How C. Everett Koop shook up his former allies on the right and surprised his new friends on the left

BY SANDRA G. BOODMAN

EARLY ONE MORNING LAST SUMMER, DURing a trip to Houston, Dr. Charles Everett Koop, the surgeon general of the United States, realized he had forgotten to bring white socks.

For Koop, who was scheduled to deliver the keynote speech at a medical conference at 8:30 a.m., the absence of socks to match his white military uniform and white shoes was no small problem. A pediatric surgeon trained to make fast decisions that would get results, Koop quickly reviewed his options.

He had packed black socks, but decided they would look ridiculous. He had brought white shoe polish and briefly considered slathering it on his ankles. Then Koop remembered that he would be sitting on stage; the audience would have an unobstructed view of his ankles.

He called the hotel desk clerk, who told him that the gift shop did not sell socks but an all-night supermarket nearby might.

At 13, Koop began practicing his future

Koop, who was receiving police protection because of a telephone death threat, decided there was no way he was going to leave the hotel. The night before, he had been met at the plane by four police officers who had spirited him away in an unmarked van to the hotel, where he was registered under an assumed name.

Not a man to spend much time pondering how his actions might be interpreted, Koop did the only thing he could think of: At 7 a.m. he picked up the phone and called the Washington Post reporter traveling with him. In a matter-of-fact voice he asked whether I would "like the chance to be a heroine" by going to the store and buying him a pair of white socks. He needed them by 8 a.m., he added, because he was expecting a delegation of doctors at his suite to escort him to the hotel ballroom for his speech.

As I sprinted to the supermarket—which turned out to be a mile from the hotel—through the cavernous expanse of the Galleria Mall, which adjoins the hotel, then out into the sticky heat and across an eight-lane highway, I was both amazed and appalled as I tried to figure out what this meant.

Didn't his actions prove that he was an unreconstructed sexist, as his opponents charged at his 1981 confirmation hearing? There were 300 people attending the conference, among them old friends of Koop's who would have been delighted to help him. Why had he chosen someone he scarcely knew, a reporter who would be writing a profile of him? Was this some sort of test?

The socks, which I delivered to his suite at 7:50 a.m., quickly became a joke. At lunch that day, Koop regaled a group of doctors, most of them men, with the story of his early morning phone call. Several of them glanced at me, nervously gauging my reaction before chuckling, as Koop announced his plan to present me with a new award at the end of the conference: The Order of the White Sock.

Later, I asked Koop whether he would have made the same request of a male reporter. He peered over the top of his silver-frame glasses, skewering me with a piercing look that indicated he was offended. "That was the highest compliment I could pay you," he said indignantly. "I was in a jam, I thought you'd understand, and I trusted you. I wouldn't have asked you to do anything for me I wouldn't have done for you."

THE STORY OF THE SOCKS ILLUSTRATES A DEEPER TRUTH about Chick Koop's character. Asking a woman to buy socks was not the deliberately demeaning request of a 71-year-old sexist; it was a simple, almost instinctive action: He needed something fast, he couldn't get it himself, and he tried to think of someone he trusted who could do the job. Getting the job done, not the process by which it was accomplished, was all Koop considered. Whether the issue is socks or AIDS, Koop follows the same principle: Do what you believe is right and best and most likely to get results.

Koop's iconoclastic approach has placed him directly in the center of the AIDS maelstrom. When he came to Washington six years ago, delighted conservatives welcomed him as their savior while liberals quaked at the prospect of an evangelical Christian and anti-abortion activist as surgeon general. His watershed report on AIDS changed all that. Conservatives now consider him a traitor while liberals have embraced him as the only straight shooter in the Reagan administration.

Koop's liberal and conservative critics misjudged him because they failed to understand him. He is that rarest of Washington officials—a rugged individualist who follows his own agenda, not a predictable ideologue who espouses the party line.

He is an enormously complicated man who embodies a mass of contradictions: a scientist who doubts the theory of evolution; the nation's chief health adviser who indulges his fondness for red meat, Cool Whip and dry martinis; a charismatic figure capable of dazzling charm and startling rudeness; a man who routinely calls women "girls" but trained them as pediatric surgeons as early as the 1950s; a folk hero who both projects supreme self-confidence and is exquisitely sensitive to criticism; a stickler for the decorum of a uniform who greets a reporter in his hotel suite wearing a bathrobe, bedroom slippers and black socks.

In an age when experts are suspect and heroes are scarce, Koop fills a void. He is tough-minded, frank and, above all, believable, a doctor more comfortable with the messiness of real life than with the cool precision of bench science.

Koop's career has been defined by a series of crusades—against abortion, tobacco and AIDS and for the aggressive treatment of handicapped newborns. He sees no contradiction in his actions or beliefs; to him they are perfectly consistent—rational, ethically correct solutions to obvious problems. Smoking is harmful. AIDS is caused by specific acts that can be controlled by individual behavior. He takes the same simplistic view of the far more difficult questions posed by abortion and saving severely deformed babies.

