



**HEALTH,**  
**SCHOOLS,**  
**SMOKE,**  
**& LIES**



An Interview with  
C. Everett Koop

*by Katherine Fraser*

*Because of his interest in children's health and schools and his desire to disseminate the video, Smoky Lies, C. Everett Koop agreed to be interviewed for the "Fit, Healthy, & Ready to Learn!" issue of the State Education Standard. He speaks directly to state education policymakers about the anti-tobacco movement, his tenure as Surgeon General, and his views about the challenges associated with improving young people's health.*



*KF: The first thing that I wanted to ask is how, when, and why you became so involved in the anti-tobacco movement?*

**DR. KOOP:** First, as the Surgeon General, you don't have much choice. Tobacco is on your desk the day you get there, and it is on the desk for your successor the day you leave. That's because public law demands that the Surgeon General write a report, entitled "Tobacco and Health," to be presented to Congress and the president.

Second, it made sense. Smoking is the number one killer in our country. I got more passionate about it as I realized the juxtaposition of two things. One was the effect of smoking on health. The other was the lying, the deceit, and the sleaziness of the tobacco industry. Early on, my message had come from a purely public health perspective.

Later, I went after the greed that leads to the addiction of so many youngsters. My successors have not followed that approach as much as I would have hoped, because kids don't listen to traditional prevention messages.

*KF: It seems to me that, when you were Surgeon General, you had two main priorities: smoking prevention and HIV prevention. Is that the way you see it?*

**DR. KOOP:** Yes. I don't think that I neglected smoking because of HIV, because they both were basically the same—educational programs telling people things they did not want to hear. When you come to think of it, prevention is really downright un-American. The reason is because—as soon as you get into prevention—you get into a situation where someone in the government says, "Hey, don't do that." The reaction of the average person is to say, "Who are you to tell me what I'm supposed to do?"

It is a tough fight, and it can make you want to pull your hair out because prevention is proven, it's cheap, and it's effective. If you count on saving lives only by using restorative and curative medicine, you might succeed 15 percent of the time. If you want to postpone things with prevention, you have about a 70 percent success rate. And yet, it's not glamorous. If you find some way to make prevention glamorous, then you've got the Nobel Prize sewed up.

*KF: Was it you who put the warning label on packs of cigarettes?*

**DR. KOOP:** It was on my watch, but it required congressional action. I'll tell you that story, which really is fascinating. It gets to the heart of two things: the importance of addiction, and how the tobacco industry will do anything to avoid being hooked up to addiction. You'll remember that the old warning on cigarette packages was a single statement, "The Surgeon General has determined that smoking is detrimental to your health." It became a sort of joke. You could pick up the *Washington Post* on a given day and see ads in the back like this: "The Surgeon General has determined that your clogged toilet will be taken care of better by Roto Rooter."

So we got together and decided that we would have five warning labels. And, as soon as the word got out that we were working on this, the tobacco industry folks dug their heels in the ground and said, "Never. We will not allow this to happen." It would have been a fight, and it would have ended with a compromise, but then they saw the proposed labels, including the fifth one. It said, "Tobacco contains nicotine, which is an addictive drug." They voluntarily came to us and said, "You get rid of number five and we won't block you on numbers one, two, three, and four."

That's how it all happened. Some of the things that look the hardest don't turn out to be hard at all. At the time, most smokers in Canada and the United States didn't know they were addicts, but that changed within about five years. Smokers now refer to themselves as nicotine addicts, which is a tremendous step forward and a wonderful base from which to launch the settlement of the tobacco industry lawsuits in several states.

Unfortunately, there is nothing that compels states to spend their tobacco settlements on tobacco prevention and treatment. And of course, the tobacco industry doesn't want the states to do that. For example, Michigan was awarded \$23 million over the next 25 years, and so far it hasn't spent one single penny on tobacco.



**KF:** *Is this common?*

**DR. KOOP:** It's true of every state. I guess I've sent letters to 15 governors, calling attention to what a moral lapse it is to be given a windfall for the specific purpose of protecting people from the biggest killer there is and to spend it on maternal and child health. Those are good causes, but they are not related to tobacco. New Hampshire filled in its potholes and they got better roads. Michigan is trying to award merit scholarships to people who otherwise might not have a chance of securing scholarship money through competition. That's a wonderful idea, but it shouldn't be done with tobacco money.

