

Interview with Dr. C. Everett Koop  
Date: ca. 1998  
Interviewer: Judith Ehrlich and Rick Tejada-Flores

Interview gathered as part of *The Good War and Those Who Refused to Fight It: The Story of World War II Conscientious Objectors*. Produced by Paradigm Productions. Housed at the Washington University Film and Media Archive, Paradigm Productions Collection.

Interview with C. Everett Koop, conducted by Paradigm Productions ca. 1998 for *The Good War and Those Who Refused to Fight It: The Story of World War II Conscientious Objectors*. Washington University Libraries, Film and Media Archive, Paradigm Productions Collection.

Note: These transcripts contain material that did not appear in the final program. Only text appearing in *bold italics* was used in the final version of *The Good War and Those Who Refused to Fight It: The Story of World War II Conscientious Objectors*.

00:00:11:00

Interviewer #1:

We are rolling. Could you just start by introducing yourself?

C. Everett Koop:

Yeah. I'm Dr. C. Everett Koop.

00:00:16:00

Interviewer #1:

And, would you just tell us a little about what happened to you during World War II, what you did in that—

C. Everett Koop:

During World War II, I was a resident in surgery, and the day after Pearl Harbor I had been declared essential to the University of Pennsylvania, and my assignment was to work under the aegis of the National Research Council and develop a safe and effective substitute for plasma for military use from gelatin made from bone. And I did that, and it was a successful experiment, and, I was my own guinea pig. And so, I had to face, during that time, the ethical problems of giving an unknown material to a number of patients. We didn't have internal review boards in those days, and, I never used this material on a human subject unless I had myself taken it beforehand. And so, it was, in that, with that background, of the ethical problem of giving a new substance to a patient who is uninformed, that I also was called upon, as part of my job as a resident, to be part of the team that was studying hepatitis.

Hepatitis, in World War II, was a tremendous infectious disease, and, right after, the Allies established a bridgehead at Anzio in Sicily, hepatitis was killing more soldiers than were bullets. And, some scientists from the, University of Pennsylvania—and remember that in those days virology was in its infancy—went, to Sicily and came back with a lot of good ideas, and they, had grants from, the government to continue their experimental work at the University of Pennsylvania. In the process—and this was all unknown to me—but in the process, they, had assigned to them some conscientious objectors. And this being Philadelphia, most of them were either Mennonites or Quakers—

Interviewer #1:

Mm-hmm.

C. Everett Koop:

—who had a very firm religious, ethical, moral conviction that they would not be involved with, with violence. These were by no means cowards. These were people, who went and became ambulance drivers, they laid their lives, on the line, they were not unpatriotic, they just didn't want to be personally involved in violence that might kill some other person. And these youngsters were housed in a fraternity house. And, what, was done to them, all before I was, really knew what was going on, was that they were given, a, virus taken from body fluids, of patients who had hepatitis, and they either took it by capsule or by nasal instillation, and then they developed hepatitis. *And the first time I was introduced to this whole, program, when I, as a young surgeon, was asked to do serial biopsies on their livers to see what the effect of the virus was in the production of the changes in the liver. And in that way I got to know that a lot of these young men had no idea that the risk they were taking also included death. And some of those youngsters did die, and it was a very difficult thing for me to, to be part of, because, you know, I, you're powerless to, when you're part of a big team.* And during the war there was this tremendous feeling that if you aren't doing everything you can to help the war effort, some or other, you're, you're shirking your duty. And, it was a tough time, and, *it couldn't happen today. Internal review boards would not permit the use of a live virus, in human subjects, unless they really understood what was going to happen to them. And I doubt that even if they knew what the risk was, that an internal review board in any academic institution would consent to that kind of experimental work.*

00:04:09:00

Interviewer #1:

Was that kind of experimental work—

Interviewer #2:

I'm sorry, stop for a minute?

[cut]

00:04:12:00

C. Everett Koop:

This is, I don't, I don't want this on—

[cut]

00:04:13:00

Interviewer #1:

—intelligence.

C. Everett Koop:

Yes, oh right, absolutely. Right.

00:04:14:00

Interviewer #2:

But just, you know, what you were talking about, the, the concern during the war, is this, everyone's got to do their part, and you were just telling us a minute ago that, you know, that, that you would, that as a physician you would, you would exert tremendous efforts to save one life, and then you'd see—

C. Everett Koop:

Yeah.

Interviewer #2:

—the headlines the next day. Talk to me about that—

C. Everett Koop:

Yeah.

Interviewer #2:

—a little.

C. Everett Koop:

OK. [pause] Being, being a civilian doctor in the domestic scene, during World War II, was, it was not easy. It, people think, oh, isn't it lucky you weren't on the front. But, we worked like dogs.