At 6-1, 209 pounds, Koop is an imposing figure whose appearance gives him added credibility. His unwavering gaze, somber expression, square-cut steel-gray beard and commanding voice prompt frequent comparisons to prophets of the past—Moses and Abraham Lincoln—and provide a reassuring persona to counteract the panic AIDS is creating.

Since the release last year of his 36-page pocket-size report on AIDS, Koop's metamorphosis has been the subject of endless speculation. Liberals wonder how the man they once called "Dr. Kook" could have produced a document so reasoned, compassionate and devoid of moralistic judgments about sex in general and homosexuality in particular. Right-wing conservatives who had expected a screed about promiscuity and unnatural acts mutter darkly about betrayal.

Koop is puzzled by all the controversy. "I really feel like I've not changed," he says. "The thing that's interesting is that I still have a different ideology than the people who think I'm great. That's the principle of my life people don't understand: You don't necessarily have to have allies; you can use co-belligerents."

BY THE TIME HE WAS 5, KOOP KNEW HE WANTED TO BE NOT just a doctor, like his uncle, but a surgeon, because "I always liked to do things with my hands."

When Koop was 13, he began practicing his future profession on neighbors' cats. Koop and his mother used to capture the animals that roamed their neighborhood in the Flatbush section of Brooklyn, then dump the yowling felines into a clean trash can specially set aside for the purpose. Helen Koop would toss an ether-soaked sponge into the can and clamp down the lid. Her son would take the sedated cats to a makeshift laboratory he had rigged up in the cellar.

Sometimes, Koop says, he shaved the cats, slit open their bellies, examined them and stitched them back up. He preferred female cats, because they were more docile. Sometimes he removed one ovary, leaving the other intact, "because I wanted to give them a fair shake," he says, half in jest.

profession on neighbors' cats.

Koop says he never lost a patient. Although neighbors undoubtedly wondered what had happened to their pets, no one said anything to the Koops.

The only child of a Manhattan banker and the favorite of both his grandfathers, Koop spent a comfortably middle-class childhood in Brooklyn, where his Dutch ancestors had settled in the 1690s. He entered Dartmouth College at 16, a painfully shy, socially awkward and intellectually gifted youth more comfortable with adults than with his peers. There he acquired his nickname Chick, short for chicken coop, and met his future wife, Elizabeth Flanagan, at Winter Carnival.

In 1938 she dropped out of Vassar after her junior year to marry Koop, then a second-year medical student at Cornell Medical College. Koop's parents were initially leery, fearing that marriage might impede their son's promising career. In retrospect, their misgivings are ironic. Betty Koop has made her husband's success possible by being unfailingly supportive, uncomplaining and willing to come second.

Her own father, a Connecticut country doctor, was rarely home, and Betty Koop grew up regarding an absentee husband and father as normal. She functioned virtually as a single parent to their three sons, born in the space of four years, and their daughter.

"With Chick, his work has always had to come first; he couldn't have achieved what he has otherwise," she says. "I know what he thinks of me, and I know I'm important in his life." She is, however, no Pollyanna about the impact of his priorities on their children. A rail-thin woman who shares her husband's direct, resolute manner, she acknowledges, "I'm sure the family suffered because of it," noting that her sons have chosen careers that permit them greater involvement with their own children.

She remains one of her husband's most important advisers and tolerates his punishing schedule. He travels about two weeks out of every month. When he is home, he gets up by 5 a.m., first to pray, then to work. He arrives at his office by 7 and brings work home when he returns 12 hours later. He spends much of the weekend working at home. On short trips, his wife drives and he works in the car, his briefcase spread across his lap. "I don't work for the sake of working," he says, "I work for the sake of accomplishment. I have a very strong sense of responsibility, and I'm compulsive."

Even as an overworked surgical resident, Koop was unusually dedicated to his job. In 1942, during his second year of residency, a peptic ulcer flared up. He had been declared an essential employe, one of the few surgeons left behind during World War II, and bed rest or hospitalization was out of the question. Koop decided he had no choice but to treat it himself. Every night for six weeks with the help of Betty, who was pregnant with their first child, Koop filled an IV bottle with milk topped with thick cream. They clamped the bottle to a broomstick that they tied to their bedpost. Performing a procedure that would make the hardiest

BY AGE 5 (RIGHT), KOOP KNEW HE WANTED TO BE A SURGEON. AT 21 (FAR RIGHT), HE ENTERED MEDICAL SCHOOL. LAST MAY, THE KOOP CLAN—ALLEN, BETSY, CHICK, BETTY, NORMAN AND NORMAN'S WIFE, ANNE—GATHERED (BELOW) FOR A SALUTE TO THE SURGEON GENERAL. KOOP EXERCISES (BOTTOM) WITH GRANDCHILDREN TINA, LEFT, AND CHARLIE.

