

Lecture Vol. 12 - # 4 July13,1987 cover

Address
By
C. Everett Koop, MD, ScD
Surgeon General
Of the
U.S. Public Health Service
And
Deputy Assistant Secretary of Health
U.S. Department of Health and Human Services

Presented to 50th Anniversary Annual Conference of the
National Council of Juvenile and Family Court Judges
Cincinnati, Ohio
July 13, 1987

Ten or fifteen years before this date, an invitation to address the Council of Juvenile and Family Court Judges would have been turned down by the apparatus before the Surgeon General got a chance to say “yes” or “no”. But, times have changed, and this Surgeon General jumped at the chance whenever it was presented to join law and health in whatever way possible. The founding of this society in question was the year that I graduated from college and I could, also, add an historical perspective, as an example of productive old age.

Law and health had become much more relevant to each other in the past few years and we needed each other, because the country needed us working together in order that we might respond to events that deeply disturbed the American people. I reminded the audience that on October 1985, when I convened a “Surgeon General’s Workshop on “Violence and Public Health” in Leesburg, Virginia, it was the first one of its kind ever.

I have to interrupt my train of thought and say right here that when you speak publicly as often as I do, I know within three minutes of a start of a speech, whether I have the audience with me. I did not have this audience with me or not. And the questions and answers led me to believe that the audience did not share my enthusiasm for bringing law and public health together. I didn’t, for one minute, think I was wrong in my assessment, but I did think that the type of questions that I was asked indicated a lack of vision about the problems the country faced.

I reported that one of the 156 recommendations that came out of Leesburg was that, “More public health people needed to work closely with the police and the courts, in order to provide maximum service to victims of crime...and also to bring the perpetrators of crime before the bar of justice.... I went on to report that the Assistant Attorney General, Mrs. Lois Herrington at the Justice Department, and I had signed an agreement a few months later to jointly carry out a “Law/Health Initiative on Domestic Violence.” Maybe the audience would have been more receptive if a jurist had been speaking to them, rather than a physician.

Rather than just leave that abstract thought in the air, I listed examples, such as the Atlanta study where public health personnel at the Centers for Disease Control worked closely with Mr.

George Napper, Atlanta's very able Commissioner of Public Security; and the Detroit Project, where recent action by the Detroit City Council banned the carrying of firearms in public. A third interdisciplinary project that was going on in my own immediate office was developing a Surgeon General's statement concerning the handling of victims of child sexual abuse. This project was actually supported by the Office for Victims of Crime of the Department of Justice. Out of this was to come a letter to my colleagues in medicine, nursing, and public health, not necessarily an official federal guideline, but rather an "Advisory Opinion" from the Surgeon General. Hopefully there would be an increase in the cooperation, collaboration between public health and medical people on one hand, and law enforcement and social services on the other.

(Eventually, I did send the letter and we also sent an audiotape to pediatricians explaining the difference between civil and criminal suits and how they could act in both to the betterment of the health of their young charges.) In the course of developing the aforementioned document, I had the good fortune to have Superior Court Judge, Jean Matusinka of Los Angeles and Juvenile Court Judge David Grossman from Cincinnati, as my key advisors.

I certainly believe it to be beneficial to have a generally heightened sensitivity among all professionals and I gave an example that in preparation for this talk, I had discussed with the folks at CDC, and learned that the Justice Department was revising and updating its national crime survey. I am absolutely convinced that bring medical and health personnel into closer collaboration with law enforcement and court personnel is a good thing. We've done it...and we know it works.

I went on to describe further our joint, "Law/Health Initiative" and used as an example our experience with the crime of women battering. Over four million women each year are abused and beaten in their own homes by husbands, ex-husbands, or boyfriends. And many of them never turn to the police or the courts, but instead rely on hospital emergency rooms, public clinics, or their family doctors to patch them up and keep them going. Sadly, you never see a battered woman only once...you always see her again, and again.

Battered women not only need medical help at the time of the assault, but they need us later when they return, because of abuse-related alcoholism and drug addiction, miscarriages and abortions, hypertension and colitis, and a whole range of immobilizing neurosis. It's time that my colleagues in emergency medicine woke up and dealt candidly with the issue of spouse abuse or woman battering. The recurring cycle tends to escalate and very often ends in a homicide – usually the woman's. It would certainly help if the criminal justice system – in every jurisdiction – acknowledged that rape and sexual assault are indeed crimes of violence and that the perpetrator of such a crime is brought to justice. None of these relationships should be ignored.

Maybe I was too frank with this audience, because I said obstetricians who ignore the physical signs of battering among any of their pregnant patients was practicing bad medicine. And judges who trivialize family violence – especially the crimes of women battering and sexual assault were practicing bad law. I stand by that even today.

I went on to talk about family, charity, and equity, believing that those values were under great stress those days, as was family life itself. I acknowledged that if people didn't like the word charity, they could use the words social responsibility.

That led to some comments about "Baby Doe", which led to comments on "Granny Doe", and then the list included handicapped and disabled children and adults, the chronically mental ill, the frail elderly, the homeless person, and now, a new category, the "high-risk" person. This latter group is the group most likely to get AIDS.

Maybe the audience objected to the fact that I said the notion that we were fighting a disease and not the people who have it was a notion that was accepted grudgingly for the most part, and I said that I found it out of character with the rest of our history as a society. We've always been more generous and more charitable than that.

In getting to equity, I referred both to empowering women to do things or to be things in our society, and I also talked of economics.

I was somewhat prophetic at that point, because I expressed my dismay that 25 per cent of men in a recent survey admitted to having committed or having attempted to commit a sexually violent act against a female companion. The sad thing is that this is a criminal act, but these young men didn't see it that way. They saw it as part of a "game" or male-female relations. That led to my concern about child abuse and child sexual abuse. I suggested that many of the so-called, "accidental" deaths of children be recognized as homicides, if one could only get the interest of the community.

I made it clear that in these matters, I was not just seeking adult contrition and confessions of guilt, but changes in behavior. This goes across the board – children, spouses, and the elderly.

Perhaps this was the wrong audience quote Dr. William James: "Science can tell us what exists, but as to the worth of what exists, we must not consult science, but our heart." I went even further and quoted James again: "If your heart does not want, a world of morality, your head will surely never make you believe in one."