Interviewer #1:

Mm-hmm.

C. Everett Koop:

We worked, you know, there are only 160 hours in a week, [laughs] and sometimes we seemed to work more hours than that. And, we were dead tired for all of those years. And, the, the, the irony of it was that we would, as surgical residents, we would struggle all night through to save the life of one individual, and then the morning paper would come out that 10,000 young men had lost their lives at a particular battle. And it, it just put these two things in juxtaposition, and it all added to my concern about the, not the ethics of war, but the ethics of using young men who opposed war to expose themselves to the risk of death, for studies like hepatitis.

00:05:34:00

Interviewer #1:

So do you have any, recollection of what they were told at the time? What, what did they think was going to happen?

C. Everett Koop:

I wasn't smart enough to ask those questions during the war. They confided in me, especially when they were sick and, knew that they were desperately ill, that they hadn't expected it would be this bad. But, not one of them was ever bitter. I never heard any of them express any anger, over this, but, it was very clear to me that even if those who explained the situation to them thought that they were making it clear, it was not clear to these youngsters that, one of the risks that they were taking was death.

00:06:13:00

Interviewer #1:

Do you think that what they did to these particular young men was, they were, they were able to do it, or felt comfortable doing it, because they were conscientious objectors? Or do you think their, and do you think their willingness to do it was because of their willingness to want to serve their country?

C. Everett Koop:

I think many conscientious objectors bent over backward trying to prove that they weren't cowards, because, somebody who is a gung-ho militarist, looks at somebody who's a CO with a pretty jaundiced eye. And, you know, I went all through this again, during the Vietnam War, because there were, it was possible for, somebody to join the public health service, for example, rather than to be drafted into one of the military services. And, these people were dubbed, the yellow berets, the yellow for cowardice. And, so that the people who have not wanted to go to war have always had a pretty tough time of it.

00:07:08:00

Interviewer #1:

Mm-hmm. I liked your using the expression "a jaundiced eye" in this case, but—

C. Everett Koop:

Mm-hmm.

Interviewer #1:

It kind of [laughs].

C. Everett Koop:

[laughs] I didn't, I, as I said it I realized that. It was unintentional.

00:07:16:00

Interviewer #2:

Can we go back to this, this ethical issue, because it's really a very interesting one. How do you, how do you compare the ethics of that situation with, with the ethics of something like Tuskegee, where people were lied to, or just, really, it, where the truth was not on the table. And it, is, is this—

C. Everett Koop:

Well, the—

Interviewer #2:

—a big thing, or how do you balance those?

C. Everett Koop:

There, there are all levels of being unethical, and as far as I'm concerned there's a line, and when you step across the line, you've stepped across it. It's sin to sin, and, and, it doesn't matter whether it's a big one or a little one, it's still sin. And, that's, that's how I, I felt about that, and I think that, medical ethics have come a tremendous way. You couldn't possibly have done that sort of thing, in any kind of an academic setting today, that, took place during World War II.

00:08:07:00

Interviewer #1:

To go back to the first part of the question I asked you before, and I tagged another one on there. Do you think that because these people were conscientious objectors, that people felt able to do, to push a little further, and—

C. Everett Koop:

Oh, I—

Interviewer #1:

—use them as guinea pigs?

C. Everett Koop:

—you mean, you're asking, whether the experimenters felt that they had an extra license. I don't think so. I, I, I think that these were scientists who, who knew the gravity of the situation, the tremendous number of lives that were being lost, and they were, they were being lost at a time when you needed those lives at a place to fight the war.

Interviewer #1:

Mm-hmm.

C. Everett Koop:

And so their focus was to get this job done, and perhaps they looked at it with gun-barrel vision.

Interviewer #1:

Mm-hmm.

C. Everett Koop:

But I don't ever remember having the impression that anybody was knowingly saying, I'll

take advantage of these people because they are COs.

00:08:58:00

Interviewer #1:

Mm-hmm. You're now involved with your institute in hepatitis, and in nonviolence, and also you're a leading spokesperson on medical ethics. Do any of, and, or all of those things go back to, your interest in those go back to this period?

C. Everett Koop:

Well, I suppose there's nothing that happens to you in life that doesn't build what your personality becomes, and what your sense of values become, and, until you put it that way, I've never thought of the fact that those three things come into juxtaposition, and they all took place during World War II when I was a civilian in a, in domestic service.

00:09:33:00

Interviewer #1:

Do you have any stories to tell about your experience with COs, any particular anecdotes that come to mind of your relationship with them? You said you spent time with some of them when they were dying, or very ill, or anything they said that impressed you, or—

C. Everett Koop:

Well, some of, some of the, one of the young men that I interned with, for example, went to, to France as a, an ambulance driver, and, he took tremendous risks, with his life. One of my wife's, childhood companions that is still, he's a minister in New York City, now, and still the friend of both of us. He was an ambulance driver, and, to this day he is honored and feted by people in Australia, because of his bravery during World War II. So, if people think that COs don't take chances, don't put their lives on the line, aren't patriots, they're barking up the wrong tree.