Once in Philadelphia he wandered into the

doctor flinch, Koop stoically threaded a rubber tube up his nose, down his throat and into his stomach, into which the soothing milk dripped while he slept. Sometimes, when the cream clotted, the milk backed up and the Koops would wake up to sodden, sour-smelling sheets and pillows. They'd get up, change the sheets, rinse out the bottle and start again.

Early in his training, Koop decided to be not just a surgeon, but a pediatric surgeon. At that time there were six in the entire country; today there are about 500. "I don't think I realized what a pioneer I was," says Koop, who has trained many of the nation's best pediatric surgeons. "But I was quite keenly aware that kids didn't get a fair shake in surgery, that they sort of fell through the cracks."

Because doctors were reluctant to subject babies to anesthesia or to operate on them, many children were forced to live for years with easily correctable and often disfiguring problems like hernias and cleft palates.

In the pre-baby-boom era of the 1940s, pediatric surgeons were regarded with great suspicion. Surgeons, who are among the highest paid doctors, are typically thought of as cold, macho and eager to cut. Pediatricians are among the lowest paid and are generally regarded by their colleagues as kindly but indecisive handholders. Koop was intent on disproving the skeptics.

He didn't get much help. His training consisted of several weeks of vacation spent in Boston and Montreal, peering over the shoulders of other pediatric surgeons. Because he was exceedingly fast and meticulous, willing to take the hardest cases and work endless hours, he earned the respect of his dubious colleagues. In 1947 he was appointed surgeon in chief at Children's Hospital of Philadelphia, a position he held until his appointment as surgeon general in 1981.

KOOP SEPARATED ALTA AND CLARA RODRIGUEZ (ABOVE); HIS PATIENT PAUL SWEENEY (TOP RIGHT) HAD 56 OPERATIONS.

ONE SUNDAY MORNING AFTER ROUNDS, ON THE ADVICE OF A friend, Koop wandered into the nearby Tenth Presbyterian Church, a massive red brick church in Rittenhouse Square. The Tenth was an old, established, staunchly conservative force in evangelical Christianity. Enthralled by the intellectual and spiritual power of the pastor, Koop kept returning. Evangelical Christianity provided him with answers and solace, an antidote to the pain and uncertainty he confronted every day as a surgeon. Within a year of that first visit in 1948, Koop, who had grown up in a Baptist family, became a born-again Presbyterian.

He immersed himself in the church as he had in medicine. On Sunday mornings after services, he customarily sat in his pew as parishioners with medical problems lined up beside the marble pillars to consult him. "He sort of ran an informal clinic," recalls the Rev. James Montgomery Boice. "We were all awed by his gift for diagnosis."

At Children's he was widely respected for his surgical brilliance and his obvious compassion, which had a decidedly religious flavor. He sometimes prayed at the bedside of sick and dying children, behavior that appalled some of his colleagues. His conversations with parents were sprinkled with references to the will of God. "It used to be said in World War II that there were no atheists in foxholes," he wrote in 1973. "I have found there are very few atheists among the parents of dying children. This is a time when religious faith can see a family through the trying circumstances."

Generous with his skill and his time, he often cut his fee or waived it entirely for those who could not afford to pay. Koop sought to impart his simple philosophy to his trainees: "I wanted them to treat the family so well that after the baby dies the mother will come back here and work as a volunteer to help other parents."

Koop's religious fervor extended to interns and residents. He was active in the Christian Medical Society, and although he seemed more comfortable around those who shared his religion—his secretaries were active members of the Tenth—he never tried to impose it on others.

"When I came here as a resident in 1957 he was into bringing people into his office for prayer meetings," recalls Dr. Louise Schnaufer, the first of five female pediatric surgeons Koop trained. "He was really gung-ho then, and people laughed at him behind his back. They would say things like 'Oh, there he goes again.' " Schnaufer, now a surgeon at Children's, was not among them. "He led me to the Lord, too," she says.

Koop was also known for his sense of humor. Once after the staff failed to replenish the supply of scrub suits in his size, he wandered into the operating room in his underwear.

He was a favorite of the surgical nurses because he treated them as valued members of the team, not as inferior beings whose purpose was to serve doctors. They so adored Koop that when he returned from vacation they placed a three-foot square

PHOTOGRAPH BY DAVID H. WELLS

the operating room in his underwear.

of sterilized red carpet at his place next to the operating table to welcome him back. Koop, in turn, hung a sign above the door to the nurses' locker room that said: "Through these portals pass the most beautiful girls in the world."

