Dr. Koop:

My service to you will soon end. Before that time I wish to share some feelings. Indeed, to say you are impressive as a person is the understatement of the week. I must say also that when I read your CV I had a horrible sense of incompetence and felt by comparison my greatest contribution is that I "lived". What I have done I have done well given my physical limitations but when I asked myself if I have contributed to humanity in a lasting way the answer is "no". You,on the other hand,can say "yes".

Faye Abdellah calls you our own Albert Switzer because of your belief in the santity of life. These words are so often used carelessly one hesitates to use them but in your case Faye is correct. Both you and Mrs. Koop personify by your actions the true Christian ethic of service.

It must have been extremely difficult for you and Mrs. Koop to have gone through this appointment process. Furthermore, it also must have been difficult to have persons like myself "advise" who has yet to accomplish 1/20th that you have. Were you a lesser person these past few months would have been impossible - sometimes the good win. My own admiration continues to grow because you have withstood so much, because you have been so accessible and eager to learn and because in a short time you identified some of the horrible snags to the delivery of good service.

This next part of the letter is the most difficult because I believe I must share with you some of the legitimate concerns people have about your background. Prior to doing this letter I asked Carl about its advisability and he said he thought it a good idea. Having worked with a few members of that Senate Committee I feel I have some sense of their concerns.

The SG is perhaps more important today than a few years ago because of the serious economic position of this country. Legally the SG may be largly symbolic however the average citizen relates to this post more than to the Assistant Secretary for Health. The potential for creative leadership is there irrespective of the "job description". People are going to have to learn more about their own bodies and to begin to make better decisions including when and when not to go to a doctor. The SG can be a leader in this instance to prode people into better self care through information.

The Senate committee, professional organizations as well as the health bureaucracy are all concerned that if we have reduced resources can the health care obligations be met? Your resume is indicative of a surgeon who has had the finest resources, the finest, most expensive equipment and the most outstanding personnel at your disposal to help you to exceed standards not just to meet them. Your career is certainly not that of a physician who has had to fight for every resource, praying to God you can meet medical standards rather than elevate them. The general impression by many of these groups is that here is a superior physician who has been a gladfly in public health that supports his zealot philosophy. I do not believe that they are as interested in what you have done as whether your experience and your philosophy will allow you to administer the severely reduced resources to competing needs.

JOBS FRIEND

A list of past contributions/activities is not as important as does your past contribute to the future of the Public Health Service and its new mission? Also can you adjust from a setting of the finest medical care to the lowest common denominator? Of course, I know the answer to both questions but the organizations and Congress do not.

My entire career has been spent in the bowels of health care trying to allocate scarce resources to great need. The operational philosophy of the PHS and the Congress has been that the American people has the right to three things: 1. prevention of disease for which there is available immunization, prevention of disease by publicly supported sanitation, and the right of access to a physician's office. We cannot even say that primary care is an implied right as only the neediest geographic areas are able to qualify. In 1976, there were approximately 1,950 counties designated underserved using a weighting system with five commonly collected data items however only @800 counties could be served.

In the past categorical programs did have one good aspect which was to target group plan for those at greatest risk e.g. Indians, low birth weight infants, mothers, migrants etc. Funds would be set aside allowing the government (State, local and Federal) to intervene for certain populations. It is clear with the exception of the Indian that the Administration assumes no high risk populations and therefore "categorical aide" is no longer needed. As there is no longer guidance as to who is the most needful many believe the health dollar will be allocated arbitrarily. The Congressional committees and especially APHA wonder given your strong personal beliefs how can you allocate or provide the leadership to allocate resources in a non-sectarian way. The best example I can think of is the truly misguided priority that would give 90million dollars to a "chastity" program and yet gut the Maternal and Child Health program. The concern is will your "obsession" with abortion cloud your judgement if the Department must choose between need?

Although the ASH has primary responsibility it is clear you are the leader and will not take a back seat to anyone (thank goodness!) and therefore could influence a great many activities. Where for example would you place training funds and techanical assistance? Neo-natal intensive care centers are great but if I had to make the choice between training attendants, nurses and doctors for those centers and general public health nursing for pre-natal care, I would clearly choose the public health nursing.

Sir, I only mention these concerns because there are people who have spent their entire lives developing and refining indices of need. These same people have designed and implemented programs to try and reduce the at risk populations. To them you represent that ultimate threat- the destruction of the system they have created for people in need regardless of their religion and personal philosophy.

I have agonized over whether to write this letter as I leave but helpful or not I believe that the above fears are present. The Senators may not speak these fears but Iknow SAMA, APHA have said these things. They have whipped themselves into a frenzy and it may be that you will not be able to deal with some in a rational manner. But, by all appearances the Administration throughout does not care for the basic health measures

and retains the seat of power due to a small minority. They see you as the ultimate symbol of secular politics.

The Senators will also probably question how you could possibly affect the lives of the disabled and the elderly given the tremendous cuts of the social programs that directly impact on their lives. One Senate staffer already has asked me that in a snide way at a cocktail party the other day.

If I am able to become the first disabled woman to join the reserve Corps, I would be greatly honored to salute the next SG. Unfortunately I shall have to give everything over to Carl as I proceed to try and rebuild my life and career. My time with the US PHS is drawing to a close so I must try and find a place for myself.

Thank you again for your contributions to the International Year of Disabled Persons - we have been greatly enhanced by your efforts.

Best Wishes,

Mary Lynn Fletcher