00:10:33:00

Interviewer #1:

Do you, just a little about what it was like in World War II, in a civilian hospital. You were talking about the demands made on you because there was such a shortage of doctors, and, is there, did these people get the kind of care you would expect they would get when they were in this kind of, precarious situation?

C. Everett Koop:

I think the young men we're talking about, who were part of the hepatitis experiment, got, got excellent care. They got as, as good care as anybody else did, and maybe a little better.

Interviewer #1:

Mm-hmm.

C. Everett Koop:

They were isolated, they were not in the hospital. They would, they were housed in the fraternity house on the campus, and so all the people there were under experimentation. And, that's another, another aspect of this, because they could see what happened to some of their colleagues, who were one step ahead of them in the experimental process. And I'm sure that that, made it very difficult to say, well, this is what might happen to me next week.

00:11:27:00

Interviewer #1:

Were they able to get out of it, once they volunteered?

C. Everett Koop:

I don't know that anybody ever tried. And, of course, when you're sick with hepatitis [laughs]—I've had hepatitis, and I can tell you, you're really sick, and you just don't care about anything except getting well.

00:11:42:00

Interviewer #1:

Did you have it during that period?

C. Everett Koop:

No.

Interviewer #1:

No.

C. Everett Koop:

No, no, long after. Mm-hmm.

00:11:45:00



Interviewer #1:

Long after. Let me just see, I think there's just a couple more, can you think of anything else we —

Interviewer #2:

Let's stop for a second and regroup, yeah.

Interviewer #1:

Yeah.

Interviewer #2:

I've got a couple things.

[cut]

00:11:51:00

C. Everett Koop:

—this business ain't—

Interviewer #1:

OK, start over.

Camera Crew Member #1:

And go ahead.

C. Everett Koop:

There, there was, during World War, II, something called the Office of Scientific Research Development, and, I was commissioned into that OSRD. I was unusual, because I was a very young person who was doing a specific piece of government research on substitutes for plasma. Most of the people in the OSRD were beyond military age. And so, I, I had that assignment, from the government, at the same time I was a surgical resident, at the University of Pennsylvania. And, the two jobs just dovetailed. And at the same time I was going to graduate school and trying to get a Doctor of Science degree, so, it, was all one big mish-mash.

00:12:38:00

Interviewer #1:

There's no time for sleep in that. [laughs]

C. Everett Koop:

I don't, I don't remember many.

Interviewer #1:

No? [laughs] It doesn't sound like much. Did you have something you—

Interviewer #2:

Well—

Interviewer #1:

—wanted to could bring—

00:12:45:00

Interviewer #2:

I want to move back, step back a couple of steps. I have some, have some real broad questions, maybe they're a little too broad. But, but, one is, is, talking about, you know, the, the way that people look back on World War II now, and, and, you know, and, and in a sense it was a war that brought the country together, so it has this, you know, this rosy era feeling about it. It was the good war. What, what does the good war mean to you? Was it the good war?

Camera Crew Member #2:

Could you keep talking to Judy?

Interviewer #2:

Yeah.

C. Everett Koop:

Sure. Was World War II a good, a good war? We all thought it was a good war. We, we thought it was a good war when it was just fighting the Germans, but after Pearl Harbor the Germans seemed like real nice guys compared to the Japanese, and, we knew it was a good war. There was no question in our minds about that, and there wasn't any of us who wouldn't

have, have done anything we could to correct the situation. There was a time, of, of real patriotism, and, the only, part that I remember that I didn't like is that those of us who worked our butts off in, in a place like Philadelphia, when the war was over, and the military physicians returned, we were second class citizens.

00:13:58:00

Interviewer #1:

That's interesting.

Interviewer #2:

That what you'd done hadn't been acknowledged?

Interviewer #1:

Yeah.

C. Everett Koop:

Hadn't been really the war effort.

00:14:03:00

Interviewer #1:

That's very interesting. Did you feel that you were part of the war effort?

C. Everett Koop:

I felt I was very much a part of the war effort. [laughs] No—

00:14:10:00

Interviewer #1:

Did you feel that the conscientious objectors were a part of the war effort, in the way that you're talking about the war effort?

C. Everett Koop:

Well, I felt I was part of the war effort just by taking, taking care of the people that weren't being taken care of by the people who were overseas. But I also felt I was part of the war effort by, by having the special assignment from the government to, create a substitute for plasma, and to, to make myself the number one guinea pig before any other patients were,

were given that material. So I felt very much a part of the war effort, and, I guess that was a little bit of the chagrin I felt when the military heroes returned—

Interviewer #1:

Mm-hmm.