At the University of Pennsylvania Medical School, where he was professor of surgery, Koop had the reputation as a demanding but gifted teacher. Dr. Theodore Friedmann said it was a lecture by Koop during his first week in medical school that led him to choose pediatrics. "It was just stunning, probably the most impressive introduction to medicine one could ever have," recalls Friedmann, a professor at the University of California at San Diego School of Medicine. "What came through was his obvious humanity and commitment to the profession. He was obviously not driven by lesser motives like money, and it seemed to us he had a calling. He said things like 'It takes caring for a patient more than caring for your pocketbook.' "

In 1969, Children's Hospital Medical Center in Boston sent its star resident, Dr. Judah Folkman, to Philadelphia to train with Koop, who had established the country's first neonatal surgical intensive care unit and pioneered cancer treatments for children. Many Thursday afternoons Koop and Folkman would pack their medical bags and drive all over suburban Philadelphia, stopping to visit dying children. "It was an amazing experience," says Folkman, now one of the nation's leading pediatric surgeons and a professor at the Harvard Medical School. "I had never heard of a surgeon who would make a house call. He would bring out medications and sit and talk because he felt very strongly that, whenever possible, those children should remain at home because it was best for the family. He did that many, many times, and few people knew about it. Sometimes he wouldn't get home until 11 or so, but he'd always start operating at 7 the next morning."

Folkman remembers having long discussions with his mentor about medical ethics. "He was very concerned about the role of physicians, and he would always cite the example of doctors in Nazi Germany and how the first edicts that came out were for doctors to turn off the respirators," Folkman recalls. "He talked a lot about the slippery slope from abortion to euthanasia."

Of his 100,000 patients, none illustrates Koop's ethical concerns better than Paul Sweeney, who endured 56 operations to correct a multitude of birth defects. When Sweeney was born 22 years ago in a community hospital outside Philadelphia, doctors told his parents that the boy had no chance of ever living a normal life. He suffered from facial deformities and life-threatening intestinal problems, possibly the result of a virus his mother contracted while pregnant.

The first three surgeons Lucy and Richard Sweeney consulted refused to operate. Although no one explicitly suggested that Paul not be fed, a practice with some severely handicapped infants who are allowed to die, that was the message Lucy Sweeney got. In desperation, the Sweeneys consulted Koop, who had a reputation for taking cases other doctors wouldn't touch.

"He was so very kind to us, and he took a lot of time and explained things to us in detail," Lucy Sweeney recalls. "He had a vision we just didn't have. He said he felt Paul could grow up to be a useful citizen and a loving person and a credit to our family. He didn't tell us 'Your son's going to have a staggering amount of surgery.' We could never have handled that."

For years Lucy Sweeney took Paul to see Koop several times each week. She was grateful that Koop was sympathetic and impressed that he didn't treat Paul "like he was something from outer space." During one visit, Koop handed Lucy Sweeney some religious pamphlets. Within months, the Sweeneys, lifelong Catholics who felt abandoned by their church during the crisis of Paul's illness, became members of Tenth Presbyterian.

Paul Sweeney is now a senior at West Chester State College in Pennsylvania. He hopes to go to law school, a career for which he prepared as captain of his high school debating team and senior class president. Koop paid his tuition at a private Christian academy after he was repeatedly ridiculed about his looks in public school—he has a jagged scar that runs between his eyes and down his nose. Sweeney, who also has a slight speech impediment from a cleft palate, speaks of Koop in reverent tones. One of his proudest memories is of his last operation in 1983, when the surgeon general flew to Philadelphia and, in full uniform, personally wheeled him down to the operating room.

"Being in the hospital as much as I was, you meet a lot of people," says Sweeney. "Dr. Koop, more than anybody else, was more personal and sensitive to the needs I had. I may not be on the cover of GQ [Gentleman's Quarterly], but at least I'm able to contribute to society."

Koop is reluctant to discuss why Paul Sweeney is so special to him. "I guess I thought he had tremendous hurdles to overcome," he says. "My whole pro-life interest comes from the knowledge of what I was able to do and see done about kids that were considered to be hopelessly defective."

ALTHOUGH KOOP MAY HAVE BEEN REVERED BY HIS YOUNG patients, his own children had a different view of their father. Norman Koop, the second of Koop's four children, describes him as rather remote and impatient, the kind of father who yelled at his children when they accidentally spilled their milk or who, when particularly displeased, stalked around the house for several days in stony silence.

"To us kids he seemed to take more interest in his patients than in his own kids," says Norman, 40, an evangelical Presbyterian minister in Deerfield, NJ. "We had to be bleeding pretty badly before he would notice us."

Norman was the most rebellious child, continually in trouble for breaking windows, playing with matches and flunking out of junior high school. He describes his older brother Allen, 42, now an active evangelist and a history professor at Colby-Sawyer, a small women's college in New Hampshire, as the "kind of kid who could sit for two hours looking at bird books." His younger brother David, who was killed in a 1968 mountain-climbing accident when he was 20, was perceived by his parents "as the child that gave them the most satisfaction and the least difficulty." Elizabeth (Betsy) Koop, the youngest, was quiet, close to their mother but, Norman says, afraid of their father.

Norman Koop now enjoys a close relationship with his father. He attributes the rapprochement to family therapy, the years he spent at a Christian boarding school and the acceptance that accompanies age. "My father was much more interested in us when we got older," he says. "I can see the same thing now with his grandchildren," the oldest of whom is 17.

