence on side-stream smoking in adults. It is now possible to measure, in the urine excretion of an individual, one of the end products of nicotine absorbed through the lung, so that you can tell how much a nonsmoker is absorbing on the basis of urinary studies. The bottom line is that if a smoker and nonsmoker live together, and the smoker is a two-pack-a-day habit person, the nonsmoker smokes three cigarettes whether he wants to or not. I think you will find a rash of further studies coming up of various parts of the world relating this to the workplace and to other types of social contact we have with smoking.

***SerVaas:*** Have there been any studies on the health of stewardesses and airline employees?

***Koop:*** I've done one study—every stewardess on every plane I fly on who recognizes me says, "Won't you do something so I don't have to go back to the rear of this plane and expose myself to that health hazard?"

***SerVaas:*** The health cost to all of us is great. Since we have Medicare and we take care of our people who are sick, the smoker isn't just satisfying his own habit—he is costing all the people a lot of money, isn't he?

***Koop:*** Well, I mentioned that the cost to us is 39 billion dollars a year, and 13 billion of that is in direct medical cost. That is astronomical, but the rest of it is in time lost from work and in illness that doesn't end in fatality. If you added up the economic loss and the misery that goes with smoking, and then remember the end result of 340,000 premature deaths that are avoidable, you can see what a tremendous public-health problem we have.

***SerVaas:*** What percentage of emphysema, in your opinion, is caused by smoking?

***Koop:*** The experts in the National Heart Blood Lung Institute tell us that if there were not smoking, there would be practically no emphysema.

***SerVaas:*** Emphysema alone costs how many billions of dollars a year?

***Koop:*** I don't know how much that costs alone, but I know that of all the illnesses leading to death, emphysema is the most long-drawn-out, miserable one. I have often said to smokers, "Don't judge misery by what happens to a person with a sudden heart attack from smoking, but go and watch someone who spends his last years trying to breathe with emphysema. Then maybe you will quit."

***SerVaas:*** Are you satisfied with the medical profession's ability to help people, or do you think that organized medicine is really working sufficiently?

***Koop:*** I have to answer that in two different ways—first of all, I think doctors themselves have been slow to pick up the cudgel against smoking. It's unpopular to tell somebody he should stop something that he desires to do very much. I think, therefore, individual physicians have to try harder, and I think that's one of the great advantages of nicotine chewing gum—they now have something to offer besides just platitudes. If you are talking about organized medicine, I have been discouraged that organized medicine has not taken as firm a role and as much of a leadership role as it should. You expect the Society of Preventive Medicine to do this, but I would like to have seen the AMA come out much more strongly about it. In recent years I have been on the house of delegates for the AMA. The students and the residents, the young people who are coming up are the most concerned about this, and I have to admit that last year the resolutions from the house were the strongest they have been in the last decade. I was very disappointed that the AMA's enclosure in *Newsweek* magazine on the health of this nation totally ignored cigarette smoking, when it is still the No. 1 health hazard we have. They can do more.

***SerVaas:*** I wonder, Dr. Koop, if you could tell us your own personal views—many of our readers write and say they don't think Christians should smoke. Other readers say they don't think that cigarette smoking has anything to do with their religion. In your own views, do you think that a person who is going to church and who professes to be a Christian should be concerned about smoking?

***Koop:*** I have always had just one point of view about smoking in the Christian context, and it hasn't to do with smoking alone. We are told not to let anything have the mastery over us. Well, if you are smoking something that contains an addictive drug, you have something that has mastered you. I think that is the point we should stress.

***SerVaas:*** And what about smoking in churches?

***Koop:*** There is just no class to that at all. ✱