I think the tobacco industry is about 10 times smarter than you and I. Industry leaders have a much better ability to foretell the future. So many times, things that we think are great coups will work to their benefit. What we've just been talking about is a perfect example.

When we got those labels on the cigarette boxes, we thought, "What a victory." And now, the tobacco industry has turned this against us. For example, smokers who are dying of lung cancer because they are addicted to a substance that they started using as a kid can get a good law firm to represent them and file a lawsuit against the tobacco industry. And the defense attorneys will say, "Ms. Fraser, can you read English? Have you ever read what's on a cigarette pack?" And after you admit that you have, they get you to read the warning label out loud. And they say, "Is there something wrong with you that you don't understand English? Didn't you see that the tobacco industry was trying to keep you from hurting yourself? And you went right ahead and smoked?"

So many times, things happen that way with the tobacco industry. I think they probably sit and have gleeful times, laughing at how little settlement money is being used to fight tobacco.

**KF:** *To move beyond the years when you were Surgeon General, what are the major issues in public health right now?*

**DR. KOOP:** The major issue is always smoking. You look at your number one killer because that's where, according to public health principles, your money goes to cut down on the mortality and morbidity. I like to tell people that, in days gone by, people had very little control over what killed them. They died of infectious disease or they died of the terrible conditions at the work site. Accidents in this country used to kill 30,000-50,000 people a year. And then, as time went on, the things that killed people were not war, accidents, and infectious disease. They were lifestyle decisions to not wear a seat belt,

to smoke, to drink, to not eat a proper diet. The three number one killers in this country are all behavioral things over which we theoretically have control.

**KF:** *What are the top three killers?*

**DR. KOOP:** I don't downplay addiction at all, but the number one killer is tobacco. That's about 450,000 deaths each year. The second is obesity, which accounts for about 300,000 deaths. That goes back to lack of exercise. The next is alcohol, and that's about 200,000 deaths. After that, I would say we have the usual diseases such as heart disease, stroke, and cancer. Then, immediately, you start talking about medical care.

Lack of access to medical care for close to 45 million people in our society is one of the very important things that we will, eventually, have to address. And the way that we deal with it will affect our lives—probably more than anything else except 9/11 has done in the last 50 years. Because we will either have a chaotic system that doesn't take care of people, or we will go to the single payer system. And every country that's tried it has said it isn't very good. It would be sort of funny for the wealthiest nation in the world to make the decision to do something that everybody else says doesn't work.

But everything that I've been talking about is tied up with prevention. That's why it's so important.

**KF:** *That leads into my next question. From your perspective, are kids getting what they need from society in order to grow up healthy?*

**DR. KOOP:** No, I don't think so. The health of a child is not just freedom from infectious disease. It's physical, mental, spiritual, and emotional well being. I am so thankful that I am not the father of teenage children today. I'm so thankful that I'm not a teenager and have to go through that part of life again.

My concerns are many. Not only do kids exhibit all the characteristics that you associate with adolescents, but they also do themselves terrible damage. First of all, they think they're immortal; they really like to take risks. They don't believe in the admonitions that come from older people that begin with the word, "Don't." They think that health messages are probably good for other people, but, "Not for me, I don't need it."

Youngsters need control. You talk to a rebellious teenager, as I have done so many times, and one of the things that bothers them the most is that their parents try to control them. I always say, "Why do you suppose they do that? They don't want to spoil your fun, but they've been where you are and they have a lot more wisdom than you think they do. They know where the land mines are buried."

Young people say, "Why can't I try pot? Friends say you just fly with it. I just want to try it." And so you try marijuana, and you do fly with it. But you find after a while that you want something that flies a little higher and a little faster. Then you can try cocaine. And after that, if you really want a good thing, you can try heroin.

And then there's alcohol. And no exercise. Then you can say, "Well, I have no self-esteem left, so I might as well go all the way and let everything go to pot."