The death of David, a Dartmouth junior and expert mountain climber who fell off a cliff in the White Mountains of New Hampshire, was a devastating blow for the family. Photographs and drawings of David, handsome and smiling, abound in the red brick town house the Koops rent on the grounds of the National Institutes of Health. A poster-size enlargement of a black-and-white photograph of David, taken several months before his death, shows him standing alone atop a mountain, his athletic

The AIDS report 'was better than I ever in

body swathed in cottony clouds. The picture hangs in one of Koop's offices and above the mantel in his living room.

"One of the things that first occurred to me," Koop says, "is 'Now you'll really be in a much better position to deal with dying children.' What I found was that I was in a much worse position. I couldn't talk to families about death with the same detachment." To his horror, Koop sometimes found he would start to cry as he told parents that their child was dying or dead, something he had warned residents never to do because they must project the strength a grieving family badly needs.

Friends say David's death softened Koop, making him less rigid and more vulnerable. He agrees: "There's a sense in which you can't be hurt as much again. I think after David died, I took things more in stride."

BY 1981, CHICK KOOP WAS FEELING, BY HIS OWN ADMISSION, "a little bit bored." He was considered one of the world's foremost pediatric surgeons, having separated several sets of Siamese twins. He had built the surgery department at Children's into one of the best in the country; the surgical unit in the hospital's new gunmetal-gray, steel-and-glass building was named after him. His students held influential positions in hospitals around the country. Innovations in neonatology he had pioneered were now standard. Furthermore, he was 64, an age at which most surgeons dream about retiring to Palm Springs to play golf. To Koop, a workhorse whose only hobby was occasionally making jewelry, retirement loomed as a ghastly prospect.

So when former Pennsylvania senator Richard Schweiker, secretary designate of the Department of Health and Human Services, sounded Koop out about being surgeon general, he was elated.

The job of surgeon general, created in 1870 as part of the Merchant Marine, traditionally has been a figurehead position with little statutory authority. The surgeon general is not expected to make policy or lobby, but rather to serve as the chief physician adviser on health matters and as chief officer of the Commissioned Corps of the 6,500-member Public Health Service, which, among other things, provides medical care on Indian reservations.

The post was deemed so expendable that several presidents never bothered to fill it permanently while others combined it with the job of assistant secretary for health, a powerful administrative position within HHS. The Reagan transition team decided to separate the jobs and fill both.

When Schweiker asked him whether he thought he could handle Washington, Koop, a veteran of hospital and academic politics, assured him he could. But Koop soon discovered that Philadelphia was "a Sunday school picnic" compared with Washington. His nomination, the most hotly contested of any surgeon general's in history, was the focus of a bitter nine-month battle not unlike the fight over the nomination of Robert H. Bork to the Supreme Court.

To the public health establishment, women's rights groups, supporters of abortion and liberal politicians in general, Koop's nomination was an unmitigated disaster, a clear signal that the incoming administration intended to dismantle social programs. After all, they noted, Koop was not just an opponent of abortion, he was a right-wing nut, a leader of the so-called "right to life" movement who had labeled amniocentesis—a technique by which fetal birth defects are detected—a "search and destroy mission." He had co-authored *Whatever Happened to the Human Race*, a book and companion film that featured shots of thousands of dolls scattered on the Dead Sea salt flats, a depiction of babies aborted since the 1973 Supreme Court decision legalizing abortion. He warned that abortion was the first step on the road to euthanasia.

Feminists regarded him as a neanderthal and cited a 1979 speech at a Philadelphia girls' school in which he told the graduates that being a woman was easier when he was young because there was no "feminist telling them they must be liberated and fight for their rights."

Dr. Louise Schnaufer, who testified on Koop's behalf at his confirmation hearing, said that while Koop is undeniably conservative, he is supportive of women. "He's not like some of the old guys who think we're dirt and that women don't belong in medicine," she says. Indeed, one of Koop's first actions as surgeon general was to appoint Faye Abdellah, a career public health nurse, as deputy surgeon general, the first woman to hold the position.

Some of his Philadelphia colleagues were also alarmed. They felt he saved too many children, preserving life without regard to its quality. Others were offended by his didactic manner. "Many physicians I knew were very nervous about him becoming surgeon general," says Dr. William M. Weintraub, chief of surgery at St. Christopher's Hospital, Philadelphia's other pediatric hospital. "I do not ethically believe that life should be preserved at all costs, without regard for the financial and emotional implications for the parents. And I do believe in abortion."

Congressional Democrats, led by California Rep. Henry A. Waxman and Massachusetts Sen. Edward M. Kennedy, succeeded in tying up Koop's nomination for several months, but not, in the newly Republican-controlled Senate, in defeating it. The American Public Health Association, Planned Parenthood, the American Association of University Women, the National Organization for Women and even the United Mine Workers lobbied against his confirmation. The issue, they claimed, was not abortion but Koop's lack of public health experience. A dozen major newspapers, including the Philadelphia papers, ran editorials denouncing his nomination; a New York Times editorial was headlined "Dr. Unqualified."