C. Everett Koop:

—some of whom hadn't worked nearly as hard as we had [laughs], and, who sort of looked down their noses at us, because we hadn't been in uniform, and hadn't been fighting someplace else in the world.

00:14:57:00

Interviewer #1:

How did most people that you knew thought, think about conscientious objectors, if they thought about them at all?

C. Everett Koop:

I, I think, in general, the average citizen, never thought much about it, and therefore that anybody who did anything to get out of going to military service, wasn't right. You know, it, I don't, I don't know of anybody that was ever attacked, or was ever beaten, or was shunned, or anything like that, but you had the feeling, well, well, he's a CO.

00:15:27:00

Interviewer #1:

Mm-hmm. If they thought about it, did they think differently about it, if they gave it some thought, in your experience? Some—

C. Everett Koop:

Well, of course, we discussed this a lot amongst ourselves as residents, because we, were all concerned with caring for these youngsters. And, we thought they were pretty heroic.

00:15:45:00

Interviewer #2:

One of the things that, that you're involved with now, and it's, it's, it's an idea that's gaining currency, is, is that violence prevention can be seen as a public health issue. But, you know, but, but when we talk about violence prevention, we talk about, family abuse, we talk about

gang violence, we talk about those things, we don't talk about institutional violence. Do you, do you see that as a different issue, or—isn't, isn't all violence equal?

C. Everett Koop:

Well, all, all violence, I, I think stems from, from the same roots. My interest has been in interpersonal violence, the violence of husband against wife, of, parents against children. And the thing that became very clear to me, when I was Surgeon General, is that we had three generational problems. You just couldn't say, here is a person who's involved in violence, because we found that if a person had been abused as a child, that individual as an adult was very likely to abuse their children. But in addition to that, the stereotypical person who abused an elderly woman was that woman's daughter.

Interviewer #1:

Mm-hmm.

And so if you have three generations who are all violent against each other at different times of their lives, if you are going to break it, you have to break it at the child violence point of view.

Interviewer #1:

Mm-hmm. Mm-hmm.

C. Everett Koop:

And so, my, my position, as Surgeon General, in calling this a public health problem, was to emphasize the fact that you couldn't deal with violence by making it a problem in jurisprudence and just punishing the offender—

Interviewer #1:

Mm-hmm.

C. Everett Koop:

—and that you had to, begin to treat these people, as a health problem.

00:17:30:00

Interviewer #1:

Could you see war as a public health problem?

C. Everett Koop:

That's stretching it a little bit. I suppose. Wars all start with individuals, and the decisions they make, good or bad, and I suppose that if you had the ability to control, their thinking and their mental hygiene you might be able to prevent it. But I think it's a pretty big stretch.

00:17:53:00

Interviewer #1:

I don't know if you know anything about this area, but I know there was a, there were starvation experiments, as well, as part of this effort, part of the, service that COs did during the war. And, and we've heard that out of those experiments, some people say that that was the impetus for the Marshall Plan, that, because of the devastating results. Do you know anything about that?

C. Everett Koop:

I don't know anything about that. I got into other experiments later on in the war, of trying to, [clears throat] to simulate the kind of, situation that a wounded soldier would have, let's say, floating around in, in a, in the lifeboat, if his boat had been torpedoed. And we were working on ways to give them a nutritional boost before they took a trip, in a, in a transport overseas, so that if they ran into that situation, they would have the protein metabolism sort of in reserve to take them through the tough time afterward.

Interviewer #1:

Hmm.

C. Everett Koop:

But, that's as close as I came to nutrition and war.

00:18:53:00

Interviewer #1:

Mm-hmm. Were COs involved in those experiments?

C. Everett Koop:

No, they were not.

00:18:56:00

Interviewer #1:

I did, I have them put down.

Interviewer #2:

No, actually, we've talked to a couple of COs who said that, that when they did things like hepatitis or starvation that didn't have any clear military connect— but, there was a high altitude experiment, for example, and they said, well, we need it for the tail-gunner in the plane, and they said, well, that means it's a military plane, so we're not going to participate in that experiment, you know, they—

C. Everett Koop:

Mm-hmm.

Interviewer #2:

—that they, they had to draw some lines, too, in terms of—

Interviewer #1:

Which is what its about, mostly—

Interviewer #2:

—helping humanity, but not furthering the war effort, or those kind of things.

Interviewer #1:

We're done? I think we're about done.

Interviewer #2:

I think, I think we're about done. Do you have—

[cut]

00:19:28:00

C. Everett Koop:

No, not, not for publication here, but—

[cut]

[end of interview]

00:19:31:00