I do not think we serve our kids well. I think parents don't talk to their children. I think teachers try. I think they feel frustrated. I think the advertising world is against the mental, emotional, and spiritual health of children, because there's nothing very wholesome in advertising these days. Nobody makes mountain climbing, or canoeing, or playing squash nearly as glamorous as walking around half dressed, smoking pot, and jumping into bed with the first guy who says, "Would you?" There are many people who have contracted sexually transmitted diseases in this country, and women don't realize until they want to have babies that they are infertile because they've had gonorrhea so many times. Then it's too late to say, "Gee, I should have listened to my Mom."

It's a rough world for them, and we don't help them. We really don't.

*KF: What about the role of educators in helping young people grow up healthy? How well are we doing on the school end of this?*

**DR. KOOP:** Talk to the average person on the street and say, "I just want to talk to you for a minute about your child's physical exercise program. Are you seeing that your child gets an adequate amount of exercise every day?" The answer will be, "No, I don't have to, because they do that in school." Then I will say, "Didn't you know that your state stopped requiring physical education for children five years ago? They have recess, but it's unsupervised except by a history teacher. There is no school program that develops your child's muscles, stamina, ability, and so forth." The average parent knows so little about what goes on at school that they just assume that it's like it was when they went to school.

The bottom line is that only one state in this union—Illinois—still has compulsory physical education for its kids. That's the only state. It's sad. All along the way, we've cut back and back on the standards that were instituted a long time ago. Those standards were very well thought out and very beneficial to kids.

*KF: In terms of state level policymakers, when they are thinking of school-based prevention programs, what do you see in terms of the future? What should the policymakers be doing and what should they avoid?*

**DR. KOOP:** I have a very strong feeling about what I'm about to say. It's based on a lot of experience trying to do this when I was Surgeon General.

I am all in favor of having clinics in schools that provide health care for children. Some parents think that these are just reproductive clinics, but the actual statistics we gathered showed that only six percent of the complaints that came to the nurse were about sex. That's a very small percentage. A lot of the issues were about psychosomatic illnesses or behavior, requests for help with smoking, and questions about alcohol.

I studied schools and clinics—most particularly in Minneapolis—and was very pleased about how well the clinics worked. The schools there, with their so-called mini-clinics, reached out into the community. The local health department worked with the local police department and the churches to combine resources to keep kids off the streets and out of trouble. They had storefront clubhouses. They were open for reasonable hours. And, they provided activities and a place for kids to hang out that was a lot better than some of the other places where they hung out. I attached myself to a couple of gangs out there over a two-week period, and I went with the gangs. It was fascinating to see how effective those coalitions were in keeping kids happy and out of trouble.

You know, it's so different today. When I went to school in New York City, every school had a nurse. Now, every school shares a nurse with nine other schools. And kids have so much trouble that you need three nurses for one school. That means money, but if you were practical about it, you would be practicing prevention before you needed reparative, rehabilitative medicine. And that's what is so discouraging.

*KF: But I hear you saying a second thing too, which is we need safe places for kids to hang out, places where they can go in the afternoon or evening and have some supervision.*

**DR. KOOP:** Right. Let me give you another example. DARE (Drug Abuse Resistance Education) is a prevention program run by many police departments. Some people think that it doesn't do much, but we had a DARE group about five miles from where I live. When DARE was functioning well, not only were kids not getting arrested for drunkenness and smoking pot, but they also were not getting picked up for shoplifting and stealing cars.

Another town nearby had an athletics supervisor who made sure that the baseball and soccer fields were safe and that sort of thing. When the town couldn't afford him any longer and had to cut his salary, he said, "I'm on Social Security, so I'll try to put in half time and do some other things on the side." He kept it up for about another five years, until he got too old to do it anymore. When he left that school everything went up in town that was bad, including drug use, alcohol use, and shoplifting.

I'm a firm believer in some kind of supervision—and in role models for kids.

*Katherine Fraser is a freelance writer and consultant who has written widely about school health education and other issues related to health, education, and young people. Her latest publication, Fit, Healthy, and Ready to Learn, Part II: Sun Safety, was released by NASBE in November 2002.*