For nearly a year, as the confirmation battle continued, Koop reported to an office at HHS where he was given virtually nothing to do. Schweiker ordered him to keep quiet and avoid the press. "In Philadelphia I was the fair-haired boy, and everything I touched turned to success," Koop recalls, looking pained as he discusses the period he calls "the most difficult of my life."

The public war was particularly galling for a chief surgeon accustomed to dictating, not debating. Several times he was so dejected he returned to the Georgetown efficiency apartment the Koops had rented in anticipation of swift confirmation and suggested they give up. It was an option Betty Koop flatly rejected, fearing that her husband would always regret it. "I'd say, 'You can't go home. You're unemployed; there's nothing to go back to,' " she recalls. "It was a very tough time. If it hadn't been a good marriage, it would have been a good time to fall apart."

The demoralizing public fight took a physical toll. Koop, who had suffered a heart attack in his fifties and still endured ulcers and migraine headaches, began developing new, stress-related symptoms. An HHS official suggested he consult Dr. Anthony S. Fauci, a rising star at NIH and the personal physician to many top NIH doctors and their families. Fauci, like Koop a Brooklyn native and Cornell graduate, became Koop's doctor and trusted confidant. Fauci has since become one of the

imagined,' says one gay activist.

nation's leading AIDS researchers and played an important role in Koop's report on AIDS.

ONE OF KOOP'S FIRST ACTS AS SURGEON GENERAL SEEMED to confirm the expectations of liberals and conservatives alike. He intervened in the case of Baby Jane Doe, an infant born with multiple birth defects, and helped write regulations that would have required hospitals to treat severely handicapped infants over the objections of their parents. "We have some pediatricians that are killers out there," Koop says, "and I think you ought to have somebody taking care of those babies." (The regulations were later declared unconstitutional by the Supreme Court.)

Koop then took aim at smoking, the traditional province of surgeons general since 1964 when Luther Terry issued his famous report linking cigarette smoking to lung cancer. Koop's focus on smoking coincided with a growing popular concern about health and fitness. A former pipe smoker, he called for a "smoke-free society by the year 2000," hammered away at the dangers of "passive smoking," called the tobacco industry "sleazy" and rewrote and strengthened the warning labels on cigarette packages. His crusade earned him the enmity of the tobacco lobby and some politicians—North Carolina Gov. James Hunt demanded that Reagan fire him—and the respect of segments of the public health community that had long opposed him.

While his stand on smoking mollified many of his former foes, his report on AIDS, released Oct. 22, 1986, transformed his image, changed his life and probably assured him a place in history.

Shortly after Health and Human Services Secretary Otis R. Bowen took office in 1985, Koop went to see him with a warning: "I know, Mr. Secretary, you'd like to go down in history as the man who came to Washington and really handled catastrophic insurance and old people are better off. But I'm going to tell you what you're going to be remembered for—as the secretary who presided over the debacle of AIDS."

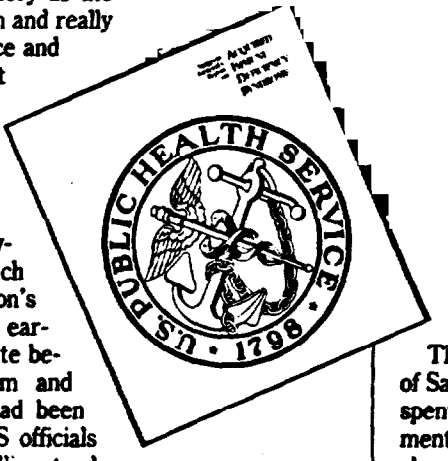
For years the federal government's policy on AIDS, which had been declared the nation's chief public health problem as early as 1983, seemed to fluctuate between unwarranted optimism and cavalier indifference. AIDS had been delegated to a string of HHS officials who seemed unable or unwilling to do much. The president seemed [illegible] that the disease existed, even after his friend, actor [illegible], died of it.

In February 1986, two [illegible] the White House ordered him to write a report on AIDS. [illegible] to see Bowen and Dr. Robert E. Windom, the newly [illegible] assistant secretary for health. "I'm going to write this thing," he told them, "and I just want you to know I'm going to write it myself and I don't intend to clear it through the usual channels." This was to be his report alone.

uels, Koop invited representatives of 26 groups ranging from the Southern Baptist Convention to the National Coalition of Black Lesbians and Gays to his office for confidential two-hour meetings. Gay activists, braced for the worst from a man who had accused homosexuals of being "anti-family," were pleasantly surprised. Koop listened intently while they stressed the need for education and urged him not to talk about "high-risk groups," which would unfairly stigmatize gay men, but about "high-risk behavior."

"One of the things that impressed me is that he really listened, and most people at that level find it hard to do so," says Richard Dunne, executive director of New York's Gay Men's Health Crisis, the oldest and largest AIDS service organization. "He didn't cut it short with some excuse like he had to meet with the president or have tea with Nancy."

Koop remembers being most impressed by a delegation of minority AIDS workers. "These were people who were not for gay rights or money," he says. "They were trying to find homes for abandoned babies, or find people with AIDS a place to sleep for the night, or dealing with 15-year-olds on heroin. They made it clear to me how difficult a problem AIDS is."



KOOP AND ASSISTANT SECRETARY OF HEALTH ROBERT WINDOM TESTIFIED BEFORE THE SENATE IN JANUARY 1987.

The report, which was written in three weeks with the help of Samuels and another assistant, went through 26 drafts. Koop spent nights and weekends at the stand-up desk in the basement of his town house poring over each version, carefully choosing every word. Fauci reviewed each draft. "I was encouraging him to push it to the limit of what he could get away with," says Fauci. "I said, 'Chick, you really need to be explicit and not talk about body fluids.' "

Windom and Bowen approved the report, as did the White House Domestic Policy Council, which took a perfunctory look at the document that would generate so much controversy. "In those days no one was looking at AIDS in any depth, and people just sort of thumbed through it and nodded," says one DPC member. "Also there was a little bit of discomfort in talking

'I'm a folk hero,' says Koop.

there," he explains, referring to the transportation secretary, the only woman in the Cabinet.

The report, released at a packed press conference, had immediate impact. Koop's old liberal foes Kennedy and Waxman applauded his courage and later apologized for their opposition to his nomination. Gay activists were astonished to discover that Koop had taken their advice. "The report was even better than I ever could have imagined," says activist Dunne. "The 'good doc' part of his personality came out. And what he's done since the report came out is even more extraordinary. He has enormous credibility in the gay community, and that's very unusual for someone in the federal government." A year after its release, 20 million copies are in print.

Koop is also regarded as a hero by researchers and public health officials who have grown increasingly restive about Bowen's lack of leadership on AIDS and at the failure of HHS to mount a massive educational campaign. At the Third International Conference on AIDS last June, the 6,000 doctors and scientists gave Koop a standing ovation; Bowen and Vice President George Bush were booed.

"I think history will judge him a hero, as the one person in the administration who attempted to act positively and decisively," says David Baltimore, a Nobel Prize-winning biologist who chaired a task force on AIDS sponsored by the National Academy of Sciences and the Institute of Medicine.

Conservatives, who expected a very different document from their old friend, were flabbergasted. They accused Koop of promoting immorality because he advocated sex education beginning "at the lowest grade possible" and recommended condoms in addition to abstinence. Later they intensified their attacks on Koop after he said that a pregnant woman infected with the AIDS virus must be given the option of abortion. Phyllis Schlafly pressured 11 Republican sponsors—including presidential candidates Rep. Jack Kemp and Sen. Robert Dole—into withdrawing from a conservative salute to Koop held last May.

As the increasingly popular surgeon general has made news by espousing the views of the medical community and gay rights activists—that mandatory testing will drive people who need treatment underground, that confidentiality and civil rights protections are vital corollaries to testing, that doctors who refuse to treat AIDS patients are acting unethically—his foes within the administration have waged their own war on Koop.

Secretary of Education William J. Bennett, who is widely rumored to have political aspirations, has made AIDS one of his issues, calling for the teaching of abstinence in the public schools and ridiculing Koop's advice about condoms. White House domestic policy adviser Gary L. Bauer, Bennett's former deputy, has tried to persuade Koop to stop recommending that those engaging in sex outside a monogamous relationship use condoms. Koop has refused, noting that condoms provide the only protection against AIDS.

Koop has tried to defuse some of the criticism—his first public appearance after the report was released was at Jerry Falwell's Liberty University—but he is angry and bitter about the nature of the attacks. To his mind, his conservative enemies continue to misrepresent his views.

"Do I have the respect I had for the conservatives two years ago? Of course I don't. Will I ever regain it? Never. Do I think Henry Waxman is fair? Yes. There are a lot of compensations now. There were none in 1981. I had a very small constituency, but I didn't gain any friends anyplace. Now every time I get attacked from the right, I get friends on the left and in the middle."

He is not worried about keeping his job. "I'm a folk hero," he says confidently, "and you can't bash a hero too hard. It's not popular. I'm probably the best-known person in this administration except for the president, and I get almost uniformly good press. Too bad I'm not running for something."

THE AUDITORIUM IS A SEA OF CAMOUFLAGE FATIGUES AND shaved heads. Six hundred raw recruits are enduring their first weeks of basic training at Fort Leonard Wood, a sprawling Army post in the middle of rural Missouri.

Koop sweeps into the dun-colored hall, by night the post theater featuring "The Hanoi Hilton," and takes a seat in the front row, folding his arms impassively across his barrel chest as he listens to the brief introduction by the commanding general. He hands his white hat with the gold braid to one of the general's aides, trots briskly up the wooden stairs and onto the massive stage with a vigor that belies his age and a travel schedule that has taken him to seven cities on two continents in 10 days.

The recruits listen in rapt if embarrassed silence as Koop, his rich baritone amplified by a microphone, delivers an unusually frank version of his standard AIDS speech, this one aimed at 19-year-old soldiers away from home for the first time and unlikely to practice abstinence or monogamy.

Casual contact, he tells the troops, is perfectly safe. So is

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TWO WEEKS EVERY MONTH, KOOP TR[illegible] RECENTLY, HE VISITED SEVEN CITIES ON TWO CON[illegible] DAYS.

C. Everett Koop

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'rench kissing, because the AIDS virus is ransmitted in blood and semen. Prostitutes are dangerous because many shoot rugs. Oral sex is potentially risky and inal sex almost certainly is. "The rectum was not designed for intercourse," says Koop, whose 25-minute speech is being videotaped for broadcast at Army installations around the world.

He advises his transfixed audience to use a latex condom and tells them when to put it on and when to take it off. "I'm not going to give you any lessons in how to use a condom," he says as several GIs elbow one another and snigger, "but I will advise you to get a lesson if you do not know what on earth I'm talking about."

His appearance at Fort Leonard Wood, one of hundreds of invitations he receives every month, is the kind of trip Koop relishes: He is treated like a celebrity, his speech is well received and he is surrounded by the military, with whom he feels a greater affinity than the long-haired, anti-authoritarian researchers at NIH who have fended off his demand that they wear uniforms to work.

" 'The rectum is not made for intercourse.' That should please Gary Bauer," he chuckles, relaxing after the speech, as he strokes the beard that some mistakenly regard as having religious significance. In fact, it hides his double chin.

Talking about sex simply does not embarrass Koop, although it is a subject his parents never mentioned and that he handled badly with his own children. Because AIDS is a sexually transmitted disease, squeamishness is a waste of valuable time. Information about sex is basic to his message about AIDS.

Koop personally believes in a sexual code limited to abstinence followed by monogamous heterosexual marriage. But despite the protests of those who condemn his frank advocacy of sex education in elementary school and his tolerance of homosexuality, he refuses to use his office to exclusively preach a moral message. "I feel you can never separate your faith from yourself," he says. "On the other hand, I am the surgeon general, not the chaplain of the public health service."

He is, above all, a realist, not a sheltered ideologue who longs to reimpose the repressive morality of the 1950s. I've had gay friends all my life," he says. He knows that whether he likes it or not, most teen-agers are sexually active. He knows that a lifetime commitment to one person is increasingly rare: His oldest son, who shares custody of two teen-age daughters, has been married and divorced twice.

"I think sometimes when my right-wing critics talk about family values, they don't realize how few families there are. I'm thinking about the 18-year-old girl in the South Bronx who's fat and unattractive and black and she had a pregnancy two years ago and had an abortion and she never knew her father, and her mother is trying to take care of a bunch of children and grandchildren. She has no education that will help her get a job and she has very few choices in life. I'm not willing to let those kids go down the drain" by preaching the unrealistic message of abstinence rather than giving them practical advice about condoms.

Koop is destined to be preaching his message about AIDS for several more years. AIDS has become his passionate crusade and he has no plans to give it up. Because of the long delay in his confirmation and his reappointment to a second four-year term in 1985, Koop, who earns $88,552, can remain in office until November 1989, nearly a year after the Reagan team has departed. "I assumed this office in essentially pristine condition because none of my predecessors ever made a big boo-boo about public health and the public has confidence in what the surgeon general says. I want to leave the title, the office, to my successor the same way."

Several hours after the Fort Leonard Wood speech, Koop settles wearily into a seat aboard a Washington-bound flight. He orders an extra-dry martini and slits open a foil package of honey-roasted peanuts with his long fingernails, a holdover from his years as a surgeon when they helped him grasp tiny, slithery organs.

He looks alternately amused and self-conscious as passengers file past staring at him; several murmur words of encouragement about his AIDS crusade. On a recent trip to Boston, Koop was stopped 22 times between the door of Logan Airport and the gate. The celebrity status he has achieved is an unexpected byproduct of the AIDS fight, and Koop has mixed feelings about being famous. He hopes he will be remembered for what he accomplished, not for his last TV appearance.

On the flight to Washington, a man stops suddenly, introduces himself and tells Koop his daughter was a patient 21 years ago. "She's fine and I just want to thank you," he says gratefully, pumping Koop's hand. Minutes after takeoff, several stewardesses approach, surrounding his aisle seat. One leans forward, smiling, and asks, "Are you on television?"

Koop, pleased at being recognized and primed for a question about AIDS, nods.

The woman pivots to face her colleagues as she triumphantly exclaims, "I knew it!" Then she turns back to Koop: "Aren't you on 'Dynasty'